

Laboratory Services

Sexually Transmitted Infection
Blood Infection
Pathogen
HIV
Disease Patient
AIDS sex
Medicine
STOP Fever
Treatment
Danger
STI

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When your child needs a hospital, everything matters.

April is Sexually Transmitted Infection (STI) Awareness Month

Did you know that the incidence of both chlamydia and gonorrhea have been on the rise for the past six years in the U.S.? This is something the CDC has called “a severe human and economic burden.”^{1 2} Because chlamydia and gonorrhea are commonly asymptomatic, screening is an essential tool to detect these STIs so that patients receive much-needed treatment. The U.S. Department of Health and Human Services has outlined an ambitious goal to increase chlamydia screening in females aged 16-24 years by 13% by 2025.³

One way to meet that goal would be for providers to consider adopting an opt-out testing strategy, which would make STI testing a routine part of patient care for adolescent and young adult females during clinical encounters (i.e., the patient is notified that testing will be performed unless the patient declines, regardless of reported sexual activity). The goal of an opt-out strategy would be to focus on practice rather than the patient and would involve using normalizing language:

Examples of normalizing language:

“We test everyone your age for chlamydia.” “We routinely screen all our patients to make sure we’re not missing a problem.” “We ask all of our patients your age if they’ve been tested for chlamydia recently. That test should be done every year. Let’s do that today.”

Cost effectiveness analyses indicate that opt-out chlamydia screening among adolescent and young adult females might substantially increase screening, be cost-saving, and identify infections among patients who do not disclose sexual behavior.

To assist with communicating a potential opt-out strategy to parents and patients you can view some sample parent letters on our website: [https://www/nationwidechildrens.org/specialties/laboratory-services/for-providers/laboratory-services-news-publications](https://www.nationwidechildrens.org/specialties/laboratory-services/for-providers/laboratory-services-news-publications).

References:

1. Reported Cases of Sexually Transmitted diseases on the Rise, Some at an Alarming Rate [press release]. <http://www.cdc.gov/nchhstp/newsroom/2015/std-surveillance-report-press-release.html>. Atlanta, Ga: CDC; November 17, 2015.
2. Kent H. Epidemiology of vaginitis. *Am J Obstet Gynecol*. 1991;165(4):1168-76. Doi:10.1016/S0002-9378(12)90722-X.
3. *Quimby, Katherine DeAngelis MPH; Kawatu, Jennifer Ewing RN, MPH; Saul, Katie Martocci MPH; Schamus, Lisa Anne MPH Implementation of a Learning Collaborative Model Increases Chlamydia Screening at 37 Family Planning Clinics: Lessons Learned From 3 Cohorts. *Sexually Transmitted Diseases*. 2021; 48 (1): 5-11.

Epic Lab Implementation

Nationwide Children’s Hospital’s Epic Lab Implementation Program is the integration of three critical systems into NCH’s EMR: Epic Beaker (Lab), SCC SoftBank (Blood Bank), and Epic Buggy (Infection Control and Antimicrobial Stewardship). All three systems will Go Live simultaneously November 6, 2026. Impact

There will be significant changes to the hospital and ambulatory workflows, billing, reporting, and MyChart. This is the highest priority for all lab resources both operationally and technically. Due to the large lift for lab staff, a lab **Order Freeze** has been put into effect from January 2026 to January 2027 (approval required for any additions or changes).

For additional information or questions, please contact:

- Heather Lawrence: heather.lawrence@nationwidechildrens.org
- James Ranjitsingh: james.ranjitsingh@nationwidechildrens.org

We appreciate your partnership and will continue to provide updates as we progress through this transition.

Laboratory Services Important Test Announcements

New test method and interpretations for EBV profile

Effective December 15, 2025, the Clinical Microbiology and Immunoserology Laboratory will transition EBV serologic testing from a semi-automated quantitative Enzyme-Linked Immunosorbent Assay (ELISA) method to an automated chemiluminescent immunoassay (CLIA). The new methodology still provides qualitative detection of IgM and/or IgG antibodies to the same EBV antigens: viral capsid antigen (VCA) and EBV nuclear antigen (EBNA), however, it has improved sensitivity for VCA IgG and specificity for EBNA IgG detection. As a result of this, the interpretation of EBV profiles based on individual antibodies detected has been adjusted. Refer to our Laboratory Test Directory for the new EBV profile interpretation.

Refer to our Laboratory Test Directory for more information on the following tests:

- Mucopolysaccharidosis, Blood Spot Testing Unavailable (Test Code: XMIS)
- Bioppterin Testing Unavailable (Test Code: XBIOP)
- Adenosine Deaminase 2 Enzyme Activity Assay (Test Code: ADA2)

- T Cell Activation Panel Complete (New Test Code: TACPP)
- Institute for Genomic Medicine Test Inactivation: NGS Neuroblastoma Panel (Test Code: NGSNBL)
- Reference Lab Testing Updates (Test Codes: XESTRA, XRENI, X25HDV, XALD, XCALN, XIODI, XCC1Q, XZNT8, XMIS, XB2MG, XMTAF)
- Updated Specimen Requirements for Ethylene Glycol (Test Code: XEGU)
- Pro-Brain Natriuretic Peptide (pro-BNP) (New Test Code: PROBPNP)
- Thyroglobulin Antibody (New Test Code: ATG)
- Thyrotropin Receptor Antibody (New Test Code: ATSHR)
- Test Methodology Update

Expanded in-house allergen testing

Effective March 10, 2026, the Immunoserology Laboratory will offer additional allergen testing.

The new allergens listed below will be offered in-house and no longer referred to an external laboratory. Sample collection, volume and stability requirements will not change. The old test codes will be discontinued.

	New Codes	Old Codes
Test Codes	Chickpea (PCHICK) Lentil (PLENT) Sunflower seed (PSUNSD) Ovomucoid (POVMUC) Ovalbumin (POVALB)	Chickpea (XGARB) Lentil (XLENT) Sunflower seed (XSUNF) Ovomucoid (XOMUC) Ovalbumin (XOALB)
Sample, minimum volume	Up to 15 allergens may be tested per 3mL of whole blood (approx. 1.5mL serum)	
Stability – Whole Blood	Room Temp: 1 hour Refrigerated: 1 week Frozen (-20°C): N/A	
Stability – Serum/Plasma	Room Temp: 1 hour Refrigerated: 1 week Frozen (-20°C): N/A	
Evaluation of Specific IgE Classes – No change	< 0.35 Absent 0.35 – 0.70 Low 0.71 – 3.50 Medium 3.51 – 17.50 High ≥ 17.51 Very High	
Days performed	Daily: M – F	
Typical turnaround time	3 days	

If you have any additional questions about this testing, please refer to the Laboratory Test Directory or call Client Services at 614-722-5477.

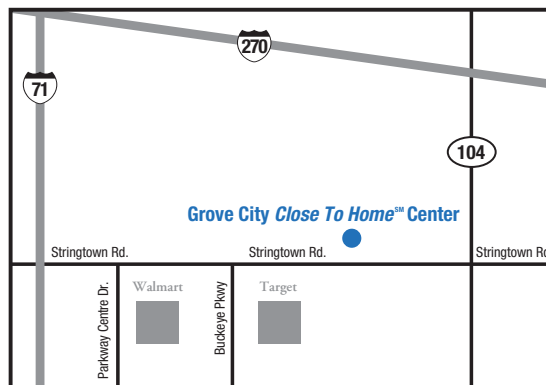
Grove City Announcement



We Are Moving Locations! Same providers. Same great care. New location.

Effective May 18, 2026, all appointments will take place at our new Nationwide Children's Grove City *Close To Home*SM Center:

**Nationwide Children's
Grove City *Close To Home*SM Center**
1350 Stringtown Road
Grove City, OH 43123



Please visit NationwideChildrens.org/Grove-City
for more information.





Spotlight on Pathology:

Sharika Rajan, MD, is a Neuropathologist in the Department of Pathology at Nationwide Children's Hospital.

Dr. Rajan completed her pathology residency at the National Institutes of Health (NIH) and Neuropathology fellowship at Johns Hopkins Hospital and the NIH. Dr. Rajan is interested in pediatric brain tumor and molecular neuropathology, with prior experience in DNA methylation profiling. In collaboration with her colleagues, Dr. Rajan aspires to provide additional characterization of neoplasms seen in pediatric and adolescent and young adult age groups, in an effort to better understand and treat these tumors.

In her free time, Sharika enjoys live music, Broadway shows, playing video games, trying local restaurants, and spending time with family.

Note: Please be aware of your lockbox if it is sitting in the sun or on concrete/asphalt walkways. The internal temperature of the lockbox may be warmer than the outside temperature.

Outside temperature is below 40°F:

If refrigerated samples are stored in your lockbox, a **room temperature gel pack** should be placed in the lockbox to prevent the samples from freezing while left outside. The **gel pack should not be frozen** since you do not want refrigerated whole blood samples to freeze.

Many laboratory tests performed require adequate refrigeration of specimens. By following this lockbox practice, you will help ensure the integrity of the samples and ultimately obtain reliable laboratory results.



Outdoor Temperatures and Lockbox Specimen Storage



It is imperative that samples placed in a lockbox outdoors prior to transport to the laboratory be maintained at the appropriate temperature, especially those days and evenings when outside temperatures dip below freezing or soar during the day.

Outside temperature is above 46°F:

If refrigerated samples are stored in your lockbox, then one or two **refrigerated cold packs** should be placed in the lockbox to maintain the samples at the refrigerated temperature until the courier picks them up. The **gel pack should not be frozen** since you do not want refrigerated whole blood samples to freeze.



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If you would like to become a client or learn more information about Nationwide Children's Laboratory Services, contact us at (800) 934-6575 or visit our website at NationwideChildrens.org/Lab. Would you like to receive the Nationwide Children's Laboratory Services Newsletter electronically? Please e-mail us at LaboratoryServices@NationwideChildrens.org and let us know!

Lab Account Representatives are available via email to assist with any questions or concerns.

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