



Referral routes, sample choices, and laboratory comparisons

Five briefs connect service changes, pediatric AST, platelet tubes, troponin stability, and parasitology support.

Reading key: Findings report the source; practical implications are BRR editorial interpretation. Resource spotlights identify useful existing references. Each item includes its own limitation.

Core developments and resources

01 CDC referral services have changed

CDC | 2026-09-28 | Official service update | [SOURCE](#)

Finding. CDC added test order CDC-10641 for molecular drug-susceptibility testing of *Mycobacterium tuberculosis* complex from DNA extracts. It removed CDC-10203 for *Bacillus anthracis* identification because that service is no longer performed at CDC.

Why it matters. Referral directories and ordering aids need the current service list, not an assumption that a previously listed test remains available.

Limits. The changes describe CDC services. They do not establish a local laboratory testing policy or permission to ship a specimen. Private providers should coordinate referral through their state public-health laboratory and verify live availability.

02 Pediatric rapid AST shortens a specific workflow

Frontiers in Cellular and Infection Microbiology | 2026-09-17 | Research update | [SOURCE](#)

Finding. In 162 monomicrobial pediatric positive blood cultures, a lysis-based workflow was evaluated in all samples and a short-culture workflow in 142. Mean total workflow turnaround was 44.7 and 45.9 hours, versus 68.4 hours conventionally; categorical agreement was 98.3% and 98.8%.

Why it matters. The study tests a different population and different workflows, and includes the interval before blood-culture positivity in its total turnaround figures.

Limits. One center, retrospective design, monomicrobial specimens, and no broth-microdilution reference constrain interpretation. Agreement with the routine comparator does not establish patient benefit or performance in mixed cultures.

03 Alternative anticoagulants changed platelet results

Laboratory Medicine | 2026-09-20 | Research | [SOURCE](#)

Finding. In 40 outpatients without known EDTA-dependent pseudothrombocytopenia, platelet counts on the Alinity hq were lower in citrate and magnesium sulphate tubes than in EDTA: median differences were -21.1% and -31.7%. Mean platelet volume also decreased. The study examines the effect of the replacement anticoagulant itself.

Why it matters. A recollection can remove one problem while introducing a different measurement effect. Tube type belongs in the interpretation and verification of a platelet reflex pathway.

Limits. These were patients without known pseudothrombocytopenia, on one analyzer. The percentages are study observations, not universal correction factors or instructions for reporting affected patient specimens.

Core developments and resources - continued

04 Troponin stability claims need the right matrix and conditions

JALM | 2026-09-26 | Research | [SOURCE](#)

Finding. More than 2,000 measurements of 18 distinct samples per matrix assessed sixth-generation troponin T in serum and lithium-heparin plasma. The tested short-term and frozen-storage conditions met the study's prespecified recovery criteria, using the Elecsys Gen 6 assay on a Cobas Pure analyzer.

Why it matters. A stability claim is a claim about an analyte, method, matrix, temperature, and interval together. Those details are useful when reviewing add-on testing or a biobank protocol.

Limits. Do not transfer these findings to another assay or untested specimen. The study's acceptance rules do not replace the current instructions for use or local verification.

05 A parasitology image question has a specialist referral route

CDC | Current resource; checked 2026-10-07 | Resource spotlight | [SOURCE](#)

Resource. CDC DPDx combines parasitology reference and training material with a diagnostic-assistance route for laboratory and other health professionals. Its educational material can help organize a morphology discussion and identify when an uncertain image needs specialist consultation.

Why it matters. An unusual object on a slide is a good reason to use a structured reference and escalation route. For teaching, an original fictional case can ask learners what evidence would support or challenge an identification.

Limits. A picture match is not a definitive clinical diagnosis. Follow the linked current contact and secure-submission instructions; do not send patient identifiers through an informal teaching or public-feedback channel.

Progressive Research Updates

Building on Edition 009 (2026-09-09). Changes the service inventory underlying September's referral-directory coverage, rather than repeating the earlier availability reminder. [Earlier issue](#) | [Earlier primary source](#).

Building on Edition 008 (2026-09-08). Extends the rapid-AST question to pediatric workflow performance using different methods; it does not replicate iFAST or establish that all rapid methods are interchangeable. [Earlier issue](#) | [Earlier primary source](#).

Clinical Laboratory World resources

Related teaching pages: [Microbiology](#). The source-linked implementation proposals remain pending qualified review. These newsletter summaries do not approve a method, reporting threshold, or clinical workflow change.

One question for the next team discussion

In a fictional platelet-reflex case, a recollection changes the count. Ask learners to list the competing explanations, identify the exact tube and method, and decide what additional evidence would resolve the discrepancy. The exercise does not prescribe a reporting correction.

Teaching prompt: original fictional scenario. It does not describe real specimens, patients, or implementation results.

References, disclosures, and access

The numbered references match the five briefs. Dates distinguish paper publication from a current-resource check; an existing resource is not presented as newly published research.

1. Centers for Disease Control and Prevention. [CDC Infectious Diseases Test Directory and September 2026 Test Order Updates](#). CDC. 2026-09-28.

Evidence/access: Official U.S. public-health service update; not a research study. Primary source reviewed.

Disclosure: Official agency notice; study funding and commercial conflicts are not applicable.

2. Fen Pan; Fangyuan Yu; Tiandong Zhang; Qin Cai; et al.. [Performance comparison and clinical validation of two rapid direct identification and antimicrobial susceptibility testing approaches for pathogens isolated from positive blood cultures in children](#). Frontiers in Cellular and Infection Microbiology. 2026-09-17. DOI: [10.3389/fcimb.2026.1861487](#).

Evidence/access: Peer-reviewed single-center retrospective method comparison; open access. Primary source reviewed.

Disclosure: Supported by Shanghai Jiao Tong University and Shanghai Children's Hospital programs. No commercial or financial conflicts were declared.

3. Cristine Betzer; Rie McGrail. [Effect of sodium citrate and magnesium sulphate anticoagulation on platelet parameters measured on the Alinity hq analyzer](#). Laboratory Medicine. 2026-09-20. DOI: [10.1093/labmed/lmag069](#).

Evidence/access: Peer-reviewed paired specimen study. Publisher/author abstract reviewed; full text access limited.

Disclosure: Funding and competing-interest details were not verified from the abstract; consult the full paper.

4. Nina M Diederiks; Jorik Hans Ames; Fred Romijn; et al.. [Cardiac Troponin T Stability Study for Regulatory Approval of the 6th Generation High-Sensitivity Assay](#). JALM. 2026-09-26. DOI: [10.1093/jalm/jfag148](#).

Evidence/access: Peer-reviewed assay-specific stability study. Publisher full text reviewed.

Disclosure: Roche Diagnostics funded the work and participated in study design and data review/interpretation; its other stated roles were limited.

5. CDC. [DPDx - Diagnostic Assistance](#). CDC. Current resource; checked 2026-10-07.

Evidence/access: Official/professional resource, not a new research study. Current resource page reviewed.

Disclosure: Official or professional-body resource; no new intervention effect is claimed.

How to read this issue

A concise research summary does not establish a new laboratory policy. The finding, study design, population, comparator, limitations, and relevant financial relationships should be considered together. Where access was limited, this issue states the review boundary instead of inferring missing details.

The five main items use distinct sources. The Progressive Research Updates section supplies historical links and the specific added question; it does not count the same paper as an extra finding. Earlier issue numbers and publication dates have been preserved.

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