October 2014

Important Information for Providers

Changes to Urine Microscopic Reporting for *Trichomonas* and Spermatozoa

Please note the following changes to reporting of possible spermatozoa and/or *Trichomonas* observed during urine microscopic examination, effective immediately.

*Trichomonas* and spermatozoa observed during routine urine microscopy are incidental findings that have potentially serious legal implications when identified in underage females (17 years or younger). *Trichomonas* in adults can also have non-medical implications. False positives for both *Trichomonas* and sperm in urine are recognized risks in the literature and have the potential to cause harm or distress to patients and possibly their families.

To ensure best care while avoiding harm from false positives, the following reporting changes are now in effect and detailed the table, next page:

1. Possible *Trichomonas* and/or sperm seen in urine from underage females must be urgently confirmed by pathologist examination and other methods before reporting and before any action is considered.

2. Possible *Trichomonas* seen in urine from males and adult females will be reported as a comment:

   “Possible *Trichomonas*, CANNOT be confirmed in this specimen. If confirmation is indicated, submit a new specimen for one of the following tests: Genital Wet Prep on vaginal or urethral secretions (LAB6619); *Trichomonas* DNA probe (female - LAB8940; Male - LAB994) and one of the following specimens: Males: New urine collection or urethral swab. Females: New urine collection or vaginal swab or endocervical swab.”

3. Sperm seen in urine of males or adult females will be reported on males only.
<table>
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<tr>
<th>Age and Gender</th>
<th>Finding on Urinalysis</th>
<th>Provider Actions</th>
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| Underage females, 17 years or younger | Possible Trichomonas OR Sperm | Be aware that a false positive is a documented possibility and verification is essential. False positives are usually due to the variety of confounding cellular changes, mimics, and artifacts that may be present in urine sediment.  
• Do not take any action until findings are verified by a pathologist and additional testing.  
• Lab staff will immediately notify a pathologist who will contact you directly to discuss the findings and next steps for verification.  
• If the patient is still on site, an additional “dirty catch” urine specimen should be collected whenever possible. |
| Adult females, 18 years and older | Trichomonas                 | No further action on this specimen. Trichomonas probe testing cannot be “added-on” to a specimen that has been processed for urinalysis.  
When indicated, a separate order and a new specimen are required for confirmation.  
Confirmatory testing options:  
• Genital wet prep (LAB6619) performed on vaginal secretions.  
• Trichomonas amplified DNA probe (LAB8940)  
Submit new urine collection or vaginal swab, or endocervical swab. Advantage: GC/Chlamydia can be performed on the same specimen. |
| Males, all ages                 | Trichomonas                 | No further action on this specimen. Trichomonas amplified probe testing cannot be “added-on” to a specimen that has been processed for urinalysis. When indicated, a separate order and a new specimen are required for confirmation.  
Confirmatory testing options:  
• Genital wet prep (LAB6619) performed on urethral secretions.  
• Trichomonas amplified DNA probe (LAB994 and specify “Trichomonas amplified probe, miscellaneous site”)  
Submit new urine collection or urethral swab. Advantage: GC/Chlamydia can be performed on the same specimen if indicated. |
| Sperm                          |                            | Represents vaginal contamination and will not be reported. If there are unusual concerns about a particular adult patient, please discuss with a pathologist by calling (952) 939-6699. |
| Sperm                          |                            | Reported when seen. Significance: Sperm are commonly present in urine after ejaculation and may explain increased protein on urinalysis, avoiding unnecessary alarm and/or renal function testing. |