Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • December 2017

Cleveland Clinic Laboratories is dedicated to keeping you updated and informed about recent testing changes. This Technical Update is provided on a monthly basis to notify you of any changes to the tests in our catalog.

Recently changed tests are bolded, and they could include revisions to methodology, reference range, days performed, or CPT code. Deleted tests and new tests are listed separately. For your convenience, tests are listed alphabetically and order codes are provided.

To compare the new information with previous test information, refer to the online Test Directory at clevelandcliniclabs.com. Test information is updated in the online Test Directory on the Effective Date stated in the Technical Update. Please update your database as necessary.

For additional detail, contact Client Services at 216.444.5755 or 800.628.6816, or via email at clientservices@ccf.org.

Test Update Page #	Summary of Changes by Test Name	Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT	Fee
4, 34	17-Hydroxyprogesterone					■	■		■	■	■	■		■
5, 34	Adenovirus PCR					■	■				■	■		■
5–6	AFB Culture & Stain					■	■							
7	Allergen, Barley IgG					■	■		■	■	■	■		
7	Allergen, Beef IgG					■	■		■	■	■	■		
7	Allergen, Cacao (Chocolate) IgG					■	■		■	■	■	■		
8	Allergen, Casein (Cow Milk) IgG					■	■		■	■	■	■		
8	Allergen, Chicken Meat IgG					■	■		■	■	■	■		
8	Allergen, Corn IgG					■	■		■	■	■	■		
9	Allergen, Egg White IgG					■	■		■	■	■	■		
30	Allergen, Food, Egg Components IgE			■										
30–31	Allergen, Food, Milk (Cow's) Components IgE			■										
9–10, 34	Allergen, Food, Peanut Components IgE		■			■	■	■	■	■	■	■	■	■
10	Allergen, Hazel Nut Tree IgE						■							
10	Allergen, Lettuce IgG					■	■		■	■	■	■		
11	Allergen, Malt IgG					■	■		■	■	■	■		
11	Allergen, Oat IgG					■	■		■	■	■	■		
11	Allergen, Orange IgG					■	■		■	■	■	■		
12	Allergen, Peanut IgG					■	■		■	■	■	■		
12	Allergen, Pork IgG					■	■		■	■	■	■		
12	Allergen, Potato IgG					■	■		■	■	■	■		
13	Allergen, Red Cedar Tree IgE						■							

Test Update Page #	Summary of Changes by Test Name	Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT	Fee
13	Allergen, Rye IgG					■	■		■	■	■	■		
13	Allergen, Soybean IgG					■	■		■	■	■	■		
14	Allergen, Tomato IgG					■	■		■	■	■	■		
14	Allergen, Wheat IgG					■	■		■	■	■	■		
14	Allergen, Yeast (Bakers/Brewers) IgG					■	■		■	■	■	■		
15, 34	Allergy Food Panel IgG					■	■		■	■	■	■		■
31	Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum			■										
34	Beta hCG Quant Tumor Marker													■
34	BK Virus PCR Qualitative, Blood				■									
15, 34	C1q Complement Protein					■	■		■	■	■	■		■
16	Chlamydia trachomatis Culture					■						■		
16	Cholesterol, Total									■		■		
16	CK Isoenzymes					■	■	■		■	■	■		
17	Cortisol, Saliva						■							
17	Cystine, Urine Quant						■							
17	Cytomegalovirus IgG Avidity					■	■		■	■	■	■		
17	DNA Autoantibodies, Double Stranded										■			
18	EBV by PCR Quant CSF					■	■	■	■	■	■	■		
31	Enteric Bacterial Panel by PCR			■										
18–20	Estrogen, Fractionated Blood					■	■	■	■	■	■	■		
20	Estrone					■	■		■	■	■	■		
20	Familial Mediterranean Fever, Complete												■	
34	Fatty Acid Profile of Lipids				■									
34	Fatty Acids, Free (Non-Esterified)													■
32	Fatty Acids Profile, Essential Serum or Plasma			■										
34	FLT3 Mutation Detection by PCR													■
20	Flunitrazepam Screen, Urine					■	■							
21	Fructosamine					■	■		■	■	■			
34	Fungal Antibodies by CF, CSF													■
21	Galactocerebrosidase								■					
21	Haemophilus influenzae B Ab IgG					■	■		■	■	■	■	■	
22	HDL Cholesterol						■			■		■		
22	Hepatitis C Genotyping										■			
22	Histoplasma Antibodies, CSF					■	■			■	■			
22	Hypersensitivity Pneumonitis Evaluation		■								■			
22	Immunohistochemistry, Quantitative					■								
22	Immunohistology					■								
22	Infliximab and Infliximab-dyyb Activity and Neutralizing Antibody		■											
23, 34	Lipid Panel, Basic						■			■				■
33	Lipid Panel, Nonfasting			■										

Test Update Page #	Summary of Changes by Test Name	Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT	Fee
23–24	Lyme IgG & IgM Abs, CSF					■	■	■	■	■	■	■	■	
24	Manganese, Serum						■							
34	Meconium Drug Screen 9													■
24	Methylmalonic Acid, Urine											■		
34	Neuromyelitis Optica (NMO)/ Aquaporin-4-IgG FACS Assay, Serum				■									
24	Neuron-Specific Enolase, Serum					■	■		■	■	■	■	■	
25	Nicotine & Metabolites, Urine					■	■	■		■	■	■		
25	Organic Acids, Plasma					■								
34	PTH Related Peptide													■
25	Renal Biopsy						■							
25–26	Serotonin, Serum					■	■		■	■	■	■		
26	Spinal Muscular Atrophy Carrier Screening and Diagnostic	■												
34	Streptozyme				■									
26–27, 34	TPMT Phenotype/Enzyme Activity					■	■		■	■	■	■	■	■
27	Triglycerides									■		■		
27	Tumor Necrosis Factor					■	■		■					
28	Urine Culture					■								
28, 34	Vascular Disease Panel												■	■
29	VIP					■	■			■	■	■		
29	Vitamin B2					■	■		■	■	■	■		
29	Vitamin B7 (Biotin)					■								

Test Changes

Test Name	Order Code	Change	Effective Date
17-Hydroxypro-gesterone	HPROG	**Special Information: Grossly hemolyzed specimens are unacceptable. This test is New York DOH approved.** **Specimen Requirement:** 1 mL serum from a serum separator (gold) tube; Minimum: **0.3 mL; Transfer 1 mL serum to standard aliquot tube;** Refrigerated *OR* 1 mL plasma from a sodium or lithium heparin (green) tube; Minimum: **0.3 mL; Transfer 1 mL plasma to standard aliquot tube;** Refrigerated *OR* 1 mL serum from a **plain no additive (red) tube;** Minimum: **0.3 mL; Transfer 1 mL serum to standard aliquot tube;** Refrigerated *OR* 1 mL plasma from a **lithium heparin (light green) plasma separator tube (PST);** Minimum: **0.3 mL; Transfer 1 mL plasma to standard aliquot tube;** Refrigerated *OR* 1 mL plasma from a **sodium heparin (light green) plasma separator tube (PST);** Minimum: **0.3 mL; Transfer 1 mL plasma to standard aliquot tube;** Refrigerated **Stability:** Ambient: **After separation from cells: Unacceptable** Refrigerated: **After separation from cells: 1 week** Frozen: **After separation from cells:** 6 months **Methodology: High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)** **Reference Range:** Female **Premature (26–28 Weeks): 124–841 ng/dL** **Premature (29–35 Weeks): 26–568 ng/dL** **Full term Day 3: 7–77 ng/dL** **4–30 Days: 7–106 ng/dL** **1–2 Months: 13–106 ng/dL** **3–5 Months: 13–106 ng/dL** **6 Months–1 Year: ≤ 148 ng/dL** **2–3 Years: ≤ 256 ng/dL** **4–6 Years: ≤ 299 ng/dL** **7–9 Years: ≤ 71 ng/dL** **10–12 Years: ≤ 129 ng/dL** **13–15 Years: 9–208 ng/dL** **16–17 Years: ≤ 178 ng/dL** **18 Years and older: < 207 ng/dL** **Follicular: 15–70 ng/dL** **Luteal: 35–290 ng/dL** **Tanner Stage I: ≤ 74 ng/dL** **Tanner Stage II: ≤ 164 ng/dL** **Tanner Stage III: 13–209 ng/dL** **Tanner Stage IV–V: 7–170 ng/dL** Male **Premature (26–28 Weeks): 124–841 ng/dL** **Premature (29–35 Weeks): 26–568 ng/dL** **Full term Day 3: 7–77 ng/dL** **4–30 Days: < 200 ng/dL** **1–2 Months: < 200 ng/dL** **3–5 Months: 3–90 ng/dL** **6 Months–1 Year: ≤ 148 ng/dL** **2–3 Years: ≤ 228 ng/dL** **4–6 Years: ≤ 208 ng/dL** **7–9 Years: ≤ 63 ng/dL** **10–12 Years: ≤ 79 ng/dL** **13–15 Years: 9–140 ng/dL** **16–17 Years: 24–192 ng/dL** **18 Years and older: < 139 ng/dL** **Tanner Stage I: ≤ 62 ng/dL** **Tanner Stage II: ≤ 104 ng/dL** **Tanner Stage III: ≤ 151 ng/dL** **Tanner Stage IV–V: 20–173 ng/dL** **Days Performed: Sunday–Saturday** **Reported: 2–5** days	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Adenovirus PCR	ADEPCR	**Special Information: Specimen source required. Heparinized specimens are unacceptable. This test is New York DOH approved.** **Clinical Information: Useful for detection of adenovirus groups A–F.** **Specimen Requirement: 1 mL whole blood** in an EDTA (lavender) tube; Minimum: **0.5 mL; Transfer 1 mL whole blood to sterile aliquot tube; Do not freeze (Preferred transport temperature is refrigerated unless transport will be delayed outside of stated stability);** Refrigerated *OR* **1 mL** plasma from an EDTA (lavender) tube; Minimum: **0.5 mL; Centrifuge, transfer 1 mL plasma to sterile aliquot tube and freeze; Frozen** *OR* **1 mL** serum from a serum separator (gold) tube; Minimum: **0.5 mL; Centrifuge, transfer 1 mL serum to sterile aliquot tube and freeze; Frozen** *OR* **1 mL** sputum in a sterile container; Minimum: **0.5 mL; Specimen source required; Frozen** *OR* Tissue in a sterile container; **Transfer tissue to sterile container and freeze immediately; Specimen source required;** Frozen *OR* **1 mL** bronchoalveolar lavage (BAL) specimen in a sterile container; Minimum: **0.5 mL; Specimen source required; Frozen** *OR* **1 mL** nasopharyngeal swab in Viral Transport Media (VTM); Minimum: **0.5 mL; Specimen source required; Frozen** *OR* **1 mL** cerebrospinal fluid (CSF) in a sterile container; Minimum: **0.5 mL; Specimen source required; Frozen** **Stability:** Ambient: **24 hours (whole blood, plasma, serum, BAL, CSF, swab, sputum); Unacceptable (tissue)** Refrigerated: **5 days (whole blood, plasma, serum, BAL, CSF, swab, sputum); Unacceptable (tissue)** Frozen: **1 year (whole blood, plasma, serum, BAL, CSF, swab, sputum); 3 months (tissue)** **Days Performed:** Sunday–Saturday **Reported:** 2–**5** days	1/30/18
AFB Culture & Stain	AFC	**Special Information: Specimen collection methods should minimize contamination with respiratory, skin or urogenital flora. To prevent overgrowth of flora organisms, if specimen transport is delayed by more than 2 hours, specimens should be refrigerated. Frozen specimens are unacceptable. When sputum, stool or urine is collected in the outpatient setting, patients should be sent home with pre-labeled containers and instructed to record the collection time and date on the container and refrigerate until submission. Avoid use of tap water during specimen collection or transport as environmental mycobacteria present in water will cause false positive results. Tissue or fluid material is preferred to specimen collected with a swab. The hydrophobic mycobacterial cell wall may became trapped in swab fibers, preventing release into culture medium. Swabs provide a suboptimal volume of material and are only accepted with medical director approval.** **Clinical Information:** Culture is performed to identify an infection due to a mycobacterium. A single negative culture does not rule out the presence of a mycobacterial infection. **Mycobacterial culture includes an acid fast stain and culture in liquid and on solid media. Stain results are reported within 24 hours of specimen receipt. Providers are notified of initial positive smear or culture results and any identification of M. tuberculosis. For AFB stain-positive sputum samples, PCR for detection of M. tuberculosis and rifampin resistance (rpoB) will be performed automatically. Rifampin resistant and indeterminate results require confirmatory sequencing; additional charges may apply. PCR for M. tuberculosis vs. non-tuberculous mycobacteria may be performed if AFB stain is positive when indicated from BAL, fresh tissue and other sample types. Cultures for mycobacteria are incubated for 6 weeks and updated, if negative, on a weekly basis. Specimens from all skin sites and wounds, fluid, and tissues of the extremities are cultured at both 35 °C and 30 °C to optimize recovery of M. marinum, M. chelonae, M. haemophilum and M. ulcerans. If these species are otherwise suspected, please notify the laboratory.** *(continued on page 6)*	1/25/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
AFB Culture & Stain *(continued from page 5)*		**Mycobacteria grown in culture are identified to species.** Identification of positive cultures will be performed utilizing a combination of pyrosequencing and probe methodologies. **Susceptibility testing is performed automatically for M. tuberculosis and by request for other species. Additional charges for PCR, sequencing, identification, and susceptibility testing will apply.** **Specimen Requirement:** 10 mL **bronchoscopy specimen** in a sterile container; Larger volumes improve recovery; **Collect BAL, wash, or aspirate into sputum trap or sterile cup; Place bronchial brush in sterile, leak-proof tube or cup with enough non-bacteriostatic sterile saline to cover the brush (1–10 mL); Transfer temperature is ambient;** Refrigeration is preferred if transport is delayed longer than **2 hours;** Ambient *OR* 10 mL tracheal aspirate in a sterile container; Larger volumes improve recovery; Refrigeration is preferred if transport is delayed longer than **2 hours;** Ambient *OR* **1–5 g** tissue in a sterile container; **Biopsy material from the periphery of a cutaneous lesion;** Tissue may be kept moist with a small amount **(1–3 mL)** of sterile saline; Send a separate portion for **histopathology using sterile technique; Tissue in formalin is unacceptable for culture; Transport temperature is ambient;** Refrigeration is preferred if transport is delayed longer than **2 hours;** Ambient *OR* 5 mL sputum in a sterile container; Sputum may be expectorated or induced; Collection of 3 sputum specimens at least 8 hours apart with **at least one first morning specimen** is recommended; Refrigeration is preferred if transport is delayed longer than **2 hours;** Refrigerated *OR* 10 mL body fluid in a sterile container; **Aspirate pleural, pericardial, peritoneal, or synovial fluid using sterile technique after skin disinfection or during surgical procedure; Transfer fluid to sterile tube or cup; Transport temperature is ambient;** Refrigeration is preferred if transport is delayed longer than **2 hours;** Ambient *OR* (Unspecified) aspirate(s) in a sterile container; Larger volumes improve recovery; **Aspirate from closed abscess to surface using sterile technique after skin disinfection; Aspirate from both the center and wall of the abscess; For open wounds remove exudate by rinsing with sterile saline; Collect specimen from margin of lesion or abscess using a syringe; If specimen volume is small, instilling a small volume of sterile, non-bacteriostatic saline into the lesion may aid collection; Transfer specimen to sterile tube or submit in syringe after removing needle and capping; Swabs are unacceptable;** Refrigeration is preferred if transport is delayed longer than **2 hours;** Ambient *OR* (Unspecified) skin in a sterile container; Skin scraping in sterile petri dish or sterile container with blade used to obtain specimen; Refrigerated *OR* 5 mL gastric aspirate in a sterile container; Patient must be fasting; Transport to Laboratory for receipt within 4 hours of collection; **If specimen not received in lab within 4 hours, neutralize with (100 mg) sodium bicarbonate (pH 7);** For increased sensitivity, collect specimens on 3 consecutive days; **Refrigeration is preferred if transport is delayed longer than 2 hours;** Refrigerated *OR* **40 mL** random urine in a sterile container; Submit entire first morning void in sterile container **without preservative; 40 mL preferred;** For increased sensitivity, collect specimens on 3 consecutive days; 24-hour collections are unacceptable; Patient Preparation: Usual preparation for clean-catch mid-void urine collection; **Transport temperature is ambient;** Refrigeration is preferred if transport is delayed longer than **2 hours;** Ambient *OR* 5 mL cerebrospinal fluid (CSF) in a sterile container; Culture yield is increased with larger specimen volumes; **Specimen volumes between 0.5 mL and 2 mL will be processed with a disclaimer; Do not refrigerate if routine bacterial culture is performed on same CSF specimen;** Ambient *OR* 1 g stool in a sterile container; **Pass stool and collect as for bacterial culture; Submit in sterile, leak-proof container without preservatives; Transport temperature is ambient;** Refrigeration is preferred if transport is delayed longer than **2 hours;** Ambient	

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Barley IgG	BARIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 20.31 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Beef IgG	BEEFIG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 22.01 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Cacao (Chocolate) IgG	CHOIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** *OR* **0.5 mL** serum from a plain no additive (red) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 20.41 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Casein (Cow Milk) IgG	CSNIGG	**Special Information: Hemolyzed, icteric, or lipemic specimens are unacceptable. Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 38.70 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Chicken Meat IgG	CHIIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 6.25 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Corn IgG	CORIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 10.50 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Egg White IgG	EGWIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 15.70 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Food, Peanut Components IgE	PNUTCP	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** **Allergen, Food, Peanut IgE** Ara h 1 Ara h 2 Ara h 3 Ara h 9 Ara h 8 **Allergen, Food, Peanut Components Interp** **EER Allergen, Peanut Components** **Test Name:** Previously Peanut Component Panel **Special Information: Patient Prep: Multiple patient encounters should be avoided. Avoid using multiple specimen tubes. Hemolyzed, icteric, or lipemic specimens are unacceptable. This test is New York DOH approved.** **Clinical Information: Allergen results of 0.10–0.34 kU/L for whole peanut are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis. The test methodology uses solid-phase immunoassays against the whole peanut allergen (f13) and 5 antigenic epitopes (Ara h1, Ara h2, Ara h3, Ara h8, and Ara h9) and measures IgE antibody concentrations in patient serum or plasma. The binding of a specific IgE to an immobilized allergen component is detected by the addition of a secondary fluorescence-labeled anti-human IgE antibody.** **Specimen Requirement: 0.6 mL** serum from a serum separator (gold) tube; Minimum: **0.4 mL (Minimum is 0.4 mL plus 0.04 mL for each allergen ordered); Separate from cells ASAP or within 2 hours of collection; Transfer 0.6 mL serum plus 0.1 mL for each additional allergen ordered to a standard aliquot tube; Multiple specimen tubes should be avoided; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative ImmunoCAP Fluorescent Enzyme** Immunoassay *(continued on page 10)*	1/25/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Food, Peanut Components IgE *(continued from page 9)*		**Reference Range:** **Allergen, Food, Peanut (Probability of IgE Mediated Clinical Reaction)** **< 0.10 kU/L: No significant level detected (Class Scoring: 0)** **0.10–0.34 kU/L: Clinical relevance undetermined (Class Scoring: 0/1)** **0.35–0.70 kU/L: Low (Class Scoring: 1)** **0.71–3.50 kU/L: Moderate (Class Scoring: 2)** **3.51–17.50 kU/L: High (Class Scoring: 3)** **17.51–50.00 kU/L: Very high (Class Scoring: 4)** **50.01–100.00 kU/L: Very high (Class Scoring: 5)** **> 100.00 kU/L: Very high (Class Scoring: 6)** Ara h 1: **≤ 0.09 kU/L** Ara h 2: **≤ 0.09 kU/L** Ara h 3: **≤ 0.09 kU/L** Ara h 9: **≤ 0.09 kU/L** Ara h 8: **≤ 0.09 kU/L** **Days Performed: Sunday–Saturday** **Reported: 2–3** days **CPT:** 86003 **x 6**	
Allergen, Hazel Nut Tree IgE	HZNTTR	**Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL; **Submitting the minimum volume will not allow for repeat testing or add-ons; Required volume of 0.5 mL is preferred when possible;** An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from an EDTA (lavender) tube; Minimum: 0.3 mL; **Submitting the minimum volume will not allow for repeat testing or add-ons; Required volume of 0.5 mL is preferred when possible;** Refrigerated *OR* 0.5 mL plasma from a lithium heparin (green) tube; Minimum: 0.3 mL; **Submitting the minimum volume will not allow for repeat testing or add-ons; Required volume of 0.5 mL is preferred when possible;** Refrigerated	1/4/18
Allergen, Lettuce IgG	LETIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 11.31 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Malt IgG	MLTIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 22.31 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Oat IgG	OATIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG.** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 13.30 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Orange IgG	ORAIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 8.65 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Peanut IgG	PNTIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG.** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 6.80 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Pork IgG	PORKIG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 7.92 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Potato IgG	POTIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: **0.5 mL; Transfer 0.5 mL serum to standard aliquot tube;** Ambient *OR* **0.5 mL** serum from a plain no additive (red) tube; Minimum: **0.5 mL; Transfer 0.5 mL serum to standard aliquot tube;** Ambient **Stability:** Ambient: **1 week** Refrigerated: **1 month** Frozen: **1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 6.09 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Red Cedar Tree IgE	RDCEDR	**Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL; **Submitting the minimum volume will not allow for repeat testing or add-ons; Required volume of 0.5 mL is preferred when possible;** An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL **plasma from an EDTA (lavender) tube;** Minimum: 0.3 mL; **Submitting the minimum volume will not allow for repeat testing or add-ons; Required volume of 0.5 mL is preferred when possible;** Refrigerated *OR* 0.5 mL **plasma from a lithium heparin (light green) plasma separator tube (PST);** Minimum: 0.3 mL; **Submitting the minimum volume will not allow for repeat testing or add-ons; Required volume of 0.5 mL is preferred when possible;** Refrigerated	1/4/18
Allergen, Rye IgG	RYEIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 26.71 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Soybean IgG	SOYIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG.** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative ImmunoCAP** Fluorescent Enzyme Immunoassay **Reference Range: < 5.30 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Tomato IgG	TOMIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative ImmunoCAP Fluorescent Enzyme** Immunoassay **Reference Range: < 7.20 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Wheat IgG	WHTIGG	**Special Information: Hemolyzed, icteric, or lipemic specimens are unacceptable. Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG.** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 60.20 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
Allergen, Yeast (Bakers/Brewers) IgG	YEAIGG	**Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Hemolyzed, icteric, or lipemic specimens are unacceptable.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. Note: The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: 0.2 mL; **Separate serum from cells ASAP or within 2 hours of collection; Transfer serum to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range: < 11.41 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergy Food Panel IgG	FPIGG	**Special Information: Hemolyzed, icteric, or lipemic specimens are not acceptable. Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.** **Clinical Information: Values < 2.00 mcg/mL represent absent or undetectable levels of allergen-specific IgG antibody. Values ≥ 2.00 mcg/mL indicate progressive increases in the relative concentration of allergen-specific IgG. The units of measure mcg/mL and mgA/L are interchangeable. 1 mg/L = 1000 mcg/1000 mL** **Specimen Requirement: 0.5 mL** serum from a serum separator (gold) tube; Minimum: **0.2 mL per allergen; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Quantitative** ImmunoCAP **Fluorescent Enzyme Immunoassay** **Reference Range:** Wheat IgG: **< 60.20 mcg/mL** ALGN Potato IgG: **< 6.09 mcg/mL** ALGN RYE IgG: **< 26.71 mcg/mL** ALGN Soybean IgG: **< 5.30 mcg/mL** ALGN Tomato IgG: **< 7.20 mcg/mL** ALGN Orange IgG: **< 8.65 mcg/mL** ALGN Peanut IgG: **< 6.80 mcg/mL** Pork IgG: **< 7.92 mcg/mL** ALGN Lettuce IgG: **< 11.31 mcg/mL** ALGN Malt IgG: **< 22.31 mcg/mL** Casein IgG: **< 38.70 mcg/mL** Oat IgG: **< 13.30 mcg/mL** Chicken Meat IgG: **< 6.25 mcg/mL** ALGN Cacao IgG: **< 20.41 mcg/mL** Corn IgG: **< 10.50 mcg/mL** Egg White IgG: **< 15.70 mcg/mL** ALGN Yeast IgG: **< 11.41 mcg/mL** Barley (Food) IgG: **< 20.31 mcg/mL** Beef IgG: **< 22.01 mcg/mL** **Days Performed:** Sunday **Reported:** 2–**9** days	1/30/18
C1q Complement Protein	COMC1Q	**Special Information: Critical frozen. Separate specimens must be submitted when multiple tests are ordered. Grossly hemolyzed, hyperlipemic, or room temperature specimens are unacceptable. Serum or non-EDTA plasma specimens will not be accepted. This test is New York DOH approved.** **Clinical Information: Aids in the diagnosis of C1q deficiency. The C1q Complement Protein assay quantifies the active fraction component, C1q, of the C1 complement protein complex.** **Specimen Requirement:** 1 mL **plasma from an EDTA (lavender) tube;** Minimum: **0.1 mL; Separate plasma from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube; Freeze immediately; Separate specimens must be submitted when multiple tests are ordered; Critical Frozen** **Stability:** Ambient: **Unacceptable** Refrigerated: **48 hours** Frozen: **1 month** **Methodology: Radial Immunodiffusion (RID)** **Reference Range: 109–242 μg/mL** **Days Performed: Tuesday, Friday** **Reported: 6–11** days	1/25/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Chlamydia trachomatis Culture	CTRACH	**Special Information: Freeze at minus 70 °C or on dry ice immediately.** In general, it is important to obtain cellular material without exudate from the suspected infection site. Place swab in the M4 transport tube immediately. Urogenital and urine specimens should be submitted for the Chlamydia trachomatis amplification test instead of culture. **Stability:** Ambient: 1 hour Refrigerated: 2 days Frozen: 1 month at minus 70 °C; **Unacceptable at minus 20 °C**	Effective immediately
Cholesterol, Total	CHOL	**Stability:** Ambient: **1 day** Refrigerated: **After separation from cells:** 7 days Frozen: **After separation from cells: 30 days** **Reference Range:** **0**–19 Years: **< 170 mg/dL** 20–99 Years: **< 200 mg/dL**	1/15/18
CK Isoenzymes	CKISO	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** CK Total CK-MM CK-MB CK-BB **CK-Macro Type I** **CK-Macro Type II** **Special Information: This test will detect CK macroenzymes. Specimens preserved in citrate, EDTA, fluoride, heparin, or iodoacetate are unacceptable. Room temperature specimens are not acceptable. This test is New York DOH approved.** **Clinical Information: Aids in determining the etiology of elevated total creatine kinase.** **Specimen Requirement: 1 mL** serum from a serum separator (gold) tube; Minimum: **0.5 mL; Transfer 1 mL serum to standard aliquot tube and freeze;** Frozen *OR* **1 mL** serum from a **plain no additive (red) tube;** Minimum: **0.5 mL; Transfer 1 mL serum to standard aliquot tube and freeze;** Frozen **Stability:** Ambient: **After separation from cells:** Unacceptable Refrigerated: **After separation from cells: 1 week** Frozen: **After separation from cells: 1 month (Avoid repeated freeze/thaw cycles)** **Reference Range:** CK Total Male **0–30 Days: 108–564 U/L** **31 Days–5 Months: 72–367 U/L** **6–35 Months: 50–272 U/L** **3–6 Years: 56–281 U/L** **7–17 Years: 60–393 U/L** **18 Years and older: 20–200 U/L** Female **0–30 Days: 108–564 U/L** **31 Days–5 Months: 72–367 U/L** **6–35 Months: 38–261 U/L** **3–6 Years: 40–222 U/L** **7–17 Years: 46–250 U/L** **18 Years and older: 20–180 U/L** CK-MM: **96–100%** CK-MB: **0–4%** CK-BB: **0%** **CK-Macro Type I: 0%** **CK-Macro Type II: 0%** **Days Performed:** Sunday–**Saturday** **Reported: 3**–4 days	1/25/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Cortisol, Saliva	SCORT	**Specimen Requirement:** Swab of **entire collection** of saliva; **Transfer saturated swab to plain (non-citric acid) cotton Salivette® collection device (ARUP Supply #52056); Swab must be completely saturated to ensure sufficient volume for testing;** Record collection time on container and requisition; **Patient Preparation: Do not collect specimen within 60 minutes after eating a meal, within 12 hours after consuming alcohol, immediately after brushing teeth or after any activity that may cause gums to bleed; Rinse mouth thoroughly with water 10 minutes before collecting specimen;** Recommended collection time is between 11:00 p.m.–**1:00 a.m.;** Refrigerated	12/28/17
Cystine, Urine Quant	UCYSTD	**Specimen Requirement: 4 mL timed urine (well-mixed)** in a clean container; Minimum: 3 mL; **Avoid dilute urine when possible; Refrigerate 24-hour/timed specimens during collection; Mix well;** Aliquot and freeze ASAP after collection; Clinical information needed with specimen; Critical Frozen *OR* **4 mL** 24-hour urine (well-mixed) in a clean container; Minimum: 3 mL; **Avoid dilute urine when possible;** Refrigerate 24-hour/timed specimens during collection; Mix well; Aliquot and freeze ASAP after collection; Clinical information needed with specimen; Critical Frozen	Effective immediately
Cytomegalovirus IgG Avidity	CMVAVI	**Special Information: This test is New York DOH approved.** **Clinical Information: Identifying cytomegalovirus (CMV) infections in pregnant women during the first trimester is of significant importance for clinical care. Acute infection is typically characterized by increased CMV-specific IgM and IgG antibodies. However, CMV IgM antibodies may persist for several months or even years after initial infection, which limits their utility in the accurate diagnosis of recent CMV infection. CMV IgM antibodies can also be detected during viral reactivation, thus complicating the diagnosis of a recent primary infection. Therefore, measuring IgG antibody avidity to CMV antigens can aid in discriminating recent from prior CMV infections. Index values of 0.5 or less generally indicate recent infection (within the previous 3 to 4 months). However low avidity values cannot exclude the possibility of persistent IgG antibodies with low avidity. Index values of 0.6 or greater indicate an infection occurring more than 3 months prior to testing. Because IgG avidity testing for CMV after the first trimester is not easily interpreted, detection of high avidity CMV IgG antibodies during the first trimester (12 to 16 weeks gestation) helps exclude a diagnosis of an acute CMV infection post-conception.** **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: **0.15 mL; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube; Refrigerated** **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology: Semi-Quantitative** Enzyme Linked Immunosorbent Assay **Reference Range:** **Low Avidity: 0.50 Index or less** **Intermediate Avidity: 0.51–0.59 Index** **High Avidity: 0.60 Index or greater** **Days Performed: Tuesday** **Reported:** 2–**9 days**	1/24/18
DNA Autoantibodies, Double Stranded	DSDNA	**Days Performed: Monday–Friday** **Reported: 3–8** days	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
EBV by PCR Quant CSF	EBVCSF	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** EBV by Quantitative PCR, Source EBV Quant CSF Copies/mL **EBV by Quantitative PCR, Log copy/mL** **EBV by Quantitative PCR, Interp** **Special Information: Specimen source required. This test is New York DOH approved.** **Clinical Information: Quantify Epstein-Barr virus (EBV) viral load as an aid in monitoring EBV-related disease. The quantitative range of this assay is 2.6–7.6 log copies/mL (390–39,000,000 copies/mL). A negative result (< 2.6 log copies/mL or < 390 copies/mL) does not rule out the presence of PCR inhibitors in the patient specimen or EBV DNA nucleic acid in concentrations below the level of detection of the assay. Inhibition may also lead to underestimation of viral quantitation. No international standard is currently available for calibration of this assay. Caution should be taken when interpreting results generated by different assay methodologies. The limit of quantification for this DNA assay is 2.6 log copies/mL (390 copies/mL). If the assay did NOT DETECT the virus, the test result will be reported as "< 2.6 log copies/mL (< 390 copies/mL)." If the assay DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the test result will be reported as "Not Quantified."** **Specimen Requirement:** 1 mL cerebrospinal fluid (CSF) in a sterile container; Minimum: 0.5 mL; **Specimen source required; Frozen** **Stability:** Ambient: **24 hours** Refrigerated: **5** days Frozen: **1 year** **Methodology:** Polymerase Chain Reaction (PCR), **Quant** **Reference Range: Not detected** **Days Performed:** Sunday–Saturday **Reported:** 2–**5** days	1/30/18
Estrogen, Fractionated Blood	ESTGEN	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** **Estradiol** Estrone Estrogens, Total **Special Information: This test is New York DOH approved.** **Clinical Information: Recommended test for evaluating endogenous estrogen status in postmenopausal women, men, or children.** **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL; Separate serum from cells within **2 hours** of collection and transfer into **standard aliquot tube;** Refrigerated *OR* 0.5 mL plasma from an EDTA (lavender) tube; Minimum: 0.3 mL; Separate plasma from cells within **2 hours** of collection and transfer into **standard aliquot tube;** Refrigerated *OR* 0.5 mL plasma from a sodium or lithium heparin (green) tube; Minimum: 0.3 mL; Separate plasma from cells within **2 hours** of collection and transfer into **standard aliquot tube;** Refrigerated **Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: 1 week Frozen: After separation from cells: 1 month **Methodology: High Performance** Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS) *(continued on page 19)*	1/24/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Estrogen, Fractionated Blood *(continued from page 18)*		**Reference Range:** **Estradiol** Female Tanner Stage I: **< 56.0 pg/mL** Tanner Stage II: **2.0–133.0 pg/mL** Tanner Stage III: **12.0–277.0 pg/mL** Tanner Stage IV and V: **2.0–259.0 pg/mL** 7–9 Years: **< 36.0 pg/mL** 10–12 Years: **1.0–87.0 pg/mL** 13–15 Years: **9.0–249.0 pg/mL** 16–17 Years: **2.0–266.0 pg/mL** 18–99 Years (Pre-menopausal: Early Follicular): **30.0–100.0 pg/mL** 18–99 Years (Pre-menopausal: Late Follicular): **100.0–400.0 pg/mL** 18–99 Years (Pre-menopausal: Luteal): **50.0–150.0 pg/mL** 18–99 Years (Post-menopausal): **2.0–21.0 pg/mL** Male Tanner Stage I: **< 8.0 pg/mL** Tanner Stage II: **< 10.0 pg/mL** Tanner Stage III: **1.0–35.0 pg/mL** Tanner Stage IV and V: **3.0–35.0 pg/mL** 7–9 Years: **< 7.0 pg/mL** 10–12 Years: **< 11.0 pg/mL** 13–15 Years: **1.0–36.0 pg/mL** 16–17 Years: **3.0–34.0 pg/mL** 18–99 Years: **10.0–42.0 pg/mL** Estrone Female Tanner Stage I: **< 27.0 pg/mL** Tanner Stage II: **1.0–39.0 pg/mL** Tanner Stage III: **8.0–117.0 pg/mL** Tanner Stage IV and V: **4.0–109.0 pg/mL** 7–9 Years: **< 20.0 pg/mL** 10–12 Years: **1.0–40.0 pg/mL** 13–15 Years: **8.0–105.0 pg/mL** 16–17 Years: **4.0–133.0 pg/mL** 18–99 Years (Pre-menopausal: Early Follicular): **< 150.0 pg/mL** 18–99 Years (Pre-menopausal: Late Follicular): **100.0–250.0 pg/mL** 18–99 Years (Pre-menopausal: Luteal): **< 200.0 pg/mL** 18–99 Years (Post-menopausal): **3.0–32.0 pg/mL** Male Tanner Stage I: **< 7.0 pg/mL** Tanner Stage II: **< 11.0 pg/mL** Tanner Stage III: **1.0–31.0 pg/mL** Tanner Stage IV and V: **2.0–30.0 pg/mL** 7–9 Years: **< 7.0 pg/mL** 10–12 Years: **< 11.0 pg/mL** 13–15 Years: **1.0–30.0 pg/mL** 16–17 Years: **1.0–32.0 pg/mL** 18–99 Years: **9.0–36.0 pg/mL** Estrogens, Total Female Tanner Stage I: **1.0–86.0 pg/mL** Tanner Stage II: **3.0–169.0 pg/mL** Tanner Stage III: **23.0–351.0 pg/mL** Tanner Stage IV and V: **8.0–341.0 pg/mL** 7–9 Years: **1.0–48.0 pg/mL** 10–12 Years: **2.0–116.0 pg/mL** 13–15 Years: **15.0–333.0 pg/mL** 16–17 Years: **6.0–354.0 pg/mL** 18–99 Years (Pre-menopausal: Early Follicular): **30.0–250.0 pg/mL** 18–99 Years (Pre-menopausal: Late Follicular): **200.0–650.0 pg/mL** 18–99 Years (Pre-menopausal: Luteal): **50.0–350.0 pg/mL** 18–99 Years (Post-menopausal): **5.0–52.0 pg/mL** *(continued on page 20)*	

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Estrogen, Fractionated Blood *(continued from page 19)*		Male Tanner Stage I: **1.0–11.0 pg/mL** Tanner Stage II: **1.0–19.0 pg/mL** Tanner Stage III: **3.0–61.0 pg/mL** Tanner Stage IV and V: **4.0–62.0 pg/mL** 7–9 Years: **< 10.0 pg/mL** 10–12 Years: **1.0–19.0 pg/mL** 13–15 Years: **3.0–62.0 pg/mL** 16–17 Years: **4.0–64.0 pg/mL** 18–99 Years: **19.0–69.0 pg/mL** **Days Performed: Sunday**–Saturday **Reported: 2–5** days	
Estrone	EST	**Special Information:** Indicate patient's age & sex on requisition. **This test is New York DOH approved.** **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL; **Separate serum from cells within 2 hours of collection; Transfer serum to standard aliquot tube;** Refrigerated *OR* 0.5 mL **plasma from an EDTA (lavender) tube;** Minimum: 0.3 mL; **Separate plasma from cells within 2 hours of collection; Transfer plasma to standard aliquot tube;** Refrigerated *OR* 0.5 mL **plasma from a sodium or lithium heparin (green) tube;** Minimum: 0.3 mL; **Separate plasma from cells within 2 hours of collection; Transfer plasma to standard aliquot tube;** Refrigerated **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells:** 1 week Frozen: **After separation from cells:** 1 month **Methodology: High Performance Liquid Chromatography**/Tandem Mass Spectrometry **(LC/MS/MS)** **Reference Range:** Female Tanner Stage I: **< 27.0 pg/mL** Tanner Stage II: **1.0–39.0 pg/mL** Tanner Stage III: **8.0–117.0 pg/mL** Tanner Stage IV and V: **4.0–109.0 pg/mL** 7–9 Years: **< 20.0 pg/mL** 10–12 Years: **1.0–40.0 pg/mL** 13–15 Years: **8.0–105.0 pg/mL** 16–17 Years: **4.0–133.0 pg/mL** 18–99 Years (Pre-menopausal: Early Follicular): **< 150.0 pg/mL** 18–99 Years (Pre-menopausal: Late Follicular): **100.0–250.0 pg/mL** 18–99 Years (Pre-menopausal: Luteal): **< 200.0 pg/mL** 18–99 Years (Post-menopausal): **3.0–32.0 pg/mL** Male Tanner Stage I: **< 7.0 pg/mL** Tanner Stage II: **< 11.0 pg/mL** Tanner Stage III: **1.0–31.0 pg/mL** Tanner Stage IV and V: **2.0–30.0 pg/mL** 7–9 Years: **< 7.0 pg/mL** 10–12 Years: **< 11.0 pg/mL** 13–15 Years: **1.0–30.0 pg/mL** 16–17 Years: **1.0–32.0 pg/mL** 18–99 Years: **9.0–36.0 pg/mL** **Days Performed: Sunday**–Saturday **Reported: 2–5** days	1/24/18
Familial Mediterranean Fever, Complete	FAMMED	**CPT: 81402 x 1**	Effective immediately
Flunitrazepam Screen, Urine	FLUNU	**Special Information:** If screen is positive, then confirmation will be added at an additional charge. **This test is New York DOH approved.** **Specimen Requirement:** 3 mL random urine in a clean container; Minimum: 1.4 mL; **Transfer urine to standard aliquot tube;** Refrigerated	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Fructosamine	FRUCTO	**Special Information: Patients should abstain from ascorbic acid supplements for a minimum of 24 hours prior to sample collection. Allow specimen to clot completely at room temperature before centrifuging.** Hemolyzed specimens **are unacceptable** as they may cause falsely elevated results. **This test is New York DOH approved.** **Clinical Limitation: High levels of ascorbic acid interfere with the fructosamine assay.** **Clinical Information: May aid in monitoring glucose control for diabetes in specific disorders. Not recommended as a substitute for hemoglobin A1c except in specific populations. Variations in levels of serum proteins (albumin and immunoglobulins) may affect fructosamine results.** **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: **0.3 mL; Allow specimen to clot completely at room temperature before centrifuging, then transfer to standard aliquot tube;** Refrigerated *OR* 0.5 mL plasma from a **lithium heparin (green) tube;** Minimum: **0.3 mL;** Refrigerated **Methodology: Spectrophotometry** **Reference Range: Nondiabetic: 170**–285 **µmol/L** **Days Performed: Sunday**–Saturday **Reported: 2**–3 days	1/24/18
Galactocerebrosidase	GALSYL	**Methodology:** Enzymatic	Effective immediately
Haemophilus influenzae B Ab IgG	HINFLU	**Special Information: Plasma or other body fluids are unacceptable. Contaminated, hemolyzed, or severely lipemic specimens will not be accepted. This test is New York DOH approved.** **Clinical Information: Evaluate the ability of a patient to produce antibody to a protein conjugated bacterial (H. influenza) vaccine to rule out antibody deficiency. Responder status is determined according to the ratio of post-vaccination concentration to pre-vaccination concentration of Haemophilus influenza b antibody, IgG as follows:** **1. If the post-vaccination concentration is < 3.0 µg/mL, the patient is considered to be a nonresponder.** **2. If the post-vaccination concentration is ≥ 3.0 µg/mL, a patient with a ratio of ≥ 4 is a good responder, a ratio of 2–4 is a weak responder, and a ratio of < 2 is considered a nonresponder.** **Specimen Requirement: 1 mL** serum from a serum separator (gold) tube; Minimum: **0.15 mL; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube; "Pre" and 30-day "post" Haemophilus influenzae b vaccination specimens should be submitted together; "Post" specimen should be drawn 30 days after immunization and must be received within 60 days of "pre" specimen; Label specimens clearly as "Pre-Vaccine" or "Post-Vaccine;"** Refrigerated **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year (Avoid repeated freeze/thaw cycles)** **Methodology: Quantitative Multiplex Bead Assay** **Reference Range:** **Less than 1.0 µg/mL = Antibody concentration not protective** **Greater than or equal to 1.0 µg/mL = Antibody to H. influenzae b detected; Suggestive of protection** **Days Performed: Sunday–Saturday** **Reported:** 2–**3** days **CPT: 86317 x 1**	1/25/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
HDL Cholesterol	HDL1	**Specimen Requirement:** 1 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Minimum: **0.4 mL; Submit in original tube or aliquot specimen into CCL aliquot tube; Centrifuge and refrigerate** *OR* 1 mL serum from a serum separator (gold) tube; Minimum: **0.4 mL; Centrifuge and refrigerate** **Stability:** Ambient: **1 day** Refrigerated: After separation from cells: 7 days Frozen: After separation from cells: 30 days **Reference Range:** **0–19 Years: > 45 mg/dL** **20–99 Years: > 39 mg/dL**	1/15/18
Hepatitis C Genotyping	HEPGEN	**Days Performed:** Twice per week **Reported: 5–7 days**	Effective immediately
Histoplasma Antibodies, CSF	HISTCS	**Clinical Information: Aid in diagnosis and prognosis of histoplasmosis.** **Specimen Requirement:** 1 mL cerebrospinal fluid (CSF) in a **sterile container;** Minimum: **0.5 mL; Collect in a sterile screw-cap container; Ambient** **Reference Range:** **Yeast Phase Antibody: < 1:1** **Mycelial Phase Antibody: < 1:1** **Days Performed: Tuesday**–Saturday **Reported: 3–6** days	Effective immediately
Hypersensitivity Pneumonitis Evaluation	HYPNE2	**Test Name:** Previously Hypersensitivity Pneumonitis II **Days Performed:** Sunday, Wednesday, Friday **Reported: 5**–8 days	Effective immediately
Immunohisto-chemistry, Quantitative		**Note:** *The following stains have been added to the Immunohistochemistry, Quantitative test: Ki67, p53, PD-L1 (22C3), and PD-L1 (SP263).*	12/7/17
Immunohistology		**Note:** *The following stains have been added to the Immunohistology test: Annexin 1, BRAF V600E, Calreticulin, Cathepsin K, CD14, CD15 (MMA), CD30 (1G12), CD61, CD71, D2-40, GCET1, H3K27me3 WILD, H3K27M MUTANT, LMO2, MAL, MUC-4, SATB2, SDHA, SDHB, SF-1, SOX-11, STAT6, Syphilis, and TAU/B-AMYOLOID DS. The following stains will no longer be available under the Immunohistology test: 14-3-3 Sigma, Amyloid A, Epidermal Growth Factor, FLI-1, Galectin, GCDFP, HER2 (4B5) (see Erb-b2), Human Placental Lactogen, Ki-67 (see Immunohistochemistry, Quantitative), Myoglobin, P 21, p53 (see Immunohistochemistry, Quantitative), P Component, PDGF Receptor, Somatostatin, WT-1 (C19), and Zap-70.*	12/7/17
Infliximab and Infliximab-dyyb Activity and Neutralizing Antibody	IFXNEU	**Test Name:** Previously Infliximab Activity and Neutralizing Antibody	12/5/17

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Lipid Panel, Basic	LIPB	**Specimen Requirement:** 1 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Minimum: 0.5 mL; **Submit in original tube or aliquot specimen into CCL aliquot tube; Centrifuge and refrigerate** *OR* 1 mL serum from a serum separator (gold) tube; Minimum: 0.5 mL; **Aliquot into CCL aliquot tube; Centrifuge and aliquot** **Reference Range:** Triglyceride **0–9 Years: < 75 mg/dL** **10–19 Years: < 90 mg/dL** **20–99 Years: < 150 mg/dL** Cholesterol, Total **0**–19 Years: **< 170 mg/dL** 20–99 Years: **< 200 mg/dL** HDL Cholesterol **0–19 Years: > 45 mg/dL** **20–99 Years: > 39 mg/dL** Calculated VLDL Cholesterol **0–9 Years: < 15 mg/dL** **10–19 Years: < 18 mg/dL** **20–99 Years: < 30 mg/dL** Calculated LDL Cholesterol 0–19 Years: **< 110 mg/dL** 20–99 Years: **< 100 mg/dL** Calculated Total Cholesterol to HDL ratio **0–19 Years: < 3.76** **20–99 Years: < 5.10** Calculated LDL to HDL ratio **0–19 Years: < 2.42** **20–99 Years: < 2.54** Fasting Time N/A Calculated Non HDL Cholesterol 0–19 Years: **< 120 mg/dL** 20–99 Years: **< 130 mg/dL**	1/15/18
Lyme IgG & IgM Abs, CSF	BBURGM	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** **Borrelia burgdorferi Abs, ELISA, CSF** **Special Information: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible. Heat-inactivated or contaminated specimens are unacceptable.** **Clinical Information: Use in conjunction with positive serologic testing for the workup of suspected acute Lyme neuroborreliosis. Do not order in the absence of clinical symptoms. The detection of antibodies to B. burgdorferi in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier. Current CDC recommendations for the serologic diagnosis of Lyme disease are to screen with a polyvalent enzyme linked immunosorbent assay (ELISA) test and confirm equivocal and positive results with immunoblot. Both IgM and IgG immunoblots should be performed on samples less than 4 weeks after appearance of erythema migrans. Only IgG immunoblot should be performed on samples greater than 4 weeks after the disease onset. IgM immunoblot in the chronic stage is not recommended and does not aid in the diagnosis of neuroborreliosis or chronic Lyme disease. Please submit requests for appropriate immunoblot testing within 10 days. Once this test is performed, if: a) Negative–no further testing is done. b) Positive or equivocal–Immunoblot testing will be performed on the original sample upon receiving a request. Sample will be held for 30 days.** *(continued on page 24)*	1/25/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Lyme IgG & IgM Abs, CSF *(continued from page 23)*		**Specimen Requirement: 3 mL** cerebrospinal fluid (CSF) in a clean container; Minimum: **0.5 mL; Transfer 3 mL CSF to standard aliquot tube;** Refrigerated **Stability:** Ambient: **8 hours** Refrigerated: **2 weeks** Frozen: **1 year (Avoid repeated freeze/thaw cycles)** **Methodology: Semi Quantitative Enzyme Linked Immunosorbent Assay** **Reference Range:** **0.99 LIV or less: Negative–Antibody to B. burgdorferi not detected** **1.00–1.20 LIV: Equivocal–Repeat testing in 10–14 days may be helpful** **1.21 LIV or greater: Positive–Probable presence of antibody to B. burgdorferi detected** **Days Performed: Sunday–Saturday** **Reported: 2**–4 days **CPT:** 86618 **x 1**	
Manganese, Serum	SMANG	**Specimen Requirement:** 2 mL serum from a no additive (navy blue) tube; Minimum: **0.5 mL;** Do not allow serum to remain on cells; Centrifuge and pour off serum; Transfer 2 mL serum to a Trace Element-Free Transport Tube (ARUP supply #43116); Ambient	Effective immediately
Methylmalonic Acid, Urine	UMMA	**Stability:** Ambient: Unacceptable Refrigerated: **1 week** Frozen: 1 month	Effective immediately
Neuron-Specific Enolase, Serum	NSE	**Special Information: Plasma specimens are unacceptable. Hemolyzed specimens will not be accepted. This test is New York DOH approved.** **Clinical Information: Use as a tumor marker for evaluation of neuroendocrine tumors. This assay is performed using the CanAg® Neuron Specific Enolase Enzyme Immunoassay. Results obtained with different assay methods or kits cannot be used interchangeably.** **Specimen Requirement: 1 mL** serum from a **plain no additive (red) tube;** Minimum: **0.5 mL; Allow specimen to clot completely at room temperature; Separate serum from cells immediately (to avoid release of NSE from blood cells) and transfer into standard aliquot tube; Frozen** **Stability:** Ambient: **Unacceptable** Refrigerated: **24 hours** Frozen: **1 year (Avoid repeated freeze/thaw cycles)** **Methodology: Enzyme-Linked Immunosorbent Assay (ELISA)** **Reference Range: 3.7–8.9 µg/L** **Days Performed:** Monday, **Wednesday, Friday** **Reported: 2–5** days **CPT: 86316 x 1**	1/25/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Nicotine & Metabolites, Urine	UNICOT	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** Nicotine Cotinine Anabasine Nornicotine **3-OH-COTININE** **Special Information: Specimens exposed to repeated freeze/thaw cycles are not acceptable.** This test is New York DOH approved. **Clinical Information: This test is designed to evaluate recent use of nicotine-containing products. Passive and active exposure cannot be discriminated definitively, although a cutoff of 100 ng/mL cotinine is frequently used for surgery qualification purposes. For smoking cessation programs or compliance testing, the absence of expected drug(s) and/or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted/adulterated urine, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive.** Anabasine is included as a biomarker of tobacco use, versus nicotine replacement. **Interpretive questions should be directed to the laboratory. This test is for medical purposes only and is not valid for forensic use.** **Specimen Requirement: 4 mL** random urine in a clean container **(No preservatives);** Minimum: **1 mL; Transfer 4 mL urine to standard aliquot tube; Ambient** **Stability:** Ambient: **10** days Refrigerated: **10** days Frozen: **8 months** **Reference Range:** Nicotine: **< 2 ng/mL** Cotinine: **< 5 ng/mL** Anabasine: **< 3 ng/mL** Nornicotine: **< 2 ng/mL** **3-OH-COTININE: < 50 ng/mL** **Days Performed:** Sunday–**Saturday** **Reported: 2–5** days	1/24/18
Organic Acids, Plasma	ORGACS	**Special Information:** CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Separate plasma from cells within one hour of collection. Clinical information is needed for appropriate interpretation. Additional required information includes age, gender, diet (e.g. TPN therapy), drug therapy, and family history. **Unacceptable conditions: Hemolyzed specimens**	Effective immediately
Renal Biopsy		**Specimen Requirement:** 2 cm needle biopsy (fresh) in saline-moistened gauze in a clean container; If fresh specimen cannot be delivered same day, contact lab for **kidney biopsy kit** and shipping instructions; Indicate patient's name and unique identifier (MRN) on specimen container *OR* One core tissue in glutaraldehyde *AND* One core tissue in a formalin or paraffin block *AND* One core tissue in Michels	12/12/17
Serotonin, Serum	SERTON	**Special Information: Patient Prep: Abstain from medications for 72 hours prior to collection. Specimens other than serum are unacceptable. Non-frozen specimens will not be accepted. This test is New York DOH approved.** **Clinical Information: Medications that may affect serotonin concentrations include lithium, MAO inhibitors, methyldopa, morphine, and reserpine. In general, foods that contain serotonin do not interfere significantly. Slight increases may be seen in acute intestinal obstruction, acute MI, cystic fibrosis, dumping syndromes, and nontropical sprue. Metastasizing abdominal carcinoid tumors often show serotonin concentrations greater than 400 ng/mL.** **Specimen Requirement: 1 mL** serum from a **serum separator (gold) tube;** Minimum: **0.3 mL;** Centrifuge and transfer serum into standard aliquot tube **within 1 hour of collection;** Frozen *(continued on page 26)*	1/25/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Serotonin, Serum *(continued from page 25)*		**Stability:** Ambient: **After separation from cells:** Unacceptable Refrigerated: **After separation from cells:** 24 hours Frozen: **After separation from cells: 1 month** **Methodology: High Performance** Liquid Chromatography **(HPLC)** **Reference Range: 50–220 ng/mL** **Days Performed: Sunday, Tuesday**–Friday **Reported: 2–6** days	
Spinal Muscular Atrophy Carrier Screening and Diagnostic	**SMAGEN**	**Note:** *There is a new order code for Spinal Muscular Atrophy Carrier Screening and Diagnostic*	1/24/18
TPMT Phenotype/ Enzyme Activity	TPMT	**Special Information: This assay measures only enzyme activity. Gel separator tubes and specimens collected in sodium fluoride/potassium oxalate (gray) tubes are unacceptable. Hemolyzed, frozen, or room temperature specimens are not acceptable. This test is New York DOH approved.** **Clinical Information: Phenotype test to assess risk for severe myelosuppression with standard dosing of thiopurine drugs. Use for individuals being considered for thiopurine therapy. Must be performed before thiopurine therapy is initiated. Can also detect rapid metabolizer phenotype. The TPMT, RBC assay is used as a screen to detect individuals with low and intermediate TPMT activity who may be at risk for myelosuppression when exposed to standard doses of thiopurines, including azathioprine (Imuran) and 6-mercaptopurine (Purinethol). TPMT is the primary metabolic route for inactivation of thiopurine drugs in the bone marrow. When TPMT activity is low, it is predicted that proportionately more 6-mercaptopurine can be converted into the cytotoxic 6-thioguanine nucleotides that accumulate in the bone marrow causing excessive toxicity. The activity of TPMT is measured by the nanomoles of 6-methylmercaptopurine (inactive metabolite) produced per 1 mL of packed red blood cells, (U/mL). TPMT phenotype testing does not replace the need for clinical monitoring of patients treated with thiopurine drugs. Genotype for TPMT cannot be inferred from TPMT activity (phenotype). Phenotype testing should not be requested for patients currently treated with thiopurine drugs. Current TPMT phenotype may not reflect future TPMT phenotype, particularly in patients who received blood transfusion within 30–60 days of testing. TPMT enzyme activity can be inhibited by several drugs such as: naproxen (Aleve), ibuprofen (Advil, Motrin), ketoprofen (Orudis), furosemide (Lasix), sulfasalazine (Azulfidine), mesalamine (Asacol), olsalazine (Dipentum), mefenamic acid (Ponstel), thiazide diuretics, and benzoic acid inhibitors. TPMT inhibitors may contribute to falsely low results; patients should abstain from these drugs for at least 48 hours prior to TPMT testing. Falsely low results may also occur as a result of inappropriate specimen handling and hemolysis.** **Specimen Requirement: 5 mL** whole blood in an EDTA (lavender) tube; Minimum: **3 mL;** Collect 2 separate EDTA tubes; Refrigerate ASAP; Refrigerated *OR* **5 mL** whole blood in a **sodium or lithium heparin (green) tube;** Minimum: **3 mL;** Collect 2 separate tubes; **Do not use gel separator tubes;** Refrigerate ASAP; Refrigerated **Stability:** Ambient: **3** hours Refrigerated: **6** days Frozen: Unacceptable **Methodology:** **Enzymatic** Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS) *(continued on page 27)*	1/25/18

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
TPMT Phenotype/ Enzyme Activity *(continued from page 26)*		**Reference Range:** **Normal TPMT activity: 24.0–44.0 U/mL–Individuals are predicted to be at low risk of bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine therapy; no dose adjustment is recommended** **Intermediate TPMT activity: 17.0–23.9 U/mL–Individuals are predicted to be at intermediate risk of bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine therapy; a dose reduction and therapeutic drug management is recommended** **Low TPMT activity: < 17.0 U/mL–Individuals are predicted to be at high risk of bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine dosing. It is recommended to avoid the use of thiopurine drugs** **High TPMT activity: > 44.0 U/mL–Individuals are not predicted to be at risk for bone marrow toxicity (myelosuppression) as a consequence of standard thiopurine dosing, but may be at risk for therapeutic failure due to excessive inactivation of thiopurine drugs. Individuals may require higher than the normal standard dose. Therapeutic drug management is recommended** **Days Performed: Monday, Wednesday, Friday** **Reported: 4**–5 days **CPT: 82657 x 1**	
Triglycerides	TRIG	**Stability:** Ambient: **1 day** Refrigerated: **After separation from cells: 7 days** Frozen: **After separation from cells: 30 days** **Reference Range:** **0–9 Years: < 75 mg/dL** **10–19 Years: < 90 mg/dL** **20–99 Years: < 150 mg/dL**	1/15/18
Tumor Necrosis Factor	TNFA2	**Special Information:** CRITICAL FROZEN. **Additional specimens must be submitted when multiple tests are ordered. Refrigerated,** contaminated or heat-inactivated specimens are unacceptable. **This test is New York DOH approved.** **Clinical Information: Results are used to understand the pathophysiology of immune, infectious, or inflammatory disorders, or may be used for research purposes. Lower limit of detection is 5 pg/mL.** **Specimen Requirement:** 1 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL; Separate serum from cells **ASAP or within 2 hours of collection; Transfer into standard aliquot tube and freeze; Additional specimens must be submitted when multiple tests are ordered;** Critical Frozen *OR* 1 mL serum from a plain no additive (red) tube; Minimum: 0.3 mL; Separate serum from cells **ASAP or within 2 hours of collection; Transfer into standard aliquot tube** and freeze; **Additional specimens must be submitted when multiple tests are ordered;** Critical Frozen *OR* 1 mL plasma from a lithium heparin (green) tube; Minimum: 0.3 mL; Separate plasma from cells **ASAP or within 2 hours of collection; Transfer into standard aliquot tube** and freeze; **Additional specimens must be submitted when multiple tests are ordered;** Critical Frozen **Methodology: Quantitative Multiplex Bead Assay**	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Urine Culture	URCUL	**Special Information:** Voided midstream clean catch method: Patients should be instructed to wash hands prior to collection and offered exam gloves. Female patients–sit on toilet with legs apart and spread labia with one hand. First void in toilet and then, continuing to void, hold specimen container in "midstream" to collect sample. Male patients–retract foreskin if uncircumcised. First void in toilet and then, continuing to void, hold specimen container in "midstream" to collect sample. Indwelling (foley) catheter or suprapubic tube (SPT): **Perform hand hygiene. Clamp drainage tubing a minimum of 12 inches below the sampling port. Allow 30 minutes for urine to fill the tubing to slightly above sampling port. After performing hand hygiene, apply clean gloves. Clean the entry port with alcohol (scrub for 20 seconds). Wait for port to dry. Perform urine collection from sampling port using the BD Vacutainer Luer-Lok Access Device. Position device over center of sampling port. Push it on and rotate clockwise until it fits securely. Push C&S Preservative Tube over the holder portion of Access Device. Once the tube is completely filled, remove the tube from the holder. Invert the tube 8–10 times. Do not collect urine from collection bag. Straight catheter: Thoroughly cleanse the urethral opening with betadine or chlorasept. Then pass catheter using sterile technique into the bladder. After discarding initial 15 mL to 30 mL of urine, transfer urine to a C&S Preservative Tube (preferred) or sterile container.** Cystoscopy: Label specimens obtained while cystoscope is in bladder "CB" for catheterized bladder. Label specimens of irrigated fluid passing from bladder though ureteral catheters "WB" (washed bladder urine). Label specimens collected with ureteral catheters passed to midureter or renal pelvis LK-1, RK-1, LK-2, and RK-2 (LK for left kidney, RK for right kidney). Stoma (cystostomy, ileal conduit, nephrostomy, ureterostomy): Remove the external device and discard urine within device. Gently cleanse the stoma. Using sterile technique, insert a catheter into the cleansed stoma, and collect the urine by aspirating back on the syringe. After discarding initial 15 mL to 30 mL of urine, transfer urine to a **C&S Preservative Tube (preferred)** or sterile container. Prostatic secretions: Multiple samples are cultured. If one specimen grows far more bacteria than others, the infection is localized to the urethra, bladder, or prostate. VB1 (voided bladder 1)–1st 10 cc of urine represents urethra, VB2–midstream urine represents bladder EPS (expressed prostatic fluid)–Prostate massaged; represents prostate and VB3–also represents prostate. **Clinical Information:** To transfer urine into C&S preservative tube: Submerge the tip of transfer straw into urine specimen. Push the gray top C&S preservative tube into the transfer straw. Hold in position until flow stops. It must be filled to the minimum fill line on the tube (3 mL). Remove tube leaving transfer straw in urine specimen container. Shake tube vigorously to mix sample. If both a UA (red/yellow) and C&S tube (gray top) are being collected, transfer urine to C&S tube first. Urine specimens are processed based on whether the specimen was collected with an invasive (straight catheter, suprapubic aspirate, cystoscopy) or noninvasive (midstream clean catch, indwelling catheter, stoma) method. A low colony count is performed on urine specimens collected via invasive methods. Normal flora from the urethra, vagina and perineum often contaminate urine specimens. Quantitation of bacteria helps to distinguish contaminated specimens from those representing infection. The most common uropathogens are normal intestinal flora organisms such as Escherichia coli, Klebsiella spp., Enterobacter spp., Proteus spp. and Enterococcus spp. The level of workup is based on the specimen type, number of different organisms growing, and the quantity of potential uropathogens in relation to urogenital flora. **If culture is positive, identification will be performed on clinically significant organisms at an additional charge. Identification CPT codes that may apply include: 87077, 87088, 87106, 87107, 87153. Antimicrobial susceptibilities are performed when indicated, and the following CPT codes may apply: 87181, 87184, 87185, 87186**	Effective immediately
Vascular Disease Panel	VASDPL	**CPT: 81410 x 1**	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
VIP	VIP	**Special Information: Grossly hemolyzed specimens are unacceptable. Separate specimens must be submitted when multiple tests are ordered. This test is New York DOH approved.** **Clinical Information: Used as an aid in diagnosing vasoactive intestinal polypeptide secreting tumors (VIPoma).** **Specimen Requirement:** 1 mL plasma **collected using Protease Inhibitor Tube;** Minimum: **0.5 mL; Collect using Protease Inhibitor tube (PPACK; Phe-Pro-Arg-chloromethylketone) (ARUP supply #49662); A winged collection set must be used; Mix well and separate from cells within 1 hour of collection; Transfer plasma into standard aliquot tube; Separate specimens must be submitted when multiple tests are ordered;** Frozen **Stability:** Ambient: **After separation from cells:** Unacceptable Refrigerated: **After separation from cells: 72 hours** Frozen: **After separation from cells: 3 months** **Reference Range: 0–60 pg/mL** **Days Performed:** Wednesday, **Saturday** **Reported:** 4–**8** days	1/30/18
Vitamin B2	VITB2	**Special Information: Serum, whole blood, body fluids, EDTA preserved tubes, and hemolyzed or lipemic specimens are not acceptable.** Protect specimen from light **during collection, storage and shipment. This test is New York DOH approved.** **Clinical Information: Useful for nutritional assessment of vitamin B2.** **Specimen Requirement: 1 mL** plasma from a **sodium or lithium heparin (green) tube;** Minimum: 0.5 mL; Protect specimen from light **during collection, storage and shipment; Separate plasma from cells within 1 hour of collection and transfer to amber transport tube;** Frozen *OR* **1 mL** plasma from a **lithium heparin (light green) plasma separator tube (PST);** Minimum: 0.5 mL; Protect specimen from light **during collection, storage and shipment; Separate plasma from cells within 1 hour of collection and transfer to amber transport tube;** Frozen *OR* **1 mL** plasma from a **sodium heparin (light green) plasma separator tube (PST);** Minimum: 0.5 mL; Protect specimen from light **during collection, storage and shipment; Separate plasma from cells within 1 hour of collection and transfer to amber transport tube;** Frozen **Stability:** Ambient: **Unacceptable** Refrigerated: **5 days** Frozen: 1 month **Methodology: High Performance** Liquid Chromatography **(HPLC)** **Reference Range: 5–50 nmol/L** **Days Performed: Sunday, Wednesday, Friday** **Reported: 2–7** days	1/24/18
Vitamin B7 (Biotin)	VITB7	**Special Information: Unacceptable conditions: Not light protected**	Effective immediately

New Tests

Test Name	Order Code	Change	Effective Date
Allergen, Food, Egg Components IgE	EGGIGE	**Special Information:** Patient Prep: Multiple patient encounters should be avoided. Avoid using multiple specimen tubes. Hemolyzed, icteric, or lipemic specimens are unacceptable. This test is New York DOH approved. **Clinical Information:** Ovomucoid, ovalbumin, egg white, and whole egg are the allergens included in this panel. Allergen results of 0.10–0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis. **Specimen Requirement:** 1 mL serum from a serum separator (gold) tube; Minimum: 0.5 mL (Minimum is 0.5 mL plus 0.04 mL for each allergen ordered); Separate from cells ASAP or within 2 hours of collection; Transfer 1 mL serum plus 0.1 mL for each additional allergen ordered to a standard aliquot tube; Multiple specimen tubes should be avoided; Refrigerated **Stability:** Ambient: After separation from cells: 48 hours Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 year **Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay **Reference Range:** (Probability of IgE Mediated Clinical Reaction) < 0.10 kU/L: No significant level detected (Class Scoring: 0) 0.10–0.34 kU/L: Clinical relevance undetermined (Class Scoring: 0/1) 0.35–0.70 kU/L: Low (Class Scoring: 1) 0.71–3.50 kU/L: Moderate (Class Scoring: 2) 3.51–17.50 kU/L: High (Class Scoring: 3) 17.51–50.00 kU/L: Very high (Class Scoring: 4) 50.01–100.00 kU/L: Very high (Class Scoring: 5) > 100.00 kU/L: Very high (Class Scoring: 6) **Days Performed:** Sunday–Saturday **Reported:** 2–3 days **CPT:** 86003 x 4 **Price:** $45.00	12/20/17
Allergen, Food, Milk (Cow's) Components IgE	MILKE	**Special Information:** Patient Prep: Multiple patient encounters should be avoided. Avoid using multiple specimen tubes. Hemolyzed, icteric, or lipemic specimens are unacceptable. This test is New York DOH approved. **Clinical Information:** Alpha-lactalbumin (Bos d 4), beta-lactoglobulin (Bos d 5), casein (Bos d 8) and milk (Cows) are the allergens included in this panel. Allergen results of 0.10–0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis. Alpha-lactalbumin (Bos d 4) and beta-lactoglobulin (Bos d 5) are heat labile and associated with a risk for reaction to fresh milk. Casein (Bos d 8) is heat stable and associated with a risk for reaction to all forms of milk. **Specimen Requirement:** 1 mL serum from a serum separator (gold) tube; Minimum: 0.5 mL (Minimum is 0.5 mL plus 0.04 mL for each allergen ordered); Separate from cells ASAP or within 2 hours of collection; Transfer 1 mL serum plus 0.1 mL for each additional allergen ordered to a standard aliquot tube; Multiple specimen tubes should be avoided; Refrigerated **Stability:** Ambient: After separation from cells: 48 hours Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 year **Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay *(continued on page 31)*	12/20/17

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Food, Milk (Cow's) Components IgE *(continued from page 30)*		**Reference Range:** (Probability of IgE Mediated Clinical Reaction) < 0.10 kU/L: No significant level detected (Class Scoring: 0) 0.10–0.34 kU/L: Clinical relevance undetermined (Class Scoring: 0/1) 0.35–0.70 kU/L: Low (Class Scoring: 1) 0.71–3.50 kU/L: Moderate (Class Scoring: 2) 3.51–17.50 kU/L: High (Class Scoring: 3) 17.51–50.00 kU/L: Very high (Class Scoring: 4) 50.01–100.00 kU/L: Very high (Class Scoring: 5) > 100.00 kU/L: Very high (Class Scoring: 6) **Days Performed:** Sunday–Saturday **Reported:** 2–3 days **CPT:** 86003 x 4 **Price:** $45.00	
Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum	NMOIFA	**Special Information:** If AQP4 antibody IgG is positive, then an AQP4 antibody IgG titer is reported. Additional charges apply. Contaminated specimens are unacceptable. This test is New York DOH approved. **Clinical Information:** Useful for initial evaluation of NMO spectrum disorders. Diagnosis of neuromyelitis optica (NMO) requires the presence of longitudinally extensive acute myelitis (lesions extending over three or more vertebral segments) and optic neuritis. Approximately 75% of patients with NMO express antibodies to the aquaporin-4 (AQP4) receptor. While the absence of AQP4 receptor antibodies does not rule out a diagnosis of NMO, presence of this antibody is diagnostic for NMO. **Specimen Requirement:** 1 mL serum from a serum separator (gold) tube; Minimum: 0.15 mL; Centrifuge and transfer serum into standard aliquot tube; Refrigerated *OR* 1 mL serum from a plain no additive (red) tube; Minimum: 0.15 mL; Centrifuge and transfer serum into standard aliquot tube; Refrigerated **Stability:** Ambient: 48 hours Refrigerated: 2 weeks Frozen: 1 year **Methodology:** Semi-Quantitative Indirect Fluorescent Antibody **Reference Range:** < 1:10 **Days Performed:** Wednesday **Reported:** 2–9 days **CPT:** 86255 x 1 **Price:** $155.00 (non-discountable)	1/25/18
Enteric Bacterial Panel by PCR	STLPCR	**Note:** *This test was previously announced in the November 2017 Technical Update.* **Price:** $205.00	1/9/18

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Fatty Acids Profile, Essential Serum or Plasma	CFAPRO	**Special Information:** Patient Prep: Patient must fast overnight for 12-14 hours. Patient must not consume any alcohol for 24 hours prior to collection. Patient age is required on the test request form. Include information regarding treatment, family history, and tentative diagnosis. Recommend submitting Biochemical Genetics Patient Information form with specimen. Grossly hemolyzed, icteric, lipemic, or non-fasting specimens are unacceptable. This test is New York DOH approved. **Clinical Information:** Identification of patients with essential fatty acid deficiency, evaluation of nutritional status, and diet monitoring. This test does not screen for disorders of peroxisomal biogenesis/function. **Specimen Requirement:** 0.5 mL plasma from a sodium or lithium heparin (green) tube; Minimum: 0.15 mL; Patient must fast overnight for 12-14 hours; Patient must not consume any alcohol for 24 hours prior to collection; Separate plasma from cells ASAP or within 45 minutes of draw and transfer into standard aliquot tube; Freeze immediately; Note: Patient age is required on the test request form; Include information regarding treatment, family history, and tentative diagnosis; Recommend submitting Biochemical Genetics Patient Information form with specimen; Frozen *OR* 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.15 mL; Patient must fast overnight for 12-14 hours; Patient must not consume any alcohol for 24 hours prior to collection; Separate serum from cells ASAP or within 45 minutes of draw and transfer into standard aliquot tube; Freeze immediately; Note: Patient age is required on the test request form; Include information regarding treatment, family history, and tentative diagnosis; Recommend submitting Biochemical Genetics Patient Information form with specimen; Frozen *OR* 0.5 mL serum from a plain no additive (red) tube; Minimum: 0.15 mL; Patient must fast overnight for 12-14 hours; Patient must not consume any alcohol for 24 hours prior to collection; Separate serum from cells ASAP or within 45 minutes of draw and transfer into standard aliquot tube; Freeze immediately; Note: Patient age is required on the test request form; Include information regarding treatment, family history, and tentative diagnosis; Recommend submitting Biochemical Genetics Patient Information form with specimen; Frozen *OR* 0.5 mL plasma from an EDTA (lavender) tube; Minimum: 0.15 mL; Patient must fast overnight for 12-14 hours; Patient must not consume any alcohol for 24 hours prior to collection; Separate plasma from cells ASAP or within 45 minutes of draw and transfer into standard aliquot tube; Freeze immediately; Note: Patient age is required on the test request form; Include information regarding treatment, family history, and tentative diagnosis; Recommend submitting Biochemical Genetics Patient Information form with specimen; Frozen **Stability:** Ambient: 48 hours Refrigerated: 1 week Frozen: 3 months **Methodology:** Gas Chromatography Mass Spectrometry (GCMS) Stable Isotope Dilution **Reference Range:** Refer to report **Days Performed:** Varies **Reported:** 5–11 days **CPT:** 82542 x 1 **Price:** $238.00 (non-discountable)	1/25/18

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Lipid Panel, Nonfasting	LIPNF	**Includes:** Triglycerides, Nonfasting Total Cholesterol, Nonfasting HDL Cholesterol, Nonfasting Calculated VLDL Cholesterol, Nonfasting Calculated LDL Cholesterol, Nonfasting Calculated Total Cholesterol to HDL ratio, Nonfasting Calculated LDL to HDL ratio, Nonfasting Calculated Non HDL Cholesterol, Nonfasting **Special Information:** The Direct LDL-Cholesterol measurement will not be performed when triglycerides are greater than 400 mg/dL. If clinically indicated, a fasting Basic Lipid Panel may be ordered. Non-HDL cholesterol is invariant to fasting status and can be utilized to evaluate risk. **Clinical Limitation:** Nonfasting lipid measurements are not preferred for all clinical scenarios. In such cases, a fasting Basic Lipid Panel (LIPB) may be preferred or necessary. **Clinical Information:** Nonfasting lipid measurements may be used to estimate initial risk of atherosclerotic cardiovascular disease (ASCVD). **Specimen Requirement:** 1 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Minimum: 0.5 mL; Submit in original tube or aliquot specimen into CCL aliquot tube; Centrifuge and refrigerate *OR* 1 mL serum from a serum separator (gold) tube; Minimum: 0.5 mL; Centrifuge and aliquot; Refrigerated **Stability:** Ambient: 1 day Refrigerated: After separation from cells: 7 days Frozen: After separation from cells: 30 days **Methodology:** Enzymatic **Reference Range:** Total Cholesterol, Nonfasting 0–19 Years: < 170 mg/dL 20–99 Years: < 200 mg/dL Triglyceride, nonfasting 0–9 Years: < 75 mg/dL 10–19 Years: < 90 mg/dL 20–99 Years: < 150 mg/dL HDL Cholesterol, nonfasting 0–19 Years: > 45 mg/dL 20–99 Years: > 39 mg/dL Calculated VLDL Cholesterol, Nonfasting 0–9 Years: < 15 mg/dL 10–19 Years: < 18 mg/dL 20–99 Years: < 30 mg/dL Calculated LDL Cholesterol, Nonfasting 0–19 Years: < 110 mg/dL 20–99 Years: < 100 mg/dL Calculated Total Cholesterol to HDL ratio, Nonfasting 0–19 Years: < 3.76 20–99 Years: < 5.10 Calculated LDL to HDL ratio, Nonfasting 0–19 Years: < 2.42 20–99 Years: < 2.54 Calculated Non HDL Cholesterol, Nonfasting 0–19 Years: < 120 mg/dL 20–99 Years: < 130 mg/dL **Days Performed:** Sunday–Saturday **Reported:** 8 hours **CPT:** 80061 x 1 **Price:** $58.00	1/15/18

Fee Increases

Test Name	Order Code	List Fee	CPT Code	Effective Date
17-Hydroxyprogesterone	HPROG	$89.00	83498	Effective immediately
Allergen, Food, Peanut Components IgE	PNUTCP	$245.00 (non-discountable)	86003 x 6	1/25/18
Allergy Food Panel IgG	FPIGG	$342.00 (non-discountable)	86001 x 19	1/30/18
Fatty Acids, Free (Non-Esterified)	FFA	$79.00 (non-discountable)	82725	12/28/17

Fee Reductions

Test Name	Order Code	List Fee	CPT Code	Effective Date
Adenovirus PCR	ADEPCR	$202.00 (non-discountable)	87798	1/30/18
Beta hCG Quant Tumor Marker	BHCG	$52.00	84702	12/28/17
C1q Complement Protein	COMC1Q	$95.00 (non-discountable)	86160	1/25/18
FLT3 Mutation Detection by PCR	FLT3MD	$273.00 (non-discountable)	81245, 81246	12/1/17
Fungal Antibodies by CF, CSF	FABCSF	$90.00 (non-discountable)	86606, 86612, 86635, 86698	12/1/17
Lipid Panel, Basic	LIPB	$58.00	80061	1/15/18
Meconium Drug Screen 9	MECDS9	$215.00 (non-discountable)	80307	12/1/17
PTH Related Peptide	PTHPEP	$136.00	82542	12/28/17
TPMT Phenotype/Enzyme Activity	TPMT	$230.00	82657	1/25/18
Vascular Disease Panel	VASDPL	$2215.00 (non-discountable)	81410	Effective immediately

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
BK Virus PCR Qualitative, Blood	BKPCR	This test will no longer be available. Suggest ordering BK Virus Quantitation PCR, Plasma (BKQUAN).	1/25/18
Fatty Acid Profile of Lipids	CFA	This test will no longer be available. Suggest ordering Fatty Acids Profile, Essential Serum or Plasma (CFAPRO).	1/25/18
Neuromyelitis Optica (NMO)/Aquaporin-4-IgG FACS Assay, Serum	NMOA4	This test will no longer be available. Suggest ordering Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum (NMOIFA).	1/25/18
Streptozyme	STRPTO	This test will no longer be available. Suggest ordering Streptococcal Antibodies Panel (STRAB).	Effective immediately