

**Robert J. Tomsich Department of Pathology and Laboratory
Medicine Diagnostics Institute Reflex Test List 2024**

Test	Condition(s)	Reflex Test(s)
* Reflex testing is standard practice		
Absolute Granulocyte Count with CBC (AGCCBC)	Presence of blasts, atypical lymphocytes, or lymphoma cells	Manual Differential
Complete Blood Count (CBC)	Out patient with a WBC >19.99 k/μL or a WBC < 2.01 k/μL	Automated Differential
Urinalysis (with microscopic) with culture if indicated (UACII)	Urine microscopic has WBC >10/hpf	UCUL (Urine Culture) only from preservative tube
Urinalysis with Reflex	Positive Protein, HGB, or Leukocyte Esterase	Urine Microscopic
	Urine collected in Glickman Urology: Positive HGB, Positive Nitrite or >=2+ Leukocyte Estrase	
Basic Lipid Panel (LIPB)	Triglycerides > 400 mg/dL	LDL Cholesterol, Direct (LDLDC)
Maternal Drug Screen (MDSRF)	Preliminary Positive	Amphetamine Confirmation (Urine), Barbiturate Confirmation (Urine), Benzodiazepines Confirmation (Urine), Cannabinoid Confirmation(Urine), Cocaine Confirmation(Urine), Opiate Confirmation(Urine), Oxycodone Confirmation(Urine), Phencyclidine Confirmation(Urine), Ethanol Confirmation (Urine)
Neonatal Drug Screen (NDSRF)	Preliminary Positive	Amphetamine Confirmation (Urine), Barbiturate Confirmation (Urine), Benzodiazepines Confirmation (Urine), Cannabinoid Confirmation(Urine), Cocaine Confirmation(Urine), Opiate Confirmation(Urine), Oxycodone Confirmation(Urine), Phencyclidine Confirmation(Urine), Ethanol Confirmation (Urine)
Pediatric Drug Screen (PDSRF)	Preliminary Positive	Amphetamine Confirmation (Urine), Barbiturate Confirmation (Urine), Benzodiazepines Confirmation (Urine), Cannabinoid Confirmation(Urine), Cocaine Confirmation(Urine), Opiate Confirmation(Urine), Oxycodone Confirmation(Urine), Phencyclidine Confirmation(Urine), Ethanol Confirmation (Urine)
Toxicology Screen with Confirmation, Urine (UTOXRF)	Presumptive Positive	Amphetamine Confirmation (Urine), Barbiturate Confirmation (Urine), Benzodiazepines Confirmation (Urine), Cannabinoid Confirmation(Urine), Cocaine Confirmation(Urine), Opiate Confirmation(Urine), Oxycodone Confirmation(Urine), Phencyclidine Confirmation(Urine), Ethanol Confirmation (Urine)
Urine Fentanyl Screen, Urine with Reflex (UFENTSRF)	Preliminary Positive	Fentanyl and Metabolite Confirmation, Urine (UFENT)
Vitamin B12 with Reflex (B12RFX)	B12 ≥150 pg/mL but ≤400 pg/mL	Methylmalonic Acid (MMA) and Homocysteine (HOMCYS)
HIV, Rapid Use for ED Use	Reactive	HIV-1 p24 Ag +HIV-1-2 Ab, with reflex to differentiation (HIV12C)
*AFB Culture and Stain (AFC)	Positive Findings	Organism ID & Susceptibility, Molecular Detection of TB and Rifampin Resistance
*AFB Culture and Stain for Patients with Cystic Fibrosis (AFBCF)	Positive Findings	Organism ID & Susceptibility, Molecular Detection of TB and Rifampin Resistance
*AFB Culture Only (AFCO)	Positive Findings	Organism ID & Susceptibility
*Anaerobe Culture (ANACUL)	Positive Findings	Organism ID & Susceptibility
*Blood Culture (BLCUL)	Positive Findings	Organism ID & Susceptibility
*Blood Parasites (BLDPAR)	Positive Findings	Calculation of parasitemia percentage plus review of positive slides by medical director
*Body Fluid Culture and Stain (BFCUL)	Positive Findings	Organism ID & Susceptibility
*Bronchoscopy Culture and Gram Stain (BALCSM)	Positive Findings	Organism ID & Susceptibility
*Campylobacter Culture (CAMPY)	Positive Findings	Organism ID & Susceptibility
*Catheter Tip Culture (CTCUL)	Positive Findings	Organism ID & Susceptibility
*Clostridium difficile Toxin by PCR (CDPCR)	Positive Findings	C. difficile Toxin by EIA
*Cryptococcus Ag Detection (CAD)	Positive Findings	Titration of positive specimens to determine titer. Culture of positive specimen (FUNCSF) if not already ordered.
*Cryptosporidium Examination (CRYSPO)	Positive Findings	Positive Cryptosporidium results are confirmed with microscopy after concentration of the specimen
*CSF Culture and Stain (CSFCUL)	Positive Findings	Organism ID & Susceptibility
*Cystic Fibrosis Respiratory Culture (CFRCUL)	Positive Findings	Organism ID & Susceptibility
*Ear Culture and Gram Stain EARCSM)	Positive Findings	Organism ID & Susceptibility
*Eye Culture (EYEC)	Positive Findings	Organism ID & Susceptibility
*Eye Culture and Gram Stain (EYECSM)	Positive Findings	Organism ID & Susceptibility
*Fungal Blood Culture (HISTCL)	Positive Findings	Organism ID & Susceptibility
*Fungal Culture -Non Dermal Sites (FCUL)	Positive Findings	Organism ID & Susceptibility
*Fungal Culture and Smear - Non Dermal (FCULSM)	Positive Findings	Organism ID & Susceptibility
*Fungal Culture and Smear Hair, Skin, Nail (FHSNSM)	Positive Findings	Organism ID & Susceptibility
*Fungal Culture Hair, Skin, Nail (ACFSC)	Positive Findings	Organism ID & Susceptibility
*Fungus CSF Culture/CAD (FUNCSF)	Positive Findings	Organism ID & Susceptibility
*Fungal Smear (FUNGSM)	Positive Findings	Organism ID & Susceptibility
*Fungus Screen (FUNGSC)	Positive Findings	Organism ID & Susceptibility
*Group B Strep Culture Screen (GRPBSC)	Positive Findings	Organism ID (& Susceptibility if patient is β-lactam allergic)
*Helicobacter pylori Culture (HPYCUL)	Positive Findings	Organism ID & Sendout Susceptibility
*Intraoperative Hardware Culture (IOHWC)	Positive Findings	Organism ID & Susceptibility
*Legionella Culture (LEGCUL)	Positive Findings	Organism ID
*Miscellaneous Culture (MISCUL)	Positive Findings	Organism ID & Susceptibility
*Miscellaneous Culture and Stain (MISCCS)	Positive Findings	Organism ID & Susceptibility
*Miscellaneous Culture Screen (MISCSC)	Positive Findings	Organism ID & Susceptibility
*Miscellaneous GC Screen (MISCGC) & Beta Lactamase testing	Positive Findings	Organism ID & Beta Lactamase
*MRSA Culture Screen (MRSASC)	Positive Findings	Organism ID
*MRSA/Staph aureus Culture Screen (SANSAL)	Positive Findings	Organism ID
*Nocardia Culture and Stain (NOCARD)	Positive Findings	Organism ID & Sendout Susceptibility
*Nocardia Culture Only (NOCARC)	Positive Findings	Organism ID & Sendout Susceptibility
*Orthopedic Implant Culture (ORTCUL)	Positive Findings	Organism ID & Susceptibility
Prostatic Secretion Culture (PSCUL)	Positive Findings	Organism ID & Susceptibility
*Respiratory Culture and Stain (RCULST)	Positive Findings	Organism ID & Susceptibility

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*Sinus Culture and Gram Stain (SINUSC)	Positive Findings	Organism ID & Susceptibility
*Throat Culture, Routine (THRCUL)	Positive Findings	Organism ID
*Tissue Culture and Stain (TISCUL)	Positive Findings	Organism ID & Susceptibility
*Urine Culture (URCUL)	Positive Findings	Organism ID & Susceptibility
*Vibrio Culture (VIBCUL)	Positive Findings	Organism ID & Susceptibility
*VRE Culture Screen (VRESC)	Positive Findings	Organism ID
*Wound Culture and Gram Stain (WCUL)	Positive Findings	Organism ID & Susceptibility
*Yersinia Culture (YERCUL)	Positive Findings	Organism ID & Susceptibility
*Aeromonas/Plesiomonas Culture (AERPLE)	Positive Findings	Organism ID & Susceptibility
AFB Identification and Susceptibility Test (AFIDST)	Positive Findings	Susceptibility
AFB Stain Only (AFS)	Positive Findings	PCR testing to determine If Mycobacteria tuberculosis complex vs. nontuberculosis Mycobacteria
Gram stain (MGMST)	Beaded, gram-positive filamentous and branching bacteria are present	Partial acid-fast stain and Nocardia culture, unless these have already been ordered
Group B Strep PCR (GBPCR)	Positive Findings	Susceptibility if patient is β -lactam allergic
S. aureus PCR	Indeterminate	S. aureus culture screen (SANSAL)
Stool Gastrointestinal Panel by PCR (STGIPIR and STGIPI)	Positive for Salmonella spp., Shigella spp., Vibrio spp. And Yersinia spp.	Salmonella Shigella Culture, Yersinia culture or Vibrio culture for susceptibility testing and/or epidemiologic investigation. Cultured isolates and specimens positive for shiga-toxin genes will be submitted to ODH laboratory for further characterization.
Enteric Bacterial Panel by PCR (STLPCR)	Positive for Salmonella spp., Shigella spp., Vibrio spp. And Yersinia spp.	Salmonella Shigella Culture, Yersinia culture or Vibrio culture for susceptibility testing and/or epidemiologic investigation. Cultured isolates and specimens positive for shiga-toxin genes will be submitted to ODH laboratory for further characterization.
Allergen Peanut IgE with reflex to Peanut components IgE (PNTRFX)	Values \geq 0.35 kU/L	Peanut component panel (PNUTCP)
Allergen, Respiratory Disease Profile Region 5, with Reflex	Cat and Dog Dander \geq 0.35	Cat Component or Dog Component
ANA by IFA Reflex (PANEL)	If ANA by IFA is Positive	ANAS AND DNA Antibody with Confirmation AND ENA Antibody Panel (SSA Ab, SSB Ab, Smith Ab, JO-1 Ab, Chromatin, Scleroderma, RNP Ab, Ribosomal RNP, and Centromere)will be performed and billed.
ANA Panel I (ANA1)	If ANA screen by EIA is positive	ANAIFS AND ENA Antibody Panel (SSA Ab, SSB Ab, Smith Ab, JO-1 Ab, Chromatin, Scleroderma, RNP Ab, Ribosomal RNP, and Centromere will be performed and billed), AND DNA Antibody with Confirmation
Anti-Neutrophil Cytoplasmic Antibody (ANCA)	Positive or equivocal	Proteinase 3 Autoantibodies and / or Myeloperoxidase Autoantibodies
DNA Antibody with Confirmation (DNA)	Positive	Crithidia luciliae
Hepatitis B Surface Antigen (HBSAG)	Positive	Hepatitis B Surface Antigen, Confirmatory
Hepatitis C Antibody IA w/Confirmatory (AHCV1B)	Positive or equivocal	Hepatitis C RNA by PCR
HIV 1 2 Combo Antigen / Antibody (HIV12)	Positive (preliminary)	Human Immuno Deficiency Virus Types 1 & 2 Antibody
Lyme Antibody Early Disease -< =30 days of signs or symptoms, with Reflex (LMERLY)	Positive or equivocal	IgG and IgM Western Blot
Lyme Antibody Late Disease - >30 days of signs or symptoms, with Reflex (LMLATE)	Positive or equivocal	IgG Western Blot
Protein Electrophoresis, Serum, with IFE (SEPGRX)	M protein identified	Monoclonal Protein, Blood
Protein Electrophoresis, Urine, with IFE (UEPGRX)	M protein identified or clinically indicated	Monoclonal Protein, Urine
Rapid Plasma Reagin (RPR)	Positive	RPR Quantitative Titer
Syphilis Total with Reflex (SYPHTX)	Reactive	Rapid Plasma Reagin
Thyroglobulin, Serum with Reflex to IA or LC-MS/MS	Thyroglobulin is \geq 4.0 or $<$ 4.0	$<$ 4.0: Tg by IA or \geq 4.0: Tg by LC-MS/MS
VDRL CSF	Reactive	VDRL CSF Titer
Rapid Plasma Reagin (RPR) (as part of the SYPHTX algorithm)	Negative	Treponemal palladium Antigen
ADAMTS13 Activity (ADAM13A)	If low and ADAMTS13 Inhibitor negative	ADAMTS13 antibody
Anti-Platelet Factor 4 (PLATF4)	Positive PF4 by ELISA	Heparin induced platelet aggregation
Antithrombin III Activity	Clinically indicated per pathologist	Antithrombin III Antigen
APC resistance (APC)	Positive result or clinically indicated based on pharmaceuticals	Factor V Leiden, Thrombin Time, Anti-Xa Level
Factor VIII Activity	Clinically indicated per pathologist	Factor VIII Chromogenic
Hemoglobin Evaluation for ASCAA only (SCHBEV)	Abnormal hemoglobin detected	Sickle Solubility (if patient is \geq 6 Months), Hb Variant HPLC, Isoelectric Focusing (if clinically indicated)
Hemoglobin Evaluation Cascade (HBEVAL)	Abnormal hemoglobin detected	Sickle Solubility (if patient is \geq 6 Months), Hb Variant HPLC, Isoelectric Focusing (if clinically indicated) ,
Hemoglobin Evaluation Cascade (HBEVAL)	MCV \leq 79	Ferritin level
Hemoglobin Electrophoresis-Outside Clients Only (HBELSA)	Abnormal hemoglobin detected	Sickle Solubility (if patient is \geq 6 Months), Hb Variant HPLC, Isoelectric Focusing (if clinically indicated)
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Activated Partial Thromboplastin Time + Heparzyme
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Antithrombin III Antigen
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Anti-Xa Level + Heparzyme
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Beta-2-Glycoprotein IgG and IgM
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Dilute Russell Viper Venom Test
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Factor IX Assay
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Factor V Assay
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Factor V Leiden
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Factor VII Assay
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Factor VIII Chromogenic
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Factor X Assay
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Factor XI Assay
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Factor XII Assay
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Platelet Neutralization
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Protein C antigen
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Protein S Total and Protein S Free
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	PTT Incubated Mixing Study
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Thrombin Time + Heparzyme

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Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Reptilase Time
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	D-Dimer
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Fibrinogen Antigen
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Activated Partial Thromboplastin Time + Hepzyme
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Anti-Xa Activity Level + Hepzyme
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Bethesda Inhibitor
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Factor VIII Assay
Hypercoagulation Diagnostic Interpretive Panel (HYPER)	Clinically indicated per pathologist	Factor VIII Chromogenic
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Factor IX Assay
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Factor XI Assay
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Factor XII Assay
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Factor II Assay
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Factor V Assay
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Factor X Assay
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Fibrinogen
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Prothrombin Time Mixing Study
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	PTT Incubated Mixing Add On
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	PTT Incubated Mixing Study
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Ristocetin cofactor
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Thrombin Time + Hepzyme
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	von Willebrand Factor Antigen
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Reptilase Time
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	D-Dimer
Lupus Anticoagulant Diagnostic Interpretive Panel (LUPUSP)	Clinically indicated per pathologist	Fibrinogen Antigen
Protein C Functional (PRCFUN)	Clinically indicated per pathologist	Protein C antigen
Protein S Clottable (PRSCLT)	Low result or patient on pharmaceuticals	Protein S Immunologic
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Activated Partial Thromboplastin Time + Hepzyme
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Anti-Xa Level + Hepzyme
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Thrombin Time + Hepzyme
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Bethesda Inhibitor
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor II Assay
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor IX Assay
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor V Assay
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor VII Assay
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor VIII Chromogenic
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor VIII Assay
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor X Assay
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor XI Assay
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor XII Assay
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Factor XIII Antigen
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	LUPUS panel
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Dilute Russell Viper Venom Test
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	STACLOT Lupus anticoagulant, plasma
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Platelet Neutralization
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Thrombin Time
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Anti-Xa screen
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Reptilase Time
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	D-Dimer
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Fibrinogen Antigen
Prothrombin Time Mixing Study (PTMIX)	Clinically indicated per pathologist	Fibrinogen
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Activated Partial Thromboplastin Time + Hepzyme
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Anti-Xa Level + Hepzyme
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Thrombin Time + Hepzyme
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Bethesda Inhibitor
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Factor II Assay
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Factor IX Assay
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Factor V Assay
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Factor VII Assay
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Factor VIII Assay
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Factor VIII Chromogenic
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Factor X Assay
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Factor XI Assay
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Factor XII Assay
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Dilute Russell Viper Venom Test
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	STACLOT Lupus anticoagulant, plasma
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Platelet Neutralization
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Anti-Xa screen
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Ristocetin cofactor
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	von Willebrand antigen
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	von Willebrand multimer
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Collagen binding assay
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Reptilase Time
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	D-Dimer
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Fibrinogen Antigen
PTT Incubated Mixing Study (PTTIM)	Clinically indicated per pathologist	Fibrinogen
Sickle Solubility (SCKSOL)	Positive results	Hemoglobin Evaluation Cascade

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Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	Bethesda Inhibitor
Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	Factor IX Assay
Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	Factor XI Assay
Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	Factor XII Assay
Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	Factor VIII Chromogenic
Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	Lupus AC Panel
Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	Dilute Russell Viper Venom Test
Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	APTT Mixing Study
Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	STACLOT Lupus anticoagulant, plasma
Von Willebrand Panel (VWFNP)	Clinically indicated per pathologist	Platelet Neutralization
Bone Marrow Chromosome Analysis with Reflex SNP Array	Chromosome analysis results are normal, suboptimal, or cultures present no growth	SNP Arrays
Product of Conception Chromosome Analysis POCHF	if normal female or no growth of tissue	SNP array testing
Chromosome Analysis with Reflex AML FISH panel (CHRAML)	If insufficient cells for chromosome analysis.	FISH for Acute Myeloid Leukemia Panel (FAMLPN)
Chromosome Analysis with Reflex MDS FISH (CHRMDS)	If insufficient cells for chromosome analysis.	FISH for Myelodysplasia (FSHMDS)
FISH for Plasma Cell Myeloma (FSHPCM)	If an IGH translocation is present that does not represent an IGH/CCND1 translocation, additional reflex studies will be performed using probes for IGH/MMSET and IGH/MAF.	FISH for Plasma Cell Myeloma Extended Panel (PCMEXT)
Type and Screen (TSCR) Type and Screen, 30 day (TSCR30) Type and Screen, Prenatal (TSPN) ABO Rh Typing (ABORH) Antiglobulin Test, Indirect (IAGT)	<ul style="list-style-type: none"> · Patients for whom prophylactic phenotype matching may be indicated, including sickle cell anemia, thalassemia, and any other medical condition requiring long-term Red Cell transfusion support · Selected patients with clinically significant alloantibodies for whom standard serological typing cannot be performed, e.g., due to positive direct antiglobulin test or recent transfusion · Patients with serological reactivity that interferes with exclusion of clinically significant antibodies, including autoantibodies, high-titer, low-avidity antibodies, and selected cases of antibody reactivity with no apparent specificity · Patients with suspected antibody to a high prevalence antigen, or other antigen for which typing sera are not readily available -Patients positive for an antigen by serological testing and the corresponding antibody is identified 	Red cell molecular testing depending on test results – various reference labs Reference Lab red cell phenotyping, e.g reticulocyte typing
Antiglobulin Test, Direct (DAGT)	Positive result	Monospecific C3 and IgG, and eluate if IgG positive
ABO Rh, D.A.T. of Cord Blood (CORDB) Antiglobulin Test, Direct (DAGT)	IgG positive in a newborn whose mom has an antibody	Eluate testing and typing the newborn for the corresponding antigen only, not the allele
Type and Screen (TSCR) Antiglobulin Test, Direct (DAGT)	Minor incompatible stem cell transplants and solid organ transplants to detect passenger lymphocyte syndrome	Polyspecific direct antiglobulin test (DAGT). If positive IgG and C3. If IgG positive then an eluate and identification of the antibody if needed
Type and Screen (TSCR) Type and Screen, 30 day (TSCR30) Type and Screen, Prenatal (TSPN) Type and Screen, Postdelivery (POSDEL) Antiglobulin Test, Indirect (IAGT)	Pregnant patient with a red cell antibody which may cause hemolytic disease of the fetus and newborn	Antibody titer
Type and Screen (TSCR) Type and Screen, 30 day (TSCR30) Type and Screen, Prenatal (TSPN) Type and Screen, Postdelivery (POSDEL) Antiglobulin Test, Indirect (IAGT)	Screen is positive Patient has been transfused or is pregnant, or unknown history Antibody screen reactivity (pattern or strength) has changed significantly, or Enough time has passed per SOP to require a re-evaluation.	Antibody Identification (inclusive of panel, elution, adsorption, etc.) Red cell antigen typing, donor and recipient, as applicable
ABO Rh Typing (ABORH) Type and Screen (TSCR) Type and Screen, 30 day (TSCR30) Type and Screen, Prenatal (TSPN) Type and Screen, Postdelivery (POSDEL) Antiglobulin Test, Indirect (IAGT)	ABO forward and reverse group do not agree, mixed-field reactions in ABO/Rh typing, D typing results do not agree	Resolution of type discrepancies with additional serological studies or molecular studies, as indicated
Flow Cytometry for Leukemia/Lymphoma (FCLL)	Clinically indicated per pathologist	T cell V-Beta by Flow Cytometry (TVBETA)