

[Qiagen to launch rapid, portable SARS-CoV-2 antigen test](#)

written by CAP TODAY
November 19, 2020

November 2020—Qiagen plans to launch a test that can detect SARS-CoV-2 antigens in people with active infections in less than 15 minutes and process, on average, 30 swab samples per hour using a small digital detection system. The test is expected to become available in the fourth quarter of this year.



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[Aptima SARS-CoV-2 assay gets expanded EUA](#)

written by CAP TODAY
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November 2020—Hologic's Aptima SARS-CoV-2 assay, which initially received FDA emergency use authorization in May, is now authorized for testing people without symptoms or other reasons to suspect COVID-19 infection.



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[Making peace with saliva, pooled testing](#)

written by CAP TODAY

November 19, 2020

November 2020—Adam Barker, PhD, D(ABMM), was ready to call it quits. For weeks, he had been working to bring saliva-based SARS-CoV-2 testing to ARUP Laboratories and the University of Utah. Dr. Barker, director of ARUP’s COVID-19 rapid response lab, and his colleagues had done studies comparing saliva with nasopharyngeal swabs, which seemed to be following the flight of the passenger pigeon out of existence. They had wrestled with the FDA over emergency use authorization. They’d developed their own transport media, since that supply was also becoming extinct. He had begun building kits for saliva collection and figured out what sample size worked best. Kits had been delivered to collection sites on campus, and staff were being trained in their use. He was, in other words, creating a laboratory success story, one of the many that have been written since March. He was not basking in this fact. “I have to tell you: I lost so much sleep because of saliva,” says Dr. Barker, who is also director, ARUP Institute for Clinical and Experimental Pathology.



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[Checklist, CLIA line up on COVID reporting](#)

written by CAP TODAY

November 19, 2020

November 2020—It’s been well understood since the Ten Commandments that rules that appear simple in theory can be fiendishly complex or even impossible to execute. The pandemic is providing a perfect example of that in the laboratory world, but with added twists, at least for now.



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Three at AACC: rapid STI testing, toxicology, biosafety

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November 2020—Point-of-care testing for sexually transmitted infections, toxicology investigation, and biosafety practices are three of the hundreds of topics that will come online next month during AACC's virtual annual meeting.



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Fewer urine cultures – series of changes add up

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November 2020—Five years after putting in place a urine reflex algorithm at Barnes-Jewish Hospital in St. Louis, and many tweaks later, Melanie Yarbrough, PhD, D(ABMM), D(ABCC), has tips to share on how to increase the odds for success in reducing the number of urine cultures.



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[At POC and in lab, 2 new checks on SARS-CoV-2 testing](#)

written by CAP TODAY
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November 2020—The CAP released in September its proficiency testing program for SARS-CoV-2 antigen testing, with the first shipment to laboratories set for Nov. 30. It also introduced recently a Quality Cross Check program that makes it possible for labs performing nucleic acid amplification testing for SARS-CoV-2 to monitor performance across multiple instruments, in compliance with the CMS directive prohibiting proficiency testing on multiple instruments.



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[Compass on COVID: What test for whom and when—lab leaders talk](#)

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November 2020—Testing saliva, stocking up, and expanding capacity were top of mind when members of the Compass Group convened by Zoom on Sept. 1 for a second COVID-19-related call with CAP TODAY publisher Bob McGonnagle. Antigen testing, too, came up, and the question to answer there, said Susan Fuhrman, MD, of OhioHealth, is why the test is performed and what will be done with the result. That and more—testing for patients undergoing treatment for cancer, flu season—were up for discussion. Others on the call were Greg Sossaman, MD, of Ochsner; Lauren Anthony, MD, and Heather Dawson of Allina; Sarah Province and Julie Hess of AdventHealth; James Crawford, MD, PhD, of Northwell; Stan Schofield and Robert Carlson, MD, of MaineHealth; Sterling Bennett, MD, MS, of Intermountain; John Carey, MD, of Henry Ford; and Pamela Murphy, PhD, APRN, of MUSC Health. The Compass Group is an organization of not-for-profit IDN system lab leaders who collaborate to identify and share best practices and strategies. (For our coverage of their first call with CAP TODAY, see [“Compass points chart the pandemic,”](#) September 2020.) Here is what they told us on Sept. 1.

[IT in a pandemic year, now and what's ahead: interfaces, analytics, telepathology—seven weigh in](#)

written by CAP TODAY
November 19, 2020

November 2020—Information technology from a COVID-19 perspective. What has been the impact on IT, and what change is yet to come? That is what seven people who met virtually on Sept. 10 talked about with CAP TODAY publisher Bob McGonnagle. They are James Harrison, MD, PhD, of the University of Virginia; J. Mark Tuthill, MD, of Henry Ford; Stephen Hewitt, MD, PhD, of the National Cancer Institute; Bob Dowd of NovoPath; Michelle Del Guercio of Sunquest; Curt Johnson of Orchard; and Brian Gunderson of Roche. You will see here, in the conversation that follows, where their focus is as the crisis continues.

[AMP case report: Role of lymphoma sequencing panel in diagnosis of pediatric-type follicular lymphoma](#)

written by CAP TODAY
November 19, 2020

November 2020—Pediatric-type follicular lymphoma (PTFL) is a rare form of lymphoma that was recognized as a new diagnostic entity in the revised 2016 *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues*. The classic features of PTFL include male predominance, localized stage I lymphadenopathy, blastoid morphology, high proliferation index, and exceedingly good response rate to local excision.



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