CMS ANALYTE REPORTING SELECTIONS

What is this document?

PT is required for "regulated" analytes, as defined in Subpart I, Proficiency Testing Programs for Nonwaived Testing, of the CLIA regulations. The CAP provides a number of products that meet these requirements. Depending on the products you have ordered, you may have one or more options from which to report a given regulated analyte. CMS only accepts one set of performance results per regulated analyte. To determine which results are submitted to CMS, the CAP follows a predefined hierarchy/precedence, unless provided with alternate instructions/preferences from the laboratory. The CMS Analyte Reporting Selections document provides a real-time summary of this information. If your laboratory is not subject to the regulations of CLIA, then it is still important that you identify your preferences, as this information is used to determine your scoring summary on evaluations that contain regulated analytes.

If a laboratory does not notify their Proficiency Testing (PT) provider in advance that they have discontinued testing of a regulated analyte, a score of zero will be given. In order to avoid this, labs must review their CMS Analyte Reporting Selections and accurately identify which analytes are or are not being tested.

What do I need to do?

1. Access your lab's CMS Analyte Reporting Selections document by clicking the following link on the main e-*LAB* Solutions Suite page.

   
   CMS Analyte Reporting Selections

   This document is populated with all of the regulated analytes for which you have ordered PT. If you have not ordered a product that contains a given regulated analyte, then that analyte will not appear on this report. No further action is required.

2. Review the sections entitled "Not Reported" and "Reported."

3. **If the selections listed in these sections are all correct**, you do not need to do anything except keep this document on record in your laboratory. Please note, however, that if new products are ordered and/or cancelled that this may affect your reporting selections, so it is recommended that you periodically check this report, which will always reflect the most up-to-date information.

4. **If you do not perform a test listed on this report**, **or if you wish the CAP to stop reporting an analyte,** write "N" in the column marked "Indicate Changes."

5. **Conversely, if you wish the CAP to begin reporting an analyte to CMS**, write "Y" in the "Indicate Changes" column.

6. **If you want to make a change to default reporting as listed**, indicate the product fulfillment group (PFG) in the "Indicate Changes" column. See the Analyte Precedence List at the end of these instructions for a summary of default reporting.
   - For example, if you perform Lithium testing and you order both ZFG and CFG. The current reporting says ZFG. If you want it to report from CFG instead, then you need to indicate CFG in the "Indicate Changes" column (see example report on following pages).

7. If you make any modifications to the report, please sign and return it to the CAP as soon as possible. Keep a copy for your records.

Fax or Mail Your Changes:

Fax Number: 847-832-8168

Mailing Address: Customer Data Management
Attn: Analyte Reporting Selections
College of American Pathologists
325 Waukegan Road
Northfield, IL 60093-2750

What else should I know?

- Please be aware that the CAP cannot make any changes to these analyte selections once a Survey has been evaluated.

- **If your laboratory is accredited through the CAP's Laboratory Accreditation Program (LAP), you must complete a Test Menu Change Form if any changes to your Activity Menu are needed. The ARS and your laboratory's Activity Menu are not linked; therefore, any changes made to one report will not automatically be reflected on the other.**

- If you have ordered multiple kits with the same regulated analyte, the CAP will report results for the kit designated with the lowest address sequence and kit sequence. For example, if your laboratory has two blood gas instruments and you order two kits of the Blood Gas Survey (AQ), one of the testing kits will be labeled kit sequence 01, while the other is labeled kit sequence 02. The default reporting will come from the 01 kit.

- If your laboratory orders two different products contained within a given product fulfillment group and the analyte is contained in a kit sequence that is *not* kit 01, it will report it from the lowest applicable kit sequence. For example, your laboratory has ordered products AQ and AQ2 from the AQ product fulfillment group. AQ will be labeled kit sequence 01; however, the analyte, Creatinine, is only contained in the AQ2 product, so the reporting for this analyte will be set to kit 02.

- An explanation of all the fields on the CMS Analyte Reporting Selections document is provided on the following pages, as well as the current Analyte Precedence List.

Thank you for choosing the CAP as your PT provider. If you have any questions, please do not hesitate to call the Customer Contact Center at 1-800-323-4040, option 1.

Example of report:

College of American Pathologists
325 Waukegan Road, Northfield, Illinois 60093-2750
800-323-4040 • http://www.cap.org
Advancing Excellence

2009 CMS Analyte Reporting Selections
CLIA ID: 00D0000000
XYZ Lab

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***** Not Reported ***** (2)

Subspecialty / Analyte	CAP No.	Kit	PFG	Event	Report	Other PFG	Indicate Changes (Fax to 847-832-8168)
General Immunology							
Alpha-Fetoprotein	1234502	ALL	ALL	ALL	N		
IgE	1234502	ALL	ALL	ALL	N	KFG	

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***** Reported ***** (3)

Subspecialty (4) / Analyte (5)	CAP No. (6)	Kit (7)	PFG (8)	Event (9)	Report (10)	Other PFG (11)	Indicate Changes (Fax to 847-832-8168) (12)
Toxicology							
Gentamicin	1234502-01	01	ZFG	ALL	Y	CFG	
Lithium	1234502-01	01	ZFG	ALL	Y	CFG	
Phenobarbital	1234502-01	01	ZFG	ALL	Y	CFG	
Phenytoin	1234502-01	01	ZFG	ALL	Y	CFG	
Primidone	1234502-01	01	ZFG	ALL	Y	CFG	
Procainamide/Metabolites	1234502-01	01	ZFG	ALL	Y	CFG	
Quinidine	1234502-01	01	ZFG	ALL	Y	CFG	
Theophylline	1234502-01	01	ZFG	ALL	Y	CFG	
Tobramycin	1234502-01	01	ZFG	ALL	Y	CFG	
Valproic Acid	1234502-01	01	ZFG	ALL	Y	CFG	
Unexpected Antibody Det							
Unexpected Antibody Det	1234502-01	01	JFG	ALL	Y	JATFG	
Virology							
Viral Antigen Detection	1234502-01	01	VR4FG	ALL	Y		
Viral Identification	1234502-01	01	VR1FG	ALL	Y		

Print Name / Authorized Signature (13) / Date
Phone No: ( ) -

(1) CLIA ID: This number is assigned to a laboratory by CMS.

(2) Not-Reported Section: The analytes listed in this area are included in your PT order, but are not reported to CMS per your laboratory's request. It is imperative that all analytes listed on this report for which you do not perform testing are noted accordingly.

(3) Reported Section: Analytes listed in this area are reported to CMS.

(4) Subspecialty Heading Break: CMS-defined headings for each subspecialty grouping will be highlighted in purple.

(5) Analyte: Analytes regulated by CMS for PT that are included in your order.

(6) CAP No.: Lists the nine-digit CAP number from which the regulated analyte will be reported.

(7) Kit: Defines the kit sequence from which the regulated analyte will be reported.

(8) PFG (Product Fulfillment Group): This column indicates which PFG will be used to report a specific regulated analyte to CMS (see the Analyte Precedence List for default reporting hierarchy).

(9) Event: Lists the events/shipments that are reported.

(10) Report: "Y" indicates that results will be reported to CMS; "N" indicates that results will not be reported.

(11) Other PFGs Ordered: Other Surveys ordered by your laboratory that also contain this analyte.

(12) Indicate Changes: Mark any changes you wish to make to your reporting selections in this area.

- If the analyte is not reported (designated with an "N") and you want it reported, place a "Y" on this line.
- If the analyte is reported (designated with a "Y") and you **do not** want it reported, place an "N" on this line.
- Any analyte that you do not routinely perform testing on should have an "N" in the report column.
- If you want the analyte to report from a different CAP #, kit, or PFG, indicate the change in this column.

(13) Authorized Signature: All changes made to this document must be authorized with a signature.

CAP Analyte Precedence List

ANALYTE	PFG PRECEDENCE — FIRST TO LAST
ABO Group	J, JAT, J1, HL
Acid-Fast Stain	E, E1
Albumin	C, XL
Alcohol, Blood (Ethanol)	AL2, AL1, XL
Alkaline Phosphatase	C, XL
Alpha-1-Antitrypsin	S
Alpha-Fetoprotein	K
ALT	C, XL
Amylase	C, XL
Anti-HIV	AHIV, VM
Antibody Detection, Unexpected	J, JAT
Antibody Identification	J, JAT
Antimicrobial Susceptibility	D, D4, D2, D7, XL
Antimycobacterial Susceptibility	E
Antinuclear Antibody	S
Antistreptolysin O	S
AST	C, XL
Bacterial Antigen Detection	D, D6, D4, VS, HC1, HC3, XL
Bacterial Identification	D, D4, D1, D2, D3, D7, D8, MRS5, XL, HC6, HC7, BDP5, BDPV5
Bilirubin, Total	C, NB, XL
Blood Gas, PO_2	AQ, AQI
Blood Gas, PCO_2	AQ, AQI
Blood Gas, pH	AQ, AQI
Blood Lead	BL
Calcium, Total	C, XL
Carbamazepine	C, Z
Cell ID/Flow Differential	FH6, FH9, FH3, FH10, FH4, FH2, HE, FH1, KP, XL
Chloride	C, AQ, AQI, XL
Cholesterol, HDL	C, XL
Cholesterol, Total	C, XL
CK Isoenzymes (CK-MB)	CAR, PCARM, XL
Compatibility Testing	J, JAT
Complement C3	S
Complement C4	S
Cortisol	K, C, XL
Creatine Kinase	C, XL
Creatinine	C, AQ, AQI, XL
Digoxin	C, Z
Erythrocyte Count	FH6, FH9, FH3, FH10, FH4, FH2, HE, FH1, FH11, FH12, XL
Ethosuximide	C, Z
Fibrinogen	CGL, XL
Gentamicin	C, Z
Glucose	C, AQ, AQI, XL
Gram Stain	D5, D, D4, D2, D3, D7, XL
hCG	S, K, C, FP, XL
Hematocrit	FH6, FH9, FH3, FH10, FH4, FH2, HE, FH1, FH11, FH12, SO, AQ, AQI, XL
Hemoglobin	FH6, FH9, FH3, FH10, FH4, FH2, HE, FH1, FH11, FH12, SO, AQ, AQI, XL
Hepatitis (Anti-HBc)	VM
Hepatitis (HBsAg)	VM
Hepatitis (HBeAg)	VM

ANALYTE	PFG PRECEDENCE — FIRST TO LAST
IgA	S
IgE	S, K, SE
IgG	S
IgM	S
Infectious Mononucleosis	S, XL
Iron, Total	C, XL
LD	C, XL
LD Isoenzymes	CAR
Leukocyte Count	FH6, FH9, FH3, FH10, FH4, FH2, HE, FH1, FH11, FH12, RWBC, XL
Lithium	Z, C
Magnesium	C, XL
Mycobacterial Identification	E, E1
Mycological Identification	F, F1, F3, VS
Parasite Identification	P, BP
Phenobarbital	C, Z
Phenytoin	C, Z
Platelet Count	FH6, FH9, FH3, FH10, FH4, FH2, HE, FH1, FH11, FH12, XL
Potassium	C, AQ, AQI, XL
Primidone	C, Z
Procainamide/Metabolites (NAPA)	C, Z
Protein, Total	C, XL
Prothrombin Time	CGL, WP3, WP4, WP6, WP9, XL
PTT	CGL, XL
Quinidine	C, Z
Rh(D) Type	J, JAT, J1
Rheumatoid Factor	S, XL
Rubella	S
Sodium	C, AQ, AQI, XL
Syphilis Serology	G
T3 Uptake/Related Tests	K, C, XL
Theophylline	C, Z
Thyroxine (T4, Total)	K, C, XL
Thyroxine, Free (T4, Free)	K, C, XL
Tobramycin	C, Z
Triglycerides	C, XL
Triiodothyronine (T3)	K, C, XL
TSH	K, C, XL
Urea Nitrogen	C, AQ, AQI, XL
Uric Acid	C, XL
Valproic Acid	C, Z
Viral Antigen Detection	VR2, VR4, HC2, XL
Viral Identification	VR1, HC4, CHPV