LABORATORY UPDATES – MARCH 2023

1. **New Laboratory Services Locations**

Announcing new Patient Services Centers.

Village: 1 Frederick Health Way

Frederick, MD. 21702

Hours: Mon – Friday 7am – 3:30pm.

Laboratory services may be scheduled

FHMG Walkersville:

15 E Frederick ST

Walkersville, MD 21793

Hours: Mon- Fri 8am – 4:30PM

FHMG Myersville

3000-D Ventrie Ct

Myersville, MD 21773

1. **Scheduling for laboratory collections available at**:
   1. Rose Hill
   2. Mt. Airy
   3. Crestwood
   4. Urbana
   5. Village

Scheduling may be done on line at Frederickhealth.org/services/laboratory, patient portal or calling the scheduling center at 240-566-3400

1. **Update on laboratory tests**

**1,5-anhydroglucitol (GlycoMark) as a marker of short-term glycemic control and glycemic excursions**

1,5-anhydroglucitol (1,5-AG) is a validated marker of short-term glycemic control. It is a metabolically inert polyol that competes with glucose for reabsorption in the kidneys. Otherwise stable levels of 1,5-AG are rapidly depleted as blood glucose levels exceed the renal threshold for glucosuria. 1,5-AG more accurately predicts rapid changes in glycemia than hemoglobin A1C (A1C) or fructosamine. It is also more tightly associated with glucose fluctuations and postprandial glucose. Thus, 1,5-AG may offer complementary information to A1C.

Hemoglobin A1c with Reflex to 1,5-Anhydroglucitol (1,5-AG) :

To assist with control of blood glucose levels, the American Diabetes Association (ADA) has recommended glycated hemoglobin testing (HbA1c) twice a year for patients with stable glycemia, and quarterly for patients with poor glucose control. If Hemoglobin A1c (testing done at Frederick Health Laboratory) is ≥6.5% **and** ≤8.0%, then 1,5-Anhydroglucitol (1,5-AG), Intermediate Glycemic Control will be sent to Quest Diagnostics for testing.

HA1C Reference range 4.9 – 5.6%

1,5-Anhydroglucitol Reference range <5.7% of total Hgb.

*GeneXpert replaces BD Affirm Vaginosis Panel for females.*

**Frederick Health Laboratory has replaced the BD Affirm testing platform with the Cepheid Xpert Xpress MVP (Multiplex Vaginal Panel) GeneXpert for aiding in the diagnosis of Bacterial Vaginosis in Females**.

The most common causes of vaginosis and vaginitis are: 1) proliferation of one or more anaerobic bacterial species in the vaginal tract leading to vaginal discharge without inflammation (22-50% of symptomatic women), known as bacterial vaginosis; 2) vulvovaginal candidiasis (17-39%); and 3) trichomoniasis (4-35%). Symptoms in undiagnosed women may be caused by a broad array of non-infectious conditions, including atrophic vaginitis, various vulvar dermatologic conditions, and vulvodynia.

Abnormal vaginal discharge has a broad differential diagnosis, and successful treatment typically requires an accurate diagnosis. The Cepheid method detects DNA targets from anaerobic bacteria associated with bacterial vaginosis (BV), Candida species associated with vulvovaginal candidiasis, and Trichomonas vaginalis. The Xpert Xpress MVP test uses clinician-collected and self-collected vaginal swabs (collected in a clinical setting) from patients who are symptomatic for vaginitis/vaginosis. The Xpert Xpress MVP test utilizes real-time polymerase chain reaction (PCR) for the amplification of specific DNA targets and utilizes fluorogenic target-specific hybridization probes to detect and differentiate DNA from:

• Organisms associated with bacterial vaginosis (detected organisms not reported individually)

* Atopobium spp. (Atopobium vaginae, Atopobium novel species CCUG 55226)
* Bacterial Vaginosis-Associated Bacterium 2 (BVAB2)
* Megasphaera-1

• Candida spp. (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis, species not differentiated)

• Candida glabrata/Candida krusei (species not differentiated)

• Trichomonas vaginalis

The Xpert Xpress MVP test is intended to aid in the diagnosis of vaginal infections in women with a clinical presentation consistent with bacterial vaginosis, vulvovaginal candidiasis, or trichomoniasis.