

# Testing Updates – June 2026

Memo From the Laboratory

June 12, 2026

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**This communication is from:**

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Effective Date: June 22, 2026 (unless otherwise stated below)

**Estimated Glomerular Filtration Rate (eGFR) Reporting**

BVHS Laboratories currently calculate estimated glomerular filtration rate (eGFR) using the CKD-EPI 2021 creatinine equation. Following review of current recommendations from the National Kidney Foundation (NKF) and the American Society of Nephrology (ASN), the Laboratory will modify eGFR result reporting to display the calculated whole-number eGFR value across the analytical reporting range rather than reporting values greater than 60 mL/min/1.73 m<sup>2</sup> as “>60.”

This change is intended to improve clinical interpretation, support longitudinal trending of kidney function, and align laboratory reporting with current CKD-EPI 2021 implementation guidance. The underlying calculation methodology is unchanged; only the result display format is being modified.

**LDL-C Formula**

BVHS Laboratories currently calculate low-density lipoprotein cholesterol (LDL-C) using the Friedewald equation. Following review of current scientific evidence and recommendations supporting improved LDL-C estimation, the Laboratory will implement the Sampson (NIH) equation as the primary method for calculated LDL-C reporting.

The Sampson equation was developed and validated using a large lipid database and has been demonstrated to provide improved accuracy compared with the Friedewald equation, particularly in patients with low LDL-C concentrations and elevated triglyceride levels. Unlike the Friedewald equation, which is generally considered unreliable when triglycerides exceed 400 mg/dL, the Sampson equation has been validated for use with triglyceride concentrations up to 800 mg/dL.

### **New Test Methodology: Erythrocyte Sedimentation Rate (ESR)**

BVHS Laboratories will implement the iSED Erythrocyte Sedimentation Analyzer for ESR testing. iSED uses photometric rheology and demonstrates >95% correlation with the Westergren reference method (current method: Sedimat 15). Its automated design reduces pre-analytical and analytical variability, improving precision, repeatability, and overall test quality across all laboratory sites.

Compared with traditional methodologies, iSED results are less affected by hemoglobin/hematocrit and MCV variations, reducing the likelihood of falsely elevated ESR results.

Some patients monitored longitudinally with ESR may experience differences from previous results; therefore, establishing a new baseline may be clinically appropriate.

Specimen requirements remain unchanged: EDTA whole blood collected in a 13x75 mm lavender-top tube or BD Microtainer MAP Microtube.

Reference range for iSED ESR:

Males under 50, <15 mm/hr

Males over 50, <20 mm/hr

Females under 50, <20 mm/hr

Females over 50, <30 mm/hr

iSED Reportable Range: 1-130 mm/hr

### **Test Discontinuations – Obsolete Testing**

The following tests listed below are being discontinued by Mayo Clinic Laboratories (MCL), the primary reference lab for BVHS Laboratories. MCL has deemed these tests obsolete.

#### **Myoglobin, Random, Urine**

- Effective June 18, 2026
- [Test Discontinuation Notice](#)

#### **Electrolyte and Osmolality Panel, Feces**

- Effective June 25, 2026
- [Test Discontinuation Notice](#)

## **PAVAL - Test Discontinuation & Recommended Alternative**

The test listed below was discontinued effective June 1, 2026. Please see the linked notice from MCL for reasoning and recommended alternatives.

### **Paraneoplastic, Autoantibody Evaluation, Serum**

- Effective June 1, 2026
- [Test Notice](#)
- Recommended Alternatives:
  - [Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum](#)
  - [Axonal Neuropathy, Autoimmune/Paraneoplastic Evaluation, Serum](#)