develop bleeding complications and the ventricular device does not thrombose. Bleeding is a frequent cause of admission in ventricular assist device patients, and pump thrombosis can have devastating consequences. Typically, patients are anticoagulated with warfarin with routine monitoring of INR. Aspirin is often used as an antiplatelet agent, although in some patients, P2Y12 inhibitors, such as clopidogrel, can also be used. Several assays are available for assessment of antiplatelet effect, including Verifynow, TEG platelet mapping (TEG-PM), and traditional platelet aggregation, among others. In this study, we sought to assess the correlation between TEG-PM and Verifynow results in ventricular assist device patients as a first step in determining which assay may be beneficial for guiding antiplatelet therapy. From December 1, 2016, to December 1, 2017, antiplatelet testing with TEG-PM and Verifynow was run in parallel on all VAD patients presenting to the outpatient clinic. Aspirin effect was assessed in 151 patients, with some on repeated visits, for a total of 553 measurements. P2Y12 inhibitor effect was assessed in 38 patients, with some on repeated visits, for a total of 107 measurements. Verifynow results in platelet reaction units were plotted against TEG-PM results in percent inhibition. Linear regression analysis was performed to determine correlation. Our assessment of the aspirin effect showed very poor correlation between the two tests with an R² of 0.0856. P2Y12 inhibitor effect assessment also showed very poor correlation with an R² of 0.0015. Overall, our data showed antiplatelet effect measured with two common antiplatelet monitoring devices did not correlate in VAD patients.

Significance of Anaerobic Organisms Recovered From Cerebrospinal and Ventricular Fluid Cultures
Kyiakos Chatzopoulos, Samantha Shannon, Audrey Schuetz; Mayo Clinic, Rochester, MN

A recent case of Bacteroides fragilis meningitis prompted our interest in assessing the utility of anaerobic (ANA) cerebrospinal fluid (CSF) cultures. At our institution, ANA CSF culture may be ordered in addition to routine aerobic CSF culture. CSF for ANA culture is plated to CDC anaerobic blood agar, trypticase soy agar with 5% sheep blood in CO₂, and preduced anaerobic thioglycolate broth incubated 14 days. CSF for aerobic culture is plated to trypticase soy agar with 5% sheep blood, chocolate agar, and thioglycolate broth incubated 5 days in CO₂. Patient clinical and laboratory data for ANA and aerobic CSF cultures from 2013 to 2017 were assessed through chart review. A total of 24 of 594 (4.0%) ANA CSF cultures from 14 patients were positive for anaerobes. Of the non-Cutibacterium acnes recovered from ANA CSF, 13 cultures from 4 patients were positive for the following: B fragilis (1), Bacteroides ovatus (1), Clostridium perfringens (1), and 1 case of perforated appendicitis grew Clostridium septicum, Actinomyces turicensis, Eggerthella lenta, and Hungatella hathewayi. In all 4 cases, anaerobic meningitis was diagnosed clinically. Eleven ANA cultures from 11 patients were positive for C acnes. Only 2 of 24 positive ANA CSF were indicated as ventricular fluid on the order (1 C acnes; 1 C septicum). All specimens sent for ANA CSF were also sent for aerobic culture. Of 11 specimens positive for C acnes by ANA CSF, 2 were positive for C acnes by aerobic CSF culture, and 2 were positive for aerobes. In total, 594 of 8,868 (6.7%) aerobic CSF cultures were accompanied by ANA CSF orders. Of the aerobic CSF cultures, 129 of 8,868 (14.5%) from 128 patients were positive for anaerobes; 120 of 8,868 (1.35%) from 119 patients were positive for C acnes/Propionibacterium. Nonpropionibacteria anaerobes recovered from aerobic cultures included Actinomyces spp (1), Prevotella melaninogenica (1), and Staphylococcus saccharolyticus (7). In 113 of 129 (87.6%) patients with C acnes/Propionibacterium recovered in culture, the isolate was clinically regarded as a contaminant. Sixteen patients with C acnes/Propionibacterium on culture had a CSF shunt or ventricular drain; 11 of 16 had shunt dysfunction. Patients with CSF shunt or ventricular drain were more likely to receive antibiotics targeted toward C acnes following its recovery from CSF than those without CSF shunt or drain (chi-square test, P < .001). Anaerobic meningitis is a rare diagnosis. Some strict anaerobes were recovered on aerobic CSF culture, and C acnes was not often recovered by aerobic culture. ANA CSF should be ordered in cases of suspected shunt infection or anaerobic meningitis. Presence of a CSF shunt or ventricular drain can aid in determination of clinical significance of C acnes/Propionibacterium recovered from aerobic CSF cultures. Clinicians should be further educated to order ANA CSF culture when CSF shunt or ventricular drain fluid is present or when C acnes is suspected.

Assessment of Complement Interference in Anti-Müllerian Hormone (AMH) Immunoassays
Katherine Turner, Bethany Larson, Maria Alice Willrich, Joshua Bornhorst; Alicia Algeciras-Schimnich, Rochester, MN

Anti-Müllerian hormone (AMH) is a dimeric glycoprotein produced by ovarian granulosa cells and used as a marker of ovarian reserve. Since 2011, the Beckman AMH Gen II assay has been widely used in research and clinical settings. This assay was reported to be affected by complement interference due to the binding of C1q to the capture antibody, resulting in C3 recruitment and activation of complement cascade. Steric hindrance from this complex prevents AMH binding, resulting in falsely lowered values in freshly drawn or freshly frozen samples. Introduction of a sample predilution step by the manufacturer prior to incubation with the capture antibody resolved the interference by preventing complement binding. Recently,