ChristianaCare

Department of Pathology & Laboratory Medicine

LabScope

June 2nd, 2025

For up-to-date information on referral to the autopsy service please see the Delaware and Maryland campus referral guidelines.

Autopsy Service Referral

For Delaware Campuses

COVID+ or TB+ Suspected Cases

Suspected COVID+ or TB+ suspected cases will be decided by the pathologist on a case-by-case basis

Any unnatural death including homicide, violence, injury, accident, suicide, intoxication, overdose, neglect, death within 24 hours of admission or surgery, death from communicable disease, regardless of length of time since the original event

Natural death suspected

Refer to Medical Examiner (302-577-3420)

M.E. Declines Jurisdiction

M.E. Accepts Jurisdiction

Is there an unanswered clinical question that might be answered by an autopsy?

Autopsy will **not** be performed at ChristianaCare

M.E. will sign death certificate

Consult a pathologist.

For a consultation with a pathologist, call **302-733-3681 from 7:30am-4:30pm Monday-Friday. After hours, use Vocera (Pathology On-Call Distribution list)*

Yes

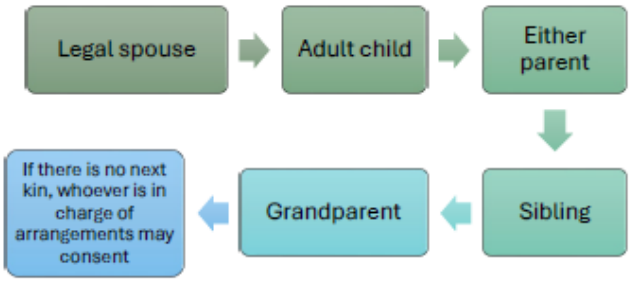
No

Family may still choose to have a private autopsy at their own expense.

****Private autopsy services:***

- *Dr. Namanja Rodic, Epiarx: 202-704-3918*
- *Request a consult: www.epiarx.com/schedule*
- *1-800-AUTOPSY or www.1800autopsy.com*
- *List of pathologists on The College of American Pathologists website*

Obtaining Valid Consent for an Autopsy, Succession of Next of Kin



Delaware Autopsy Consent Forms –

Go to "Forms on Demand" in Powerchart and search for "Autopsy". You can find the required Delaware Autopsy Consent forms in PowerChart.

Results and Communication

A preliminary report is issued within 2 business days within PowerChart. A final report may take 1-2 months or longer.

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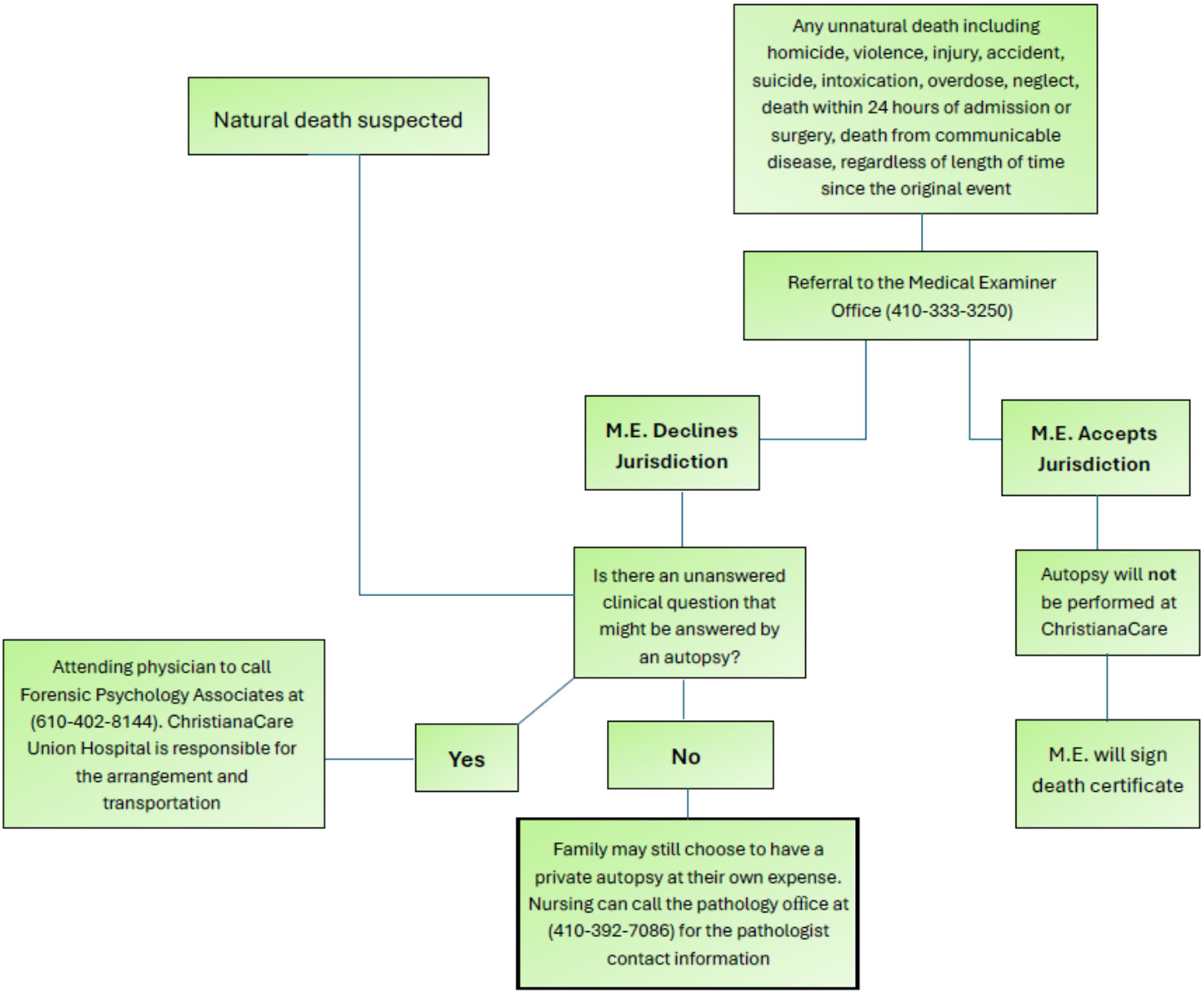
Autopsy Service Referral

At Union Hospital



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Updates from our Laboratories……

General Laboratories….

Cystatin C Test is Now Available Inhouse

With the implementation of the new Abbott Alinity chemistry analyzers, ChristianaCare Newark laboratory now offers inhouse testing for Cystatin C. This test can be ordered in outpatients as well as inpatients systemwide. The Cystatin C test is reported with estimated Glomerular Filtration Rate (GFR) utilizing an equation that is not dependent on the age and sex of the patient.

	Test Result	Result Flag	Reference Range	
Cystatin C	1.67	H	0.51 - 1.05	mg/L
Cystatin C eGFR	38	L	>74	mL/min/1.73 sqm

Cystatin C-based eGFR is calculated using the equation provided by Flodin M et al for the Gentian Cystatin-C assay used at ChristianaCare laboratory. Cystatin C-based eGFR may differ substantially from creatinine -based eGFR in patients with abnormal muscle mass or acutely changing renal function. Values should be interpreted in the context of the patient's full clinical presentation.

Reference: Flodin M, Jonsson AS, Hansson LO, Danielsson LA, Larsson A. Evaluation of Gentian cystatin C reagent on Abbott Ci8200 and calculation of glomerular filtration rate expressed in mL/min/1.73 m(2) from the cystatin C values in mg/L. Scand J Clin Lab Invest. 2007;67(5):560-7.

Cystatin C and creatinine are both used to estimate GFR, a measure of kidney function, but they have different strengths and limitations. Creatinine, a waste product of muscle metabolism, is influenced by muscle mass, age and diet, while Cystatin C, a protein produced by all nucleated cells, is less affected by these factors. Cystatin C may be more accurate in certain situations, particularly in individuals with low muscle mass or those whose creatinine levels are unreliable. Therefore, the National Kidney Foundation-American Society of Nephrology 2021 Task Force recommends using Cystatin C as a confirmatory test for GFR, especially when creatinine-based eGFR estimations might be less reliable.

Microbiology….

New Testing for Strep A Throat Screens

Microbiology is updating Strep throat screening from traditional culture to a more sensitive Cepheid Xpert PCR test. The gold standard of testing for Strep throat has always been to perform a culture that takes approximately 24 hours to grow and potentially another 24 hours to perform identification of the causative bacterium Streptococcus pyogenes or Group A Strep. S. pyogenes not only can lead to painful pharyngitis, but the toxin-producing bacterium can also cause severe, life-threatening invasive infections and lead to post-infectious complications such as rheumatic fever and acute glomerular nephritis if not treated. This updated PCR testing utilizes the same throat swab collection to now provide a significantly reduced turnaround time of less than 30 minutes, allowing for faster, more accurate diagnoses and appropriate utilization of antimicrobial therapies.

Blood Bank….

Did You Know???

Transfer patients from Cecil campus must undergo registration again upon arrival to Christiana Hospital. This is due to crossing state lines and Maryland regulation. Due to the inherent ENCOUNTER change, any blood bank/transfusion-related work will need to be repeated upon arrival to Christiana. FYI: Emergency release/uncrossmatched blood is **always** readily available from the Christiana Hospital Blood Bank. NOTE: Even though uncrossmatched blood is the only option available while a new type and screen is being processed, the Blood Bank has electronic access to the records at Cecil to help ensure the safest blood can be provided when there is urgent need for to transfuse a transfer from Cecil campus.

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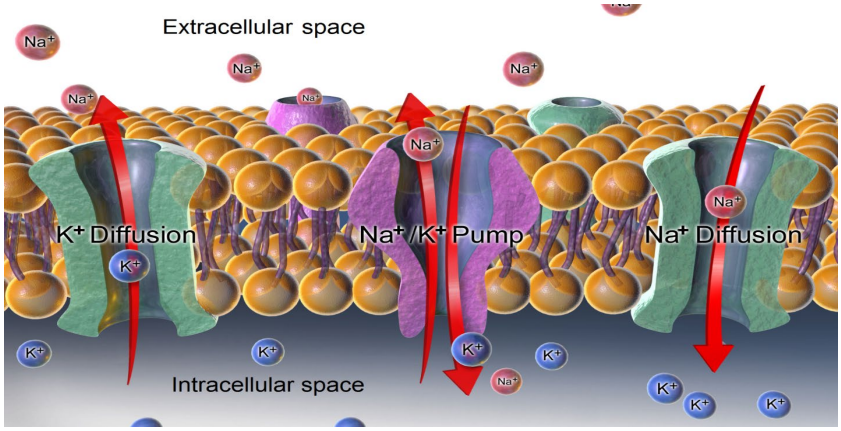
Blood Potassium Level Q&A



- **What methodology does the ChristianaCare laboratory use to measure potassium level?**
  - ChristianaCare laboratories systemwide use indirect ion selective electrode (ISE) on the Abbott Alinity analyzers to measure potassium level in serum, plasma and urine samples.
- **Are serum and plasma potassium levels interchangeable?**
  - While many laboratories in the US perform serum and potassium levels interchangeably and report them out as a single test with a single reference range, the levels can be different from a laboratory medicine perspective. Serum potassium levels are known to be around 0.4 mmol/L higher than plasma levels due to release of potassium during the clotting process in serum samples.
- **What sample type is commonly collected for blood potassium level at ChristianaCare?**
  - Potassium level is included in BMP, CMP, Electrolyte, and RFP panels and it can also be ordered by itself. ChristianaCare hospitals and outpatient laboratories routinely collect lithium heparin plasma separator (mint green tube) samples for blood potassium level.
- **What is the current reference (normal) range for blood potassium level in adults at Christiana Care?**
  - The current reference (normal) range for blood potassium in adults at ChristianaCare is 3.5 – 5.0 mmol/L for both sexes. This reference range is based on clinical input and is not truly reflective of plasma potassium levels.
- **How is the reference (normal) range established for laboratory tests?**
  - Reference (normal) range is established using the Clinical & Laboratory Standards Institute (CLSI) protocol and statistical analysis to determine the central 95% of the healthy population. Commonly, the manufacturer of the assay performs a robust study and provides the ranges which are verified by the laboratory using samples collected on 20-40 healthy individuals. In some cases, the established reference ranges may be modified or adjusted based on clinical input.
- **What are the limitations of reference (normal) ranges?**
  - Reference (normal) ranges are established using healthy populations and may have limitations for specific sub-populations. A result falling within the reference interval may not rule-out disease, especially in the early stages of disease. Similarly, a result falling outside the reference range may not indicate disease either. Laboratory test results should always be interpreted by clinicians in conjunction with the patient's medical history, clinical presentation, and other relevant findings.

If you have any laboratory questions or suggestions for future LabScope Q&A sections, you can submit it here:

Laboratory Q&A Submission Form