



ST. JOSEPH
H O S P I T A L

Exceptional people. Exceptional care.

172 Kinsley Street, Nashua, N.H.

Information About Your Laboratory Tests



Hours for Outpatient Services

St. Joseph Hospital Laboratory

Mon-Fri – 7:00 a.m. – 7:00 p.m.

Saturdays – 7:00 a.m. – 1:00 p.m.

Sundays – Emergencies Only

Milford Medical Center Laboratory

Mon-Fri – 7:00 a.m. – 7:00 p.m.

Saturdays – 7:30 a.m. – 3:00 p.m.

Sundays – 9:00 a.m. - 12:00 noon

Nashua Lab Drawing Station

460 Amherst Street, Nashua

Mon-Fri – 7:00 a.m. – 12:00 noon,

12:30 - 3:00 p.m.

Hudson Lab Drawing Station

208 Robinson Road, Hudson

Mon-Fri - 7:30 a.m. - 12:15 p.m.,

1:15 - 4:30 p.m.

We Welcome Your Calls for Further Information

Main Number: (603) 882-3000

ext. 67171

www.stjosephhospital.com

St. Joseph Hospital Laboratory

The St. Joseph Hospital Laboratory is located at St. Joseph Hospital, 172 Kinsley Street, with satellite locations at the Milford Medical Center, 442 Nashua Street in Milford, and the Drawing Station, 460 Amherst Street, Nashua. Both facilities perform testing on ambulatory patients. The hospital laboratory also tests samples which are obtained at various outreach locations: physician offices, drawing stations, the Milford Medical Center, Diagnostic Center, and through visiting nurse agencies.

The St. Joseph Hospital Laboratory services include phlebotomy, histology, blood bank, chemistry, hematology/urinalysis, coagulation, serology, and microbiology. Reference lab testing is referred to Mayo Medical Laboratories.

Both the St. Joseph Hospital and Milford Medical Center laboratories are accredited by the College of American Pathologists' Commission on Laboratory Accreditation and the American Association of Blood Banks. These rigorous accreditation processes involve on-site reviews during which inspectors examine the records and quality control of the laboratory for the preceding two years. The inspectors also review the education and qualifications of the entire staff, the adequacy of the facilities, the equipment, safety, and laboratory management to determine how well the facility serves the patient.

The St. Joseph Hospital Laboratory can be reached at (603) 882-3000 extension 67171.

For information about Lab tests and what they mean, please visit, www.labtestsonline.org.

Pre-registration

To pre-register for a laboratory procedure, please call (603)595-3976. Pre-registration requires a 24-hour advance notice.

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Guide for Medicare Patients Understanding Diagnostic Therapeutic Services

How Will I be Billed?

Our laboratory receives a written request from your physician/clinician for laboratory testing. The laboratory will bill Medicare directly for these tests. The laboratory gives Medicare your Medicare number, the tests performed, and your diagnosis that is provided by your physician.

Medical Necessity Requirement

Medicare covers only those tests and services which are necessary and reasonable for your treatment. Medicare requires all care providers to report information relative to the patient's symptom and/or diagnosis when seeking payment so that they can determine whether the tests ordered are medically necessary.

Advanced Beneficiary Notice

An Advanced Beneficiary Notice or ABN is to give you advance notice that the test or tests you are having performed may not be covered by Medicare. The ABN outlines the test(s) which are in question. If Medicare denies payment, this informs you that you will be financially responsible for your bill. When the ABN form is required, you will be asked to sign this **before** laboratory testing can be performed.

Options

1. Agree to be responsible for payment if Medicare denies. You can appeal to Medicare.
2. Agree to be responsible for payment. Do not bill Medicare, you can not appeal if Medicare is not billed.
3. Refuse test(s) which Medicare may not cover.

If I Decline to Sign the ABN

If you decide to not sign the ABN and demand the test(s), the laboratory testing will be performed, and you will be held responsible for payment if Medicare denies coverage.

If Medicare Denies Payment, Does that Mean I Do Not Need This Test?

No. Your physician/clinician bases many decisions about laboratory testing on a variety of factors which may include your medical history, acceptable medical practices, and various medications you are taking. Your physician may request a particular test that may give him/her information to provide quality care for you, and it is possible that Medicare may not consider this test to be medically necessary with your symptom or diagnosis.

Other Questions?

It is important that you discuss your questions with your healthcare provider at the time of service. If you have further questions, contact your physician or you may contact your local Medicare Office at (800) 522-8323 (calls made to this 800# are fielded by Anthem BC/BS), or visit their website at: www.medicare.gov.

Preparations for Special Testing

Jf your physician has requested you to fast for any lab test, a routine fasting is nothing by mouth except water for at least eight hours.

If testing includes **Cholesterol** or **Lipid Panel**, a 12-16 hour fast is optimum.

Glucose Tolerance Testing (GTT) from two hours to six hours needs an appointment made by a physician.

- ♦ Monday – Friday (7:00 a.m. – 11:00 a.m.)
- ♦ Patient must be fasting eight hours.
- ♦ Patient will be in the laboratory for approximately 3.5 hours.
- ♦ Patient will have a fasting blood sample taken. If the results are normal, testing will begin.
- ♦ Patient is given a glucola (sugary tasting) drink. Blood taken again – every hour for as many times as ordered by physician.
- ♦ Patient will remain fasting for duration of test.

H-Pylori Breath Test – Needs Appointment Made by Physician

- ♦ Patient will be in laboratory for approximately 45 minutes.
- ♦ Patient must be fasting for four hours prior to test.
- ♦ Patient must not have had any Antibiotics, Omeprazole or Bismuth preparations within the last two weeks.
- ♦ Patient will be given pudding to eat, have baseline breath test taken, water with Pranactin solution (tasteless) given, and another breath test taken in thirty minutes.

Lactose Tolerance Testing – Needs Appointment made by Physician

- ♦ Patient must be fasting for at least eight hours.
- ♦ Patient will have blood and/or urine collected after having either drink.
- ♦ Patient will be in the laboratory for approximately two hours.

Lipid Panel Factors

Cholesterol is a blood fat. Increased levels are associated with Heart Disease in some people. Elevated levels should be evaluated by your Physician. A normal range is considered 0-200mg/dl.

Triglyceride: This is another blood fat associated with heart disease in elevated levels. Patients should be fasting when having a check on the blood level of triglycerides to get an accurate result. Elevated levels should be evaluated by your physician. A normal range is considered 0-150mg/dl.

HDL (High Density Lipoprotein): This is a fraction of the total “good cholesterol” that is thought to play a significant role in the reduction of heart disease risk. HDL risk levels - high risk: male<40, female<50; low risk: male>60, female>60.

Calculated LDL (Low Density Lipoprotein): This is the fraction of “bad cholesterol” associated with an increased risk of heart disease. LDL levels - optimal: <100, borderline high: 130-159, very high: >190.

Homocysteine is one of the newest tests for completing a physician’s information on a patient’s coronary disease status. This compound, the breakdown product of proteins in the body, can now be measured in most laboratory settings. High levels are believed to build up on the walls of blood vessels and cause blockages. Normal levels are 5-15.

What Are the Risk Factors for Cardiovascular Disease?

These are the ones you **can** change:

- ♦ Diet
- ♦ Tobacco Use
- ♦ Cholesterol Levels
- ♦ Blood Pressure
- ♦ Exercise Level
- ♦ Obesity
- ♦ Stress Levels

These are the ones you **can’t** change:

- ♦ Age
- ♦ Gender
- ♦ Heredity
- ♦ Diabetes

Patient Instructions

Patient Preparation

Patients should follow the PATIENT INSTRUCTIONS at least seven days prior to and continuing through the test period. Physicians may elect not to put patients on the recommended dietary restrictions. Roughage in the diet can increase test accuracy by helping uncover “silent” lesions which bleed intermittently.

Patient Instructions

- ♦ Do not collect samples during, or until three days after your menstrual period, or while you have bleeding hemorrhoids or blood in your urine.
- ♦ Do not consume the following drugs, vitamins, and foods:

Avoid **seven days** prior to and during the test period.

Aspirin or other non-steroidal anti-inflammatory drugs

Avoid **72 hours** prior to and during the test period:

Vitamin C in excess of 250 mg per day

(from all sources, dietary, and supplemental)*

Red meat (beef, lamb), including processed meats and liver

Raw fruits and vegetables

(especially melons, radishes, turnips, and horseradish)

- ♦ Remove toilet bowl cleaners from toilet tank and flush twice before proceeding.
- ♦ Collect samples from three consecutive bowel movements or three bowel movements closely spaced in time.
- ♦ Protect cards from heat, light, and volatile chemicals (e.g., iodine or bleach).
- ♦ Keep cover flap of card closed when not in use.

** Caution: Some iron supplements contain quantities of Vitamin C which exceed 250 mg per day.*

Stool Specimens

Your physician has asked you to bring a stool specimen to the laboratory. Please follow these directions, as we would like the tests to be as accurate as possible.

1. Use a clean, dry container with a leak proof lid.
2. We like to have at least a walnut-sized specimen.
3. The specimen is to be received at the lab within **one hour** after collection, if possible. If unable, the specimen may be refrigerated no longer than 24 hours.
4. If multiple specimens are requested, each specimen must be collected a minimum of **24 hours** apart.
5. The stool specimen cannot come in contact with water or urine, and toilet tissue should not be included in the specimen.
6. If your child is in diapers and stools are watery, use a disposable diaper turned inside out during collection, or place a piece of plastic wrap inside the diaper and then transfer the specimen to a clean container before it is sent to the lab.
7. Specimen for Ova and Parasites (O&P) and Stool may be placed in preservative vials provided by the laboratory or your clinician. Follow the enclosed instructions as carefully as possible. The vial or vials can remain at room temperature before and after collection, and deliver to the lab.
8. Label the container with your first and last name, date of birth, and the date and time of collection.

Urine Collection Midstream Collection **For Women**

FOR BEST RESULTS FOLLOW DIRECTIONS CAREFULLY:

Please be sure the container is labeled before proceeding. Label the container with your first and last name, date of birth, and the date and time of collection. If collecting at home, refrigerate and deliver to the lab within 24 hours.

Clean the Genital Area

1. Wash hands well with soap and water.
2. Remove cover from sterile cup. Do not touch inside of the cover or inside of cup.
3. Open one package of wipes.
4. Open lips of vagina with one hand and wash carefully from front to back. Use downward strokes only.
5. Throw out first wipe and clean again with a second wipe. Repeat with third wipe.
6. Hold lips of vagina apart after washing.

Collect the Urine Sample

1. After washing, pick up the sterile cup in one hand. Do not touch the inside of the cup.
2. Begin urinating **into the toilet** (not in the cup).
3. While urinating, move the cup into the stream of urine. Fill about 3/4 full. Minimum amount needed is approximately 1/4 cup.
4. Remove the cup from the stream without stopping, and finish urinating into the toilet.
5. Place the cover on the cup without touching the inside. Screw the cover on tightly.
6. Place container in biohazard bag.
7. Wash hands again, and hand container to phlebotomist.

Urine Collection Midstream Collection

For Men

FOR BEST RESULTS FOLLOW DIRECTIONS CAREFULLY:

Please be sure the container is labeled before proceeding. Label the container with your first and last name, date of birth, and the date and time of collection. If collecting at home, refrigerate and deliver to the lab within 24 hours.

Clean the Genital Area

1. Wash hands well with soap and water.
2. Remove cover from sterile cup. Do not touch inside of the cover or inside of cup.
3. Open one package of wipes.
4. Retract foreskin and wash penis from tip to base. Use downward strokes only.
5. Throw out first wipe and clean again with a second wipe. Repeat with third wipe.

Collect the Urine Sample

1. After washing, pick up the sterile cup in one hand. Do not touch the inside of the cup.
2. Begin urinating **into the toilet** (not in the cup).
3. While urinating, move the cup into the stream of urine. Fill about 3/4 full. Minimum amount needed is approximately 1/4 cup.
4. Remove the cup from the stream without stopping, and finish urinating into the toilet.
5. Place the cover on the cup without touching the inside. Screw the cover on tightly.
6. Place container in biohazard bag.
7. Wash hands again, and hand container to phlebotomist.

How to Provide a “24-Hour” Urine Specimen

Your Physician has asked you to provide a 24-hour urine specimen.

Important tests will be done with your specimen, and you can help insure the accuracy of these tests by following these instructions.

1. Avoid alcoholic beverages, vitamins, and other medications (if possible), for at least 24 hours before you start collecting the specimen and during the collection period.
2. If your physician has given you a specimen container, it may have a preservative in it. **Do not void directly into container.** Use caution when adding urine to container if acid was added as preservative. Do not dispose of the preservative, and be sure to keep the container out of reach of children.
3. Do not exceed your normal intake of liquids during the day before and the day of collection unless your physician gives you specific directions to do otherwise.
4. The 24-hour collection period begins when you get up in the morning and empty your bladder. **DO NOT COLLECT THIS URINE**, *but do record the time and date of this voiding on the specimen container label.*
5. Be sure to collect **all** urine – day and night – for the next 24 hours. Make your final collection when you empty your bladder the next morning, approximately 24 hours from the time marked on your specimen container.
6. Keep specimen in a cool place; refrigerate if possible. Please label container with full name, date of birth, and date.
7. Return the specimen as soon as possible to: **The Laboratory.**

Pinworm Paddle Collection Technique

The Falcon SWUBE Paddle is recommended for the collection and examination of the pinworm, *Enterobius vermicularis*. The paddle is a clear plastic paddle coated on one side with a tacky adhesive. The handle is inserted through the cap of a plastic tube.

Timing:

Because of migratory habits of the female pinworm, specimens are best obtained a few hours after the person has retired to bed, between the hours of 9:00 p.m. and midnight, or in the morning immediately upon rising before bathing or bowel movement. Specimens should be obtained before therapy has begun. Collection on three different days is recommended.

Procedure:

1. Hold the paddle by the cap and remove it from the tube.
2. Separate the buttocks and press the tacky surface against several areas of the perianal region.
3. Replace the paddle in the tube for transport to the laboratory within 24 hours; specimens should be refrigerated if examination is to be delayed for **more than** one day.
4. The specimen container should be labeled with all pertinent information such as patient name, date of the birth, date, and time of collection.
5. Place the tube in a sealed plastic bag before transport to the laboratory. Wash hands.
6. Call the Microbiology Laboratory at St. Joseph Hospital if further instructions are required. The phone number is (603) 882-3000 ext. 67171.