



ASCP Effective Test Utilization Recommendation

A. Please provide one recommended intervention that includes the elements described below.

The recommendation should be presented as a single, action-oriented sentence that is no more than 15 words in length. Here is an example of a recommendation sentence:

Use Immature Granulocyte (IG) count rather than manual band count in sepsis evaluation

B. Support your recommendation sentences with concise evidentiary statements, less than 175 words in length.

These should provide the evidence and thinking behind the recommendation, and should also specify when the highlighted intervention is appropriate. If there are any conditional clauses or stipulations that physicians might need to consider in implementing, be sure to address them. Each statement should flow logically from the headline. Here is an example of the supporting evidentiary statement from the aforementioned headline example:

Use Immature Granulocyte (IG) count rather than manual band count in sepsis evaluation

The use of immature neutrophils (>10%) has long been incorporated into the diagnostic criteria of Systemic inflammatory response syndrome (SIRS) and Sepsis. This traditionally manifests in the reliance on manual band counts. Because this procedure is plagued with significant interobserver variability and limited sampling (only 100 leukocytes are evaluated), the manual band count is an imprecise and non-specific data point that offers little diagnostic information. A superior option is the immature granulocyte (IG) count. This is a fast, cheap and reproducible parameter on commercial hematology analyzers. Via the use of fluorescent flow cytometry, the size and nuclear characteristics of over 30,000 nucleated cells are determined from a standard blood draw. The IG count includes metamyelocytes, myelocytes, and promyelocytes. These cells are early markers of the marrow response and have a higher sensitivity and specificity than manual band count in detecting infection.

C. For each recommendation, provide one or more references that support the recommendation.

For consistency across lists we use the National Library of Medicine (citing medicine) style. An example of appropriate formatting is below:

- i. American College of Chest Physicians/Society of Critical Care Medicine Consensus Conference: definitions for sepsis and organ failure and guidelines for the use of innovative therapies in sepsis. Crit Care Med. 1992 Jun;20(6):864-74. PMID: 1597042.

D. Avoid using complex or clinical terminology – but not at the risk of reducing the value and credibility of the recommendations.

The more accessible and easy-to-understand these lists are, the more likely it is that they will be clearly understood and have a lasting impact. We want physicians, patients, policymakers, reporters and others to be able to reference them and have a conversation about the wise use of resources, tests and procedures. That said, please do not feel the need to simplify the recommendations so much that they lack the relevant clinical details and attributes that your peers would expect.