

Update Reflex Test List		
Reviewed and Modified: 4/3/2024		
Ordered Test	Condition	Reflex Test Performed
Anatomical Pathology & Cytology		
Bone Marrow Aspirate	CoPath protocol	Iron special stain
Bone Marrow Biopsy	Calcified spikulae as assessed by tech	Decalcification
Bone Marrow Biopsy & Clot Sections	CoPath protocol	PAS special stains and iron stain
Kidney Biopsy	CoPath protocol	Trichrome, PAM, & PAS special stains
Liver Biopsy (not Liver Mass Biopsy)	CoPath protocol	Iron, PAS with and without diastase, retic stain & Trichrome special stains
Pap Smear	ASCUS, 21 years and older. One per year.	HPV
HER2 Testing in high grade serous carcinoma (1)	High Grade Serous Carcinoma	HER2-IHC
HER2 Testing in high grade serous carcinoma (2)	HER2-IHC Results Indeterminate (=2+)	Her2 -FISH
HER2 Testing in invasive urothelial carcinoma (1)	Invasive Urothelial Carcinoma	HER2-IHC
HER2 Testing in invasive urothelial carcinoma (2)	HER2-IHC Results Indeterminate (=2+)	Her2 -FISH
PD-L1 testing in primary non small cell lung carcinoma	Primary non small cell lung carcinoma, all stages	PD-L1
Multi-Gene Test Panel in Primary non small cell lung CA	Primary non small cell lung carcinoma, stage IIb and higher	Multi-Gene Test Panel such as Foundation 1
Blood Bank		
ABORH	Donor or Recipient A or AB	A1 Lectin
	Patient type not on file	ABORH confirm, ABORH neonatal
Antibody ID	Positive Autocontrol	Direct Coombs, Polyspecific
	Antibody present in pregnant female	Antibody Titer
	Patients with newly identified or known antibody history	Crossmatch 2 RBC units
Antibody Screen	Positive	Antibody ID, Antigen Typing & Serological consult
	Sickle Cell Patient	HgB S testing
	Warm antibody identified	Adsorption, Antigen Typing
Direct Coombs , IgG Neonatal	Positive	Neontale elution
Direct Coombs, Polyspecific	Positive	Direct Coombs Differential & Elution
Post-Tx Direct Coombs Poly*	Positive Polyspecific DAT on post transfusion reaction specimen	Pre Tx Antibody Screen, Post Tx Antibody Screen PreTx, Pre Tx XM AHG, Post Tx XM AHG, Post Tx Direct Coombs Differential
Antibody Titration	Antibody Titration order is completed	Pathologist Serological Consult
Eluate Antibody ID (Newborn)	Eluate Antibody ID (Newborn) order is completed	Pathologist Serological Consult
Post-Tx Direct Coombs Poly*	Tech sees hemolysis in post transfusion specimen and enters value of "Yes" into the system for Post-Hemolysis	Pre Tx Antibody Screen, Post Tx Antibody Screen PreTx, Pre Tx XM AHG, Post Tx XM AHG
Tx Rxn Patient Information	Tx Rxn Patient Information (any value) Verified	Pathologist Tx Rxn Consult
ABORh Neonatal Vision	For Neonatal patients, the Rh types as Negative	Weak D
Lab to CROSSMATCH Red Blood Cells (RBC)	Clinician orders Crossmatch RBCs. If there is a current ABSC, then only orders the Crossmatch, <i>but</i> if there is not a current ABSC, then reflex the orders for ABSC	Crossmatch or Crossmatch and Antibody Screen
ABORh, ABSC and Extended T&S	If no order exists for same encounter for ABORh, order ABORh If no order exists for ABSC, order ABSC	ABORh and or ABSC
Microbiology		
Acid Fast Bacilli Culture	Respiratory Specimen:1 reflex per patient/month	PCR for MTB
Acid Fast Stain does not reflex		
	Microbiology Protocol	Gram stain
Culture, Aerobic, except urine, blood, or stool	Pathogen isolated	ID, or ID & Susceptibility
Culture, AFB (Mycobacteria)	Positive	ID, or ID & Susceptibility - sent to Mayo
	Microbiology Protocol	Gram stain
Culture, Anaerobic	Pathogen isolated	ID, or ID & Susceptibility
	Positive	ID, or ID & Susceptibility
Culture, Blood	Positive each morphology per patient visit	BCID 2 (Film Array)
Culture, Fungal	Positive	Mold or Fungal ID, Fungal Susceptibility
Culture, Urine	Positive	ID, or ID & Susceptibility
GI Panel	Salmonella or Shigella or Plesiomonas shigelloides positive	ID & Susceptibility
Rapid strep	Negative	Culture, Throat Beta Strep
Strep B by PCR	Positive on Penicillin allergic pt	Culture and Sensitivity Testing
Culture Urine	Microbiology Final Report with BSB-1021 (Beta Strep Group B) reported and patient age >15 years	Urine GBBS Identification
Smear for Microorganisms	Meets criteria in list for reportable infectious agents	Microorganism State Confirmation
Cryptococcal antigen Qualitative	Positive	quantitative titer reported
C diff EIA with Reflex to PCR	GDH and EIA discordant	EIA to PCR
Hematology and Coagulation and Urinalysis		
UA with Microscopic	Shows > 10 WBC per HPF, Positive for Yeast or Yeast with Hyphae, Location ED or Inpatient , 1 urine culture reflexed per patient visit	Urine Culture
U Dip	Abnormal Blood, Leukocyte Esterase, Nitrite, or Protein	UA Micro (Reflex)
UA Micro (Reflex)	Shows > 10 WBC per HPF Positive for Yeast or Yeast with Hyphae, Location ED or Inpatient (One event per visit)	Urine Culture
U Dip	Abnormal Blood, Leukocyte Esterase, Nitrite, or Protein	UA Micro
Slide Review, SR/Mdiff	Abnormality as assessed by lab tech	Internal Review by pathologist
HIT Antibody with Reflex to Serotonin Release Assay (SRAU)	HIT Result by EIA is Positive	Serotonin Release Assay, confirmatory at ref Lab (Mayo) , test code: SRAU
Lupus Panel (1)	DRVVT Screen Ratio result is abnormal, or SCT Screen Ration result is abnormal	Lupus DRVVT Confirm or Lupus SCT Confirmation
Lupus anticoagulant Interpretation (2)	Protocol	Interpretation: pos, neg, indetermin.
CSF Diff or CSF Diff MU	Tech enters result for Path Interp CSF of Yes	Pathologist Review of CSF
Fluid Diff or Fluid Diff MU	done per protocol	Pathologist Review of Fluid
Pathologist Review of Fluid or Pathologist Review of CSF or Pathologist Review of Urine	abnormality as assessed by pathologist	Cytology Reflex
Urinalysis Microscopic Exam	done per protocol	Pathologist Review of Urine
Bone Marrow Aspirate and Biopsy Collection	done per protocol	Bone Marrow Differential (counting only)
Fluid Cell Count MUHC	Synovial Fluid volume sufficient	Fluid Crystal Analysis
Fingerstick INR POC PT-INR Capillary POC PT-INR Venous	>=4.0	PT/INR in lab
ANA LAB		
FANA with interpretation	Positive	FANA and dsANA positive to ANA Titer
ANA PROFILE Total	Positive	FANA and dsANA positive to ANA Titer
DNA Antibody (Double-stranded)	Positive	ANA to titer
ANCA Titer	Positive	ANCA to Titer
ANCA Associated Vasculitis Profile with MPO/PR3	Positive	ANCA Titer
Celiac Panel	done per protocol	IgA Quantitative, Anti-endomyselial IgA
Any Allergen Panel	per protocol if no current result for IgE during the same patient visit	IgE Total w aller testing
Chemistry, Toxicology, Serology and Molecular		
Drug Test Urine w/ Positives Confirmed	Preliminary Positive Analytes by EIA	Confirmation Analyte Testing by GC/MS
HIV-1,2 antigen/antibody, (1)	Positive	HIV-1 NAT
HIV-1,2 antigen/antibody (2)	HIV-1 NAT Negative and HIV-1,2 antigen/antibody Positive	HVDIP (Mayo)
HIV-1 QUANT with Reflex Genotype	>1000 COPIES / mL	Protease and RT Inhibitor Drug Resistance, HIVDR
HCV antibody with reflex to PCR	Positive	HCV PCR
HPV with reflex to genotype	HPV DNA Positive	HPV 16 18/45 Genotype
Lyme Disease Antibody Panel (EIA)	Positive	EIA to Mayo Lymes Western Blot Confirmation
Protein electrophoresis, serum		Immunotyping
Syphilis Antibody, IgG and IgM (1)	Positive	RPR
Syphilis Antibody, IgG and IgM (2)	Syphilis Antibody result is positive and RPR Qual is Non-Reactive	Syphilis Antibody by TP-PA, Serum-Mayo
TSH	Abnormal Low	Free T3 & Free T4
TSH	Abnormal high	Free T4