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

The Clinical	Laboratory
Clinical laboratory	essential component of health institutions
	main task: provide accurate and reliable information to medical doctors for the diagnosis, prognosis, treatment, and management of diseases
	involved in: research, community outreach program, surveillance, infection control in the hospital and community settings, information dissem- ination, and evaluation of the applicability or current and innovative diagnostic techno- logies
	place where specimens (e.g., blood and other body fluids, tissues, feces, hair, nails) collected from individuals are processed analyzed, preserved, and properly disposed.
	vary according to size, function, and the complexity of tests performed
Laboratory Test Results	basis for 70% of all decisions performed by medical doctors
Medical Techno- logist/Cl- inical Laboratory Scientist	serves as the integral partner of medical doctors

#### The Clinical Laboratory (cont)

important member of the health care delivery system

plays a very significant role in the performance of laboratory testing and ensuring the reliability of test results

Assays in the past: manual, taxing, labor -intensive, and time-consuming

Presently, with the advent of automation: less laborious, with shortened turn around time (TAT)

Possible cause of changes in the future: shifting demographics, emergence of new and re-emergence of infectious and non-infectious diseases, demand for more efficient and effective workflow, and new government institutional policies

#### CCL: According to Functions

Clinical	focuses in the areas of clinical
Pathology	chemistry, immunohematology,
	and blood banking, medical
	microbiology, toxicology,
	therapeutic drug monitory, and
	endocrinology
	concerned in the diagnosis and
	treatment of the diseases
	performed through laboratory
	testing of blood and other body
	fluids

#### 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	cording 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	
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Gover owned, wholly or partially, by nmentnational 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-Philippine General Hospital and local government-run hospital-based clinical laboratories of the Ospital ng Maynila Medical Center, Sta. Ana Hospital, and Bulacan Medical Center)

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CCL: According to Ownership (cont)			CCL: Acco	ording to Service Capability (cont)
ely- by owned ins za Ex	vned, established, and operated v an individual, corporation, stitution, association, or organi- ation <b>camples:</b> St. Luke's Medical enter, Makati Medical Center,			routine chemical chemistry tests: blood glucose concentra- tion, blood urea nitrogen, blood uric acid, blood creatinine, cholesterol determination, and qualitative platelet count
	nd MCU-FDTMF Hospital			If hospital-based: Gram stain, KOH mount, and cross-mat- ching
Primary category	licensed to perform routine laboratory testing (e.g.,			Minimum requirement: 20 square meters floor area
	routine urinalysis and routine stool examination)			Personnel requirement: depends on the workload
routine hematology or complete blood count: hemoglobin, hematocrit, WBC and RBC count, WBC differ- ential count and qualitative platelet count, blood typing, and Gram staining (if hospit- al-based)				Equipment: microscope, centri- fuge, Hematocrit centrifuge, semi-automated chemistry analyzers, autoclave, incubator, and oven
			Tertiary category (Hospital	licensed to perform all the laboratory tests performed in the secondary category
	Equipment: microscopes, centrifuge, and hematocrit centrifuge		and non- hospi- tal-	laboratory
	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
hospital- based)	clinical chemistry tests			

#### CCL: According to Service Capability (cont)

Microbiology, bacteriology, and mycology: differential staining techniques, culture and identification of bacteria and fungi from specimens, and antimicrobial susceptibility testing

Special clinical chemistry: clinical enzymology, therapeutic drug monitoring, and markers for certain diseases

Special hematology: bone marrow studies, special staining for abnormal blood cells, and red cell orphology

Immunohematology and blood banking: blood donation program, antibody screening and identification, and preparation for blood components

Minimum floor requirement: at least 60 square meters

Equipment: microscope, centrifuge, Hematocrit centrifuge, semi-automated chemistry analyzers, autoclave, incubator, oven, automated chemistry analyzer, biosafety cabinet class II, and serofuge

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CCL: Accore	ding to Service Capability (cont)	Sections of	the Clinical Laboratory (cont)	Section	s of the Clinical Laboratory (cont)
National Reference	laboratory in a government hospital designated by the		Clinical laboratory personnel: pathologists, medical techno- logists/clinical laboratory scientists, medical technicians,		characterized as state-of-art, fully automated facility
Laboratory	DOH provide special diagnostic				Endocrinology: hormone in blood and urine
	functions and services for certain diseases		phlebotomists, and other 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		Other tests: estrogen, prolactin, and testosterone		
	ation of External Quality Assurance Programs (EQAP)		useful for diagnosis of certain diseases		Other laboratories: Toxicology and Drug Testing
of the government, resolution of conflicts regarding test results of different labora- tories, and training of medical technologists on certain specialized procedures that requires standardization Republic Act No. 4688 Approved: June 18, 1966		Most common body fluids: blood and urine		Important activities: Internal Quality Assurance (IQA),	
		Test Performed: fasting blood sugar (FBS), glycosylated hemoglobin (HbA1c - diabetes), total cholesterol -		Continuous Quality Improvemer (CQA), and participation in National External Quality Assurance Program (NEQAP)	
	HDL and LDL, triglycerides (TAG) - cardiovascular diseases, blood uric acid (BUA), blood urea nitrogen	Microb iology	Four major sections: bacteriology, mycobacteriology, mycology, and virology		
	ections of the Clinical Laboratory	(BUN), creatinine - diseases involving the kidney, total protein (TP), albumin, electr-		focused on the identification on bacteria and fungi on specimens received	
laboratory	made up of different sections cohesively and comprehen- sively performing different activities and procedures for		olytes (sodium, potassium, chloride), clinical enzymology (aminotransferase and creatine kinase)		<b>Specimens:</b> blood and other body 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 th	e Clinical Laboratory (cont)	Sections of t	he Clinical Laboratory (cont)	Sections of th	e Clinical Laboratory (cont)
<b>Tests:</b> 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) Other activities: preparation of culture media and stains, quality assurance and control, infection control, and biosafety and proper waste	hematology analyzers First Area: allotted to routine and other special examin-	Immunology and Serology	analyses of serum antibodies in certain infectious diseases (primarily viral agents)		
		ations of urine ( <b>macroscopic</b> <b>examination:</b> determine the color, transparency, specific gravity, and pH level and		<b>Tests:</b> Hepatitis B profile tests, serological tests for syphilis	
	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       enumeration of cells in the         and       blood and other body fluids         Coagulation       (CSF and pleural fluid)         Studies       Examinations: CBC, hemogl- obin, hematocrit, WBC differ-		urine Second Area: examination of stool or routine fecalysis	Anatomic Pathology: Section of	Activities: tissue processing (removed surgically: biopsy/autopsy), cutting into	
		Routine fecalysis: identific- ation of parasitic worms and ova	Histopath- ology/Cyt- ology	sections, staining, and preparation for microscopic examination by a pathologist	
	ential count, red cell morpho- logy, total cell count and differential count, blood smear preparation, and staining for other body fluids	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	Testing Cycle	Laboratory	Festing Cycle (cont)
Specia- lized Sections of the Labora- tory:	combines anatomical, clinical, and biochemical techniques where antibodies (monoclonal and polyclonal) bounded to enzymes and fluorescent dyes are used to detect presence of	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	Medical Techno- logist/Cl- inical Laboratory Scientist	Must have clear unders- tanding of the testing cycle to avoid erroneous test results
Immuno- histoc- hemistry	antigens and tissue		become useful information for the treatment of patients Three phases: pre-analytic,		variables may affect the tests results: preparation of the request slip for the patient
	useful in the diagnosis of some types of cancers by detecting the presence of tumor-specific antigens, oncogenes, and tumor suppressor genes. assess the responses of		analytic, and post analytic <b>Pre-analytic phase:</b> receipt of laboratory request, patient preparation, specimen collec- tion, and proper transport and processing of specimen to the		variables that may cause errors: physiological factors, diet, medications, alcohol and caffeine intake, exercise, underlying disease conditions, identification of patients and
Malagular	patients to cancer therapy as well as diagnosis for certain neurodegenerative disorders		clinical laboratory Analytic phase: actual testing of the submitted/collected		labeling of specimens, antico- agulant used, and volume of specimen collected vis-a-vis volume of anticoagulant
Molecular Biology and Biotec- hnology	uses different enzymes and other reagents, <b>DNA and RNA</b> are identified and sequenced to detect any pathologic condit- ions/disease processes		specimen Equipment and instruments: reagents and internal quality control program		Post-analytic phase: control of the variables of TAT and transcription errors (e.g., wrong value used, result
lineogy	Most common technique: polymerase chain reaction (PCR) - contributed to scientific advancements in laboratory research; useful for clinical techniques (screening genetic indicators of disease & diagnosis of cancer and infectious diseases		Post-analytic phase: transm- ission of test results to the medical doctor for interpret- ation, TAT, and application of doctor's recommendations; diagnosis and treatments are based in the generated data	Quality Assu Quality Assurance	given to the wrong patient). urance in the Clinical Laboratory encompasses all activities performed by laboratory personnel to ensure reliability of test results

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Quality Assurance in the Clinical Laboratory (cont)			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	clinical		uric acid, cholesterol, sodium, potassium, and chlorine		
System (EQAS)				East Avenue Medical Center (EAMC) - Drug of abuse (methamphetamine and		
				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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