PMLS1: Nature of the Clinical Laboratory Cheat Sheet by fayetta (katanawrites) via cheatography.com/139709/cs/29544/

The Clinical		The Clinical Laboratory (cont)		
Clinical laboratory	essential component of health institutions	important member of the health care delivery system		
	main task: provide accurate and reliable information to medical doctors for the diagnosis, prognosis, treatment, and management	plays a very significant role in the permance of laboratory testing and ensuthe reliability of test results Assays in the past: manual, taxing, laboratory, and time-consuming		
	of diseases involved in: research, community outreach program,	Presently, with the advent of automatic less laborious, with shortened turn are time (TAT)		
	surveillance, infection control in the hospital and community settings, information dissem- ination, and evaluation of the applicability or current and innovative diagnostic techno- logies	Possible cause of changes in the future shifting demographics, emergence of and re-emergence of infectious and ne fectious diseases, demand for more efficient and effective workflow, and ne government institutional policies		
	place where specimens (e.g.,	CCL: According to Functions		
	blood and other body fluids, tissues, feces, hair, nails) collected from individuals are processed analyzed, preserved, and properly disposed.	Clinical focuses in the areas of c Pathology chemistry, immunohema and blood banking, medi microbiology, toxicology, therapeutic drug monitor endocrinology		
	vary according to size, function, and the complexity of tests performed	concerned in the diagno treatment of the disease performed through labor		
Laboratory Test Results	basis for 70% of all decisions performed by medical doctors	testing of blood and othe		
Medical Techno- logist/Cl- inical Laboratory Scientist	serves as the integral partner of medical doctors			

CCL: According to Functions (cont)

Anatomic Pathology	focuses in the areas of histop- athology, immunohistopath- ology, cytology, autopsy, and forensic pathology
	concerned with the diagnostic of diseases through micros- copic examination of tissues and organs

CCL: Acc istics	ording to Institutional Character-
Instit- ution based	operates within the premises or part of an institution (e.g., hospital, school, medical clinic, medical facility for overseas workers and seafarers, birthing home, psychiatric facility, and
	drug rehabilitation center)
	most common example: Hospit- al-based clinical laboratories
free-s- tanding	not part of an established instit- ution
	Example: free-standing out-pa- tient clinical laboratory

CCL: According to Ownership				
Gover	owned, wholly or partially, by			
nment-	national or local government units			
owned				
	Examples: clinical and anatomical			
laboratories of DOH-run				
government hospitals (San				
Lazaro Hospital, Jose R. Reyes				
Memorial Medical Center,				
	University of the Philippines-Phi-			

lippine General Hospital and local government-run hospital-based clinical laboratories of the Ospital ng Maynila Medical Center, Sta. Ana Hospital, and Bulacan

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Medical Center)

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	rding to Ownership (cont)	CCL: Acco	ording to Service Capability (cont)	CCL: According to Service Capability (con
ely- by owned in za	wned, established, and operated y an individual, corporation, istitution, association, or organi- ation xamples: St. Luke's Medical		routine chemical chemistry tests: blood glucose concentra- tion, blood urea nitrogen, blood uric acid, blood creatinine, cholesterol determination, and	Microbiology, bacteriology, and mycology differential staining techniques, culture an identification of bacteria and fungi from specimens, and antimicrobial susceptibilit testing
C	enter, Makati Medical Center, nd MCU-FDTMF Hospital		qualitative platelet count If hospital-based: Gram stain, KOH mount, and cross-mat-	Special clinical chemistry: clinical enzymo logy, therapeutic drug monitoring, and markers for certain diseases
CCL: Acco Primary category	rding to Service Capability licensed to perform routine laboratory testing (e.g.,		ching Minimum requirement: 20 square meters floor area	Special hematology: bone marrow studies special staining for abnormal blood cells, and red cell orphology
	routine urinalysis and routine stool examination)		Personnel requirement: depends on the workload	Immunohematology and blood banking: blood donation program, antibody
	routine hematology or complete blood count:		Equipment: microscope, centri- fuge, Hematocrit centrifuge,	screening and identification, and prepar- ation for blood components
hemoglobin, hematocrit, WBC and RBC count, WBC differ-	á	semi-automated chemistry analyzers, autoclave, incubator,	Minimum floor requirement: at least 60 square meters	
	ential count and qualitative platelet count, blood typing, and Gram staining (if hospit- al-based)	Tertiary category (Hospital	and oven licensed to perform all the laboratory tests performed in the secondary category	Equipment: microscope, centrifuge, Hematocrit centrifuge, semi-automated chemistry analyzers, autoclave, incubator oven, automated chemistry analyzer,
	Equipment: microscopes, centrifuge, and hematocrit centrifuge	and non- hospi- tal-	laboratory	biosafety cabinet class II, and serofuge
	Space requirement: at least 10 square meters	based)	Immunology and serology: NS1-	
Secondary category (Hospital and non-	licensed to perform laboratory tests being done by the primary category clinical laboratories along with routine		Ag for dengue, rapid plasma reagin, and Treponema pallidum particle agglutination tests	

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National	laboratory in a government		Clinical laboratory personnel:		characterized as state-of-art, full
Reference	hospital designated by the		pathologists, medical techno-		automated facility
Laboratory	DOH		logists/clinical laboratory		Endocrinology: hormone in blood
	provide special diagnostic		scientists, medical technicians, phlebotomists, and other		and urine
	functions and services for certain diseases		laboratory personnel		Thyroid hormone tests : thyroid stimulating hormone (TSH), T3
	Functions: Referral services, provision of confirmatory	Clinical Chemistry	intended for testing blood and other body fluids to quantify		and T4 (triiodothyronine and thyroxine)
	testing, assistance for research activities, implement-		essential soluble chemicals including waste products useful for diagnosis of certain		Other tests: estrogen, prolactin, and testosterone
	ation of External Quality Assurance Programs (EQAP) of the government, resolution		diseases Most common body fluids:		Other laboratories: Toxicology and Drug Testing
	of conflicts regarding test results of different labora- tories, and training of medical technologists on certain specialized procedures that requires standardization		blood and urine Test Performed: fasting blood sugar (FBS), glycosylated hemoglobin (HbA1c - diabetes), total cholesterol - HDL and LDL, triglycerides		Important activities: Internal Quality Assurance (IQA), Continuous Quality Improvemen (CQA), and participation in National External Quality Assurance Program (NEQAP)
Republic Ac Approved:	epublic Act No. 4688		(TAG) - cardiovascular diseases, blood uric acid (BUA), blood urea nitrogen	Microb iology	Four major sections: bacteriolog mycobacteriology, mycology, ar virology
	the Clinical Laboratory		(BUN), creatinine - diseases involving the kidney, total protein (TP), albumin, electr-		focused on the identification on bacteria and fungi on speciment received
aboratory	cohesively and comprehen- sively performing different activities and procedures for		olytes (sodium, potassium, chloride), clinical enzymology (aminotransferase and creatine kinase)		Specimens: blood and other boo fluids, stool, tissues, and swabs
	each specimen collected from patient to produce reliable test results		One of the busiest sections of the clinical laboratory		

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Sections of the Clinical Laboratory (cont)		Sections of t	Sections of the Clinical Laboratory (cont)		Sections of the Clinical Laboratory (cont)	
	Tests: microscopic visual- ization of microorganisms after staining, isolation, and identification of bacteria (aerobes and anaerobes) and fungi using varied		Coagulation studies: focuses on blood testing for determ- ination of various coagulation factors Bone marrow examination: performed in automated		Hospital-based clinical laboratories: blood donation activities (donor recruitment and screening, bleeding of donor, and post-donation care	
	culture media and different biochemical tests (antigen typing and antibacterial susceptibility testing)	Clinical Microscopy	hematology analyzers First Area: allotted to routine and other special examin- ations of urine (macroscopic	Immunology and Serology	analyses of serum antibodies in certain infectious diseases (primarily viral agents)	
Other activities: preparation of culture media and stains, quality assurance and		examination: determine the color, transparency, specific gravity, and pH level and		Tests: Hepatitis B profile tests, serological tests for syphilis		
	control, infection control, and biosafety and proper waste disposal		microscopic examination: detect the presence of abnormal cells and/or		Antibody screening tests: test for hepatitis C and dengue fever	
	Mycobacteriology: identific- ation of mycobacterium (e.g., Mycobacterium tuberculosis)		parasites as well as to quantify red cells and WBC and other chemicals found in		Automated analyzers are also used in this section for different serological tests	
Hematology and Coagulation Studies	enumeration of cells in the blood and other body fluids (CSF and pleural fluid)		urine Second Area: examination of stool or routine fecalysis Dentity for the initial state.	Anatomic Pathology: Section of	Activities: tissue processing (removed surgically: biopsy/autopsy), cutting into	
Examinations: CBC, hemogl- obin, hematocrit, WBC differ- ential count, red cell morpho- logy, total cell count and differential count, blood smear preparation, and staining for other body fluids		Routine fecalysis: identific- ation of parasitic worms and ova	Histopath- ology/Cyt- ology	sections, staining, and preparation for microscopic examination by a pathologist		
	Blood Bank/I- mmunoh- ematology	screening for all antibodies and identification of antibodies and blood components used for transf- usion				
			Tests: blood typing and compatibility testing			
			most critical in the clinical laboratory			
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Sections of	the Clinical Laboratory (cont)	Laboratory 7	Testing Cycle	Laboratory	Testing Cycle (cont)
Specia- lized Sections of the Labora- tory: Immuno- histoc-	combines anatomical, clinical, and biochemical techniques where antibodies (monoclonal and polyclonal) bounded to enzymes and fluorescent dyes are used to detect presence of antigens and tissue	Laboratory Testing Cycles	encompasses all activities starting from the medical doctor writing a laboratory request up to the time (called the turnaround time [TAT]) the results are generated and become useful information for the treatment of patients	Medical Techno- logist/Cl- inical Laboratory Scientist	Must have clear unders- tanding of the testing cycle to avoid erroneous test results variables may affect the tests results: preparation of the
hemistry	useful in the diagnosis of some		Three phases: pre-analytic, analytic, and post analytic		request slip for the patient variables that may cause
	types of cancers by detecting the presence of tumor-specific antigens, oncogenes, and tumor suppressor genes.		Pre-analytic phase: receipt of laboratory request, patient preparation, specimen collection, and proper transport and		errors: physiological factors, diet, medications, alcohol and caffeine intake, exercise, underlying disease conditions,
	assess the responses of patients to cancer therapy as		processing of specimen to the clinical laboratory		identification of patients and labeling of specimens, antico-
Molecular	well as diagnosis for certain neurodegenerative disorders uses different enzymes and		Analytic phase: actual testing of the submitted/collected specimen		agulant used, and volume of specimen collected vis-a-vis volume of anticoagulant
Biology and Biotec-	other reagents, DNA and RNA are identified and sequenced to detect any pathologic condit-		Equipment and instruments: reagents and internal quality control program		Post-analytic phase: control of the variables of TAT and transcription errors (e.g.,
hnology	ions/disease processes Most common technique: polymerase chain reaction (PCR) - contributed to scientific		Post-analytic phase: transm- ission of test results to the medical doctor for interpret-	Quality Assi	wrong value used, result given to the wrong patient). urance in the Clinical Laboratory
	advancements in laboratory research; useful for clinical techniques (screening genetic indicators of disease &		ation, TAT, and application of doctor's recommendations; diagnosis and treatments are based in the generated data	Quality Assurance	encompasses all activities performed by laboratory personnel to ensure reliability of test results
	diagnosis of cancer and infectious diseases				

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Quality Assura (cont)	ance in the Clinical Laboratory	Quality Assurance in the Clinical Laboratory (cont)			
	organized, systematic, well- planned, and regularly done with the results properly	Certificate of Perfor- mance	given to the participating clinical laboratory		
	documented and consis- tently reviewed	Designated NRL-	National Kidney and Transplant Institute (NKTI) -		
Two Major Components	Internal Quality Assurance System (IQAS) and External Quality Assurance System (EQAS)	EQAS	Hematology and Coagulation Research Institute of Tropical Medicine (RITM) - Microb- iology (identification and		
Internal Quality Assurance System	day-to-day activities that are undertaken in order to control factors or variables that may affect test results		antibiotic susceptibility testing) and Parasitology (identification of ova and quotation malaria)		
(IQAS)	Regular review and audit of test results: done to identify weaknesses and conseq- uently perform corrective actions		Lung Center of the Philip- pines (LCP) - Clinical chemistry (for testing 10 analytes, namely glucose, creatinine, total protein, albumin, blood urea nitrogen,		
External Quality Assurance	system for checking perfor- mance among clinical laboratories and is facilitated		uric acid, cholesterol, sodium, potassium, and chlorine		
System (EQAS)	by designated external agencies National Reference Labora-		East Avenue Medical Center (EAMC) - Drug of abuse (methamphetamine and		
	tories (NRL): DOH-desig- nated EQAS		cannabinoids) San Lazaro Hospital STD-		
	Unknown sample with known test results -> clinical laboratory for testing -> results returned to external facility -> compared to the known result (determines the performance of the laboratory)		AIDS Cooperative Center Laboratory (SACCL) - Infectious immunology hepatitis B surface antigen (HBsAg), human immunodef- iciency virus (HIV), Hepatitis C virus (HCV)		

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