



MEMORANDUM #146

TO: UNC Hospitals Attending Physicians, Housestaff, Nursing Coordinators,
Department Heads and Supervisors

FROM: ^{BW} Billy Williams, MT(ASCP) SM, Supervisor Microbiology-Immunology Laboratories
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DATE: June 25, 2013

SUBJECT: New Test - Fecal Lactoferrin Detection

Effective July 7, 2013, the Microbiology Laboratory will begin offering the **Fecal Lactoferrin test**. **The Fecal Lactoferrin test can be ordered in CPOE/SMS as [Fecal Lactoferrin]**. This test will replace the current **Fecal White Blood Cell (FWBC)** test. The test is qualitative test for the detection of elevated levels of fecal lactoferrin, a marker for fecal leukocytes and an indicator of intestinal inflammation. It detects lactoferrin in liquid, semi-solid, and solid fecal specimens. A positive test result indicates an increased level of fecal lactoferrin.

Stool is the only acceptable specimen type which should be transported to the Microbiology Laboratory in a container with **no preservative**. The Fecal Lactoferrin test can be performed on stool specimens that are stored at room temperature or refrigerated up to 2 weeks from time of collection. This will reduce the transport time issues from outreach locations that we currently experience with fecal white blood cell testing. The assay will be performed 24 hours a day, 7 days a week with a turnaround time of 2 hours.

Fecal Lactoferrin should not be used in breast fed infants and may not be appropriate in patients with neutropenia.

Our in-house validation studies showed a 58% positivity rate compared to 15% positivity with fecal white blood cell testing. This increased sensitivity is due to stability of lactoferrin in stool samples despite leukocyte deterioration.

Additional information can be found on the McLendon Clinical Laboratories website (<http://labs.unchealthcare.org/>). Questions not answered by the website can be directed to the Microbiology Laboratory at 966-4056.