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March 2024

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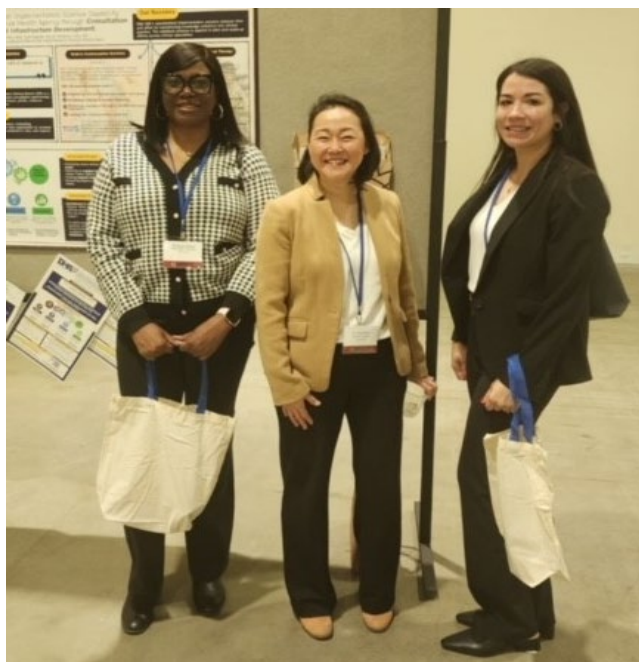
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NBIMC Staff, Denise Chambers (far left) and Vanessa Santiago-Miranda (far right), attended Association of Military Surgeons of the United States (AMSUS) annual meeting

AMSUS Annual Meeting

Written By: Hodan Oglay, MS

NBIMC is located on the NSA Bethesda campus in Bldg. 17B.

Hours: 6 a.m. to 5 p.m.

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Department Head

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Bldg. 17B, 3rd floor, Suite

3G.

On February 12th through the 15th, 2024, NBIMC staff members, Mrs. Denise Chambers, Health Science Specialist, and Mrs. Vanessa Santiago-Miranda, Lead Health Science Specialist, attended the annual Association of Military Surgeons of the United States (AMSUS) meeting held at the Gaylord National Conference Center in Oxon Hill, Maryland.

The conferences held served as a backdrop for several memorable encounters with leaders in the field. Our team members had the honor of engaging with important figures and professionals from various sectors within federal health, including Veterans Administration, Military Health System, and Department of Health and Human Services, among others. These various events they attended presented our team members with great opportunities to network with other military members and federal employees.

Recent Updates



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Frequently Asked Questions

What does “Not spun correctly” mean?

Proper blood collection and timely processing are critical pre-analytical steps required for the integrity of laboratory results. The remark “*not spun correctly*” means the serum is not completely separated from the red blood cells. This is usually indicated by a slant in the serum separator gel or when the specimen is inverted red cells cross the serum separator gel barrier. Often this is caused by incorrect centrifuge Round Per Minute (RPM), or incorrect time specimens spun in the centrifuge. As a rule, generally centrifuge specimens for 15 minutes at 3400 rpm unless specified otherwise. Additionally, specimens should sit for a minimum of 30 minutes prior to spinning in the centrifuge. Testing must be done on completely separated serum to avoid erroneous results and sample rejection.

CDD Updated Website

The Center for Disease Detection (CDD) plays an integral role in serving the U.S. Department of Defense in providing high-volume screening services for several branches of the military and in turn they contribute to mission readiness of service members.

CDD has updated the website to be more user friendly, please click [here](#) to see the new website directions.



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Contact CDD at: **877.233.1337** or email: Military@cddmedical.com

Have questions regarding the NBIMC program?

For more questions, Please visit the NBIMC website [here](#)

[Service Offerings](#)

[Key Resources](#)

[Contact Us](#)

DEFICIENCY AWARENESS

D1

DEFINITION

A D1 deficiency occurs when the specimens are received at CDD, but the site did not transmit the orders data to our systems.

ACTION

The necessary action is for the site to process the batch through MRRS and resubmit. For CHCS and MHS Genesis, the site needs to retransmit the orders.

IMPORTANT: CDD will only hold the samples submitted in SST tubes for *seven days from the day of receipt by the testing lab*. After which, the specimens will be too old from the draw date, and the members will have to be redrawn. For most members, that is quite an inconvenience.

Rejection Metric Reports

NBIMC has developed Rejection Metric Reports for all laboratory sites to track deficiency data. Reports are updated monthly by individual sites/UICs and running totals are updated to reflect 2024 summary data. Materials included within the reports are listed below.

- Total # of tests submitted per site/UIC
- Total # of rejections (D2-D9 deficiencies) per site/UIC
- Average percent rejects per site/UIC
- D4 reject totals broken down by D4 reject reasonings
- D1 COR errors & D1 COR % rejects per site/UIC

Rejection Metric Reports are *available upon request*. Submit a report request via email to NBIMC Program Analysts:

Ai Marrero - ai.marrero.civ@health.mil

Julia Wolfrey - julia.d.wolfrey.ctr@health.mil

Specimen Labeling

The primary objective of proper specimen labeling, and identification is to make certain that the specimen is linked to the correct patient. Accurate patient identification is essential for providing the right result to the right patient at the right time. For laboratory testing, this involves accurately labeling patient samples with essential information, such as the patient's name, date of birth, and the date and time of collection.

When loading orders for an individual with a suffix (JR, III, IV....) make sure to place the suffix on the tube, the name on the order transmitted must match the name on the specimen tube. This will help prevent more rejections.

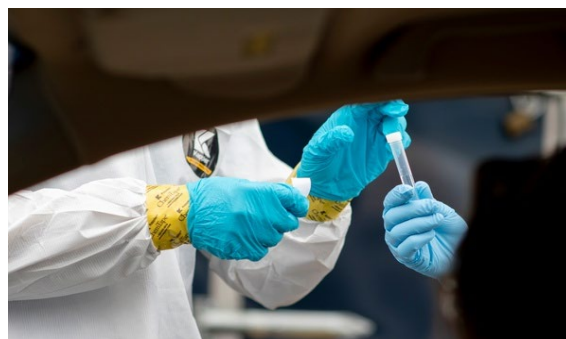


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Improper labeling can lead to several issues, such as misdiagnosis and incorrect treatment plans, which may put the patient at risk and compromise their overall safety. Proper labeling also allows healthcare professionals to easily trace results back to the corresponding patient. Accurate patient identification plays an essential role in preventing patient errors, which may have severe consequences in healthcare and further delay essential treatments.

POC Site Change Reminders

The Center for Disease Detection (CDD) requests all POC's to inform CDD if/when they will be leaving a site. Additionally, POC's are required to inform CDD of any new POC's and/or any changes to the site's contact list. By continually communicating with CDD, all sites will remain up to date as staff changes occur, allowing for more up to date POC listings. **Please email Military@cddmedical.com; dha.bethesda.Walter-Reed-Med-Ctr.mbx.nbimc@health.mil with any POC site changes.**

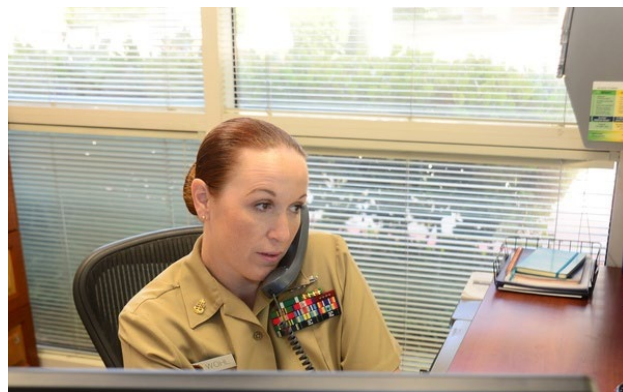


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