Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • October 2021

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
2	Acetylcholine Receptor Binding Aby										■			
2	Acyclovir						■					■		
2	Aeromonas/Plesiomonas Culture												■	
2	Benzene Quantitation, Whole Blood						■							
2	BK Virus Quantitation PCR, Plasma						■				■	■		
2	Chlamydia pneumoniae IgG, IgM, IgA Abs					■					■			
2	Cryptococcus Antibody					■					■			
2	Eosinophil Smear					■	■				■			
2	FSH									■				
4	HDL-CHD Risk Analysis				■									
3	LH									■				
4	NMP22 Bladder Tumor Marker				■									
4	Oxycodone, Urine Screen				■									
3	PSA					■				■				
3	PSA, Free					■				■				
3	PSA, Screening					■				■				
3	STRATIFY JCV Antibody and Index with Reflex to Inhibition Assay					■	■							
4	Viscosity, Blood				■									
4	Viscosity, Serum					■	■			■	■	■		
4	ZAP-70 Analysis by Flow Cytometry					■	■							

Test Changes

Test Name	Order Code	Change	Effective Date
Acetylcholine Receptor Binding Aby	ACHRAB	**Days Performed: Tue**, Thu	effective immediately
Acyclovir	ACYCLO	**Specimen Requirement:** 1 mL serum from No Additive (Red) tube; Refrigerated. Do not use serum separator tubes. Separate serum from cells within 2 hours of collection and transfer into standard aliquot tube; Minimum: **0.2 mL**; *OR* 1 mL plasma from EDTA (Lavender) tube; Refrigerated. Do not use plasma separator tubes. Separate plasma from cells within 2 hours of collection and transfer into standard aliquot tube; Minimum: **0.2 mL** **NOTE* Potassium oxalate/sodium fluoride (Gray) tube is no longer an acceptable specimen.** **Stability:** Ambient:1 month Refrigerated:1 month Frozen: **4 months**	effective immediately
Aeromonas/ Plesiomonas Culture	AERPLE	**CPT:** 87046 **x1**	effective immediately
Benzene Quantitation, Whole Blood	BENZE	**Specimen Requirement: 2 mL whole blood in Potassium oxalate/sodium fluoride (Gray) tube;** Refrigerated **Note* EDTA (Lavender) tube is no longer an acceptable specimen.**	effective immediately
BK Virus Quantitation PCR, Plasma	BKQUAN	**Specimen Requirement:** 2 mL plasma from **EDTA PPT (White) tube;** Refrigerated. Plasma must be separated within 24 hours of collection If aliquoting is necessary, sterile aliquot tubes must be used. *OR* **2 mL plasma from EDTA (Lavender) tube; Refrigerated. Plasma must be separated within 24 hours of collection If aliquoting is necessary, sterile aliquot tubes must be used.** *OR* **2 mL plasma from EDTA PPT (White) tube; Frozen. Plasma must be separated within 24 hours of collection. Prior to freezing, specimen must be aliquoted into a sterile secondary tube.** **Stability:** Ambient: Unacceptable Refrigerated: **6 days** Frozen: **6 months** **Reference Range:** Negative **IU/mL** **Days Performed: 5 days per week**	10/19/21
Chlamydia pneumoniae IgG, IgM, IgA Abs	CHLPNE	**Special Information: Grossly hemolyzed, lipemic or icteric specimens will be rejected. This test is New York DOH approved.** **Reported:** 2–**4 days**	11/29/21
Cryptococcus Antibody	CRYPAB	**Special Information:** Grossly hemolyzed, **lipemic or icteric** specimens will be rejected. **This test is New York DOH approved.** **Days Performed:** Tue, Thu, **Sat** **Reported: 2–5 days**	11/29/21
Eosinophil Smear	EOSSMR	**Clinical Information:** Urine: To rule out interstitial nephritis. **Sputum: Screening test to assist in the evaluation of asthma, bronchitis, and some types of pneumonia.** **Specimen Requirement: 2 mL** Urine Random in Clean Container**;** Refrigerated; **Minimum: 0.5 mL;** *OR* **2 mL** Sputum in Clean Container**;** Ambient; **Minimum: 0.5 mL** **Note* Nasal specimens are no longer acceptable** **Days Performed:** Sun–Sat **24 hours**	11/9/21
FSH	FSH	**Reference Range:** Female Follicular: **3.5–12.5 mIU/mL** Female Midcycle: **4.7–21.5 mIU/mL** Female Luteal: **1.7–7.7 mIU/mL** Female Postmenopausal: **25.8–134.8 mIU/mL** Male: 1.5–12.4 mIU/mL	10/7/21

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
LH	LH	**Reference Range:** Female Follicular: **2.4–12.6 mIU/mL** Female Midcycle:**14.0–95.6 mIU/mL** Female Luteal: **1.0–11.4 mIU/mL** Female Postmenopausal: **7.7–58.5 mIU/mL** Male: 1.8–10.8 mIU/mL	10/7/21
PSA	PSA	**Special Information:** For an individual patient, the significance of a PSA level should be interpreted in a broad clinical context, including age, race, family history, digital rectal exam, prostate size, results of prior testing (prostate biopsy, free PSA, PCA3), and use of 5-alpha reductase inhibitors. Considering the high incidence of asymptomatic cancer in the general population that may not pose an ultimate risk to the patient, the decision to recommend urological evaluation or prostate biopsy should be individualized after considering all of these factors. Reference: Punglia S, Rinaa, MD, MPH, D'Amico V, Anthony, MD, PhD, Catalona J, William, MD, Roehl A, Kimberly, MPH, Kuntz M., Karen, ScD. Effect of Verification Bias on Screening for Prostate Cancer Measurement of Prostate-Specific Antigen. N Engl J Med 2003;349:335-42. Add-ons will only be accepted from the emergency department providing an unopened/unprocessed tube is available for testing. **Clinical Information:** Evaluation and monitoring of patients with prostatic carcinoma. **Reference Range:** Male < **2.6** ng/mL	11/9/21
PSA, Free	PSATF	**Special Information:** For an individual patient, the significance of a PSA level should be interpreted in a broad clinical context, including age, race, family history, digital rectal exam, prostate size, results of prior testing (prostate biopsy, free PSA, PCA3), and use of 5-alpha reductase inhibitors. Considering the high incidence of asymptomatic cancer in the general population that may not pose an ultimate risk to the patient, the decision to recommend urological evaluation or prostate biopsy should be individualized after considering all of these factors. Reference: Punglia S, Rinaa, MD, MPH, D'Amico V, Anthony, MD, PhD, Catalona J, William, MD, Roehl A, Kimberly, MPH, Kuntz M., Karen, ScD. Effect of Verification Bias on Screening for Prostate Cancer Measurement of Prostate-Specific Antigen. N Engl J Med 2003;349:335-42. Add-ons will only be accepted from the emergency department providing an unopened/unprocessed tube is available for testing. **Clinical Information:** In conjunction with total PSA, used as an aid in distinguishing prostate cancer from a benign prostate condition. **Total and free PSA test methodology used is the electrochemiluminescence immunoassay by Roche Diagnostics. Total or free PSA values by differing methodologies cannot be interchanged.** **Reference Range:** PSA: Male < **2.6** ng/mL PSA, Percent Free: **See comment**	11/9/21
PSA, Screening		**Special Information:** For an individual patient, the significance of a PSA level should be interpreted in a broad clinical context, including age, race, family history, digital rectal exam, prostate size, results of prior testing (prostate biopsy, free PSA, PCA3), and use of 5-alpha reductase inhibitors. Considering the high incidence of asymptomatic cancer in the general population that may not pose an ultimate risk to the patient, the decision to recommend urological evaluation or prostate biopsy should be individualized after considering all of these factors. Reference: Punglia S, Rinaa, MD, MPH, D'Amico V, Anthony, MD, PhD, Catalona J, William, MD, Roehl A, Kimberly, MPH, Kuntz M., Karen, ScD. Effect of Verification Bias on Screening for Prostate Cancer Measurement of Prostate-Specific Antigen. N Engl J Med 2003;349:335-42. Add-ons will only be accepted from the emergency department providing an unopened/unprocessed tube is available for testing. **Clinical Information:** Evaluation and monitoring of patients with prostatic carcinoma. **Reference Range:** Male < **2.6** ng/mL	11/9/21
STRATIFY JCV Antibody and Index with Reflex to Inhibition Assay	JCVIDX	**Special Information: Grossly hemolyzed, lipemic, or icteric specimens will be rejected.** The STRATIFY JCV Antibody and Index with Reflex to Inhibition will be performed at no charge. Interpretive criteria: Negative: < 0.20; Indeterminate: 0.20–0.40; Positive: > 0.40. If reflexed, turnaround time may be extended. **Specimen Requirement: 1 mL** serum from Serum Separator (Gold) tube; Frozen; Minimum **0.5 mL** *OR* **1 mL** serum from No additive (Red) tube; Frozen; Minimum **0.5 mL** *OR* **1 mL** plasma from EDTA (Lavender) tube; Frozen; Minimum **0.5 mL**	11/22/21

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Viscosity, Serum	SERVIS	**Special Information: Clotted specimens will be rejected. This test is New York DOH approved** **Clinical Information: Evaluate hyperviscosity syndrome associated with disorders such as polycythemia, macroglobulinemia, multiple myeloma, and leukemia.** **Specimen Requirement: 1 mL serum from Serum Separator (Gold) tube; Refrigerated;** Minimum **0.5 mL** *OR* **1 mL serum from No Additive (Red) tube; Refrigerated;** Minimum **0.5 mL** **Stability:** Ambient: **After separation from cells: 24 hours** Refrigerated: **After separation from cells: 7 days** Frozen: **After separation from cells**: 1 month **Reference Range: 1.10–1.80 cP** **Days Performed:** Mon–Fri **Reported: 2–5 days**	effective immediately
ZAP-70 Analysis by Flow Cytometry	ZAP70	**Special Information:** Ship blood at room temperature. Grossly hemolyzed specimens will be rejected. Yellow top ACD B tubes are not acceptable. **NOTE* Bone Marrow specimens are no longer acceptable** **Specimen Requirement:** 5 mL whole blood in EDTA (Lavender) tube; Ambient; Minimum **3 mL** *OR* 5 mL whole blood in Sodium heparin (Green) tube; Ambient; Minimum **3 mL** **Reported: 5–6 days**	11/29/21

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
HDL-CHD Risk Analysis	HDLCHD	This test will no longer be available. There is no replacement	10/5/21
NMP22 Bladder Tumor Marker	NMP22	This test will no longer be available. There is no replacement	effective immediately
Oxycodone, Urine Screen	UOXYC	This test will no longer be available. There is no replacement	10/5/21
Viscosity, Blood	BLDVIS	This test will no longer be available. There is no replacement	11/9/21