Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • January 2023

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
2–3	AFB Culture & Stain								■					
3	Aldolase											■		
10	Anti-cN-1A (NT5c1A) IBM												■	■
3–4	Autoimmune Dysautonomia Evaluation, Serum					■		■	■					
4–5	Autoimmune Encephalopathy Evaluation, CSF					■		■						
5–6	Autoimmune Encephalopathy Evaluation, Serum					■		■	■					
11	Chlamydia Amplification, Genital, Rectal and Oral Specimens				■									
11	Chlamydia Amplification, Urine				■									
6	Clonazepam & Metabolite, Urine					■						■		
10	CMV Detection by PCR, Qualitative			■										
6	Coronavirus 2019					■					■			
6	COVID with FLU A+B, Routine					■					■			
11	Dihydropyrimidine Dehydrogenase (DPYD) – 3 Variants				■									
11	FISH Insight Analysis				■									
6	Fluconazole						■							
11	GC Amplification, Genital, Rectal and Oral Specimens				■									
11	GC Amplification, Urine				■									
6	Hepatitis Acute Panel											■		
6	Hepatitis Acute Panel/RNA											■		

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
6	Hepatitis B Surface Antigen						■					■		
6	Hepatitis B Surface Antigen Conf						■					■		
7	Hepatitis Remote Panel						■					■		
7	Human Epididymis Protein 4						■							
7	IgM									■				
7	Immunoglobulins									■				
7	Isavuconazole							■						
7	Itraconazole							■						
8	Monoclonal Protein with Immunoglobulins and Free Light Chains, serum									■				
8	Paraneoplastic Autoantibody Evaluation, CSF						■							
9	Paraneoplastic Autoantibody Evaluation, Serum						■							
9	Posaconazole							■						
9, 11	Prometheus IBD sgi Diagnostic											■	■	■
10	Thyroglobulin, Serum with Reflex to IA or LC-MS/MS												■	■
9	Thyroid Peroxidase Antibody						■							
11	Toxoplasma Antibody Evaluation, CSF				■									
9	Voriconazole							■						

Test Changes

Test Name	Order Code	Change	Effective Date
AFB Culture & Stain	AFC	**Specimen Requirement:** 10 mL bronchoscopy specimen in sterile container; Ambient; Larger volumes improve recovery. Collect BAL, wash, or aspirate into sputum trap or sterile cup. **Volume: at least 10 mL (preferred).** 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. *OR* 10 mL tracheal aspirate in sterile container; Ambient; Larger volumes improve recovery. Refrigeration is preferred if transport is delayed longer than 2 hours. **Volume 5–10 mL (preferred).** *OR* 1-5 g tissue in sterile container; Ambient; 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. *OR* 5 mL sputum in sterile container; Refrigerated; 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. **Volume: 5 mL (preferred); 1 mL minimum.** *(continued on page 3)*	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
AFB Culture & Stain *(continued from page 2)*	AFC	**Specimen Requirement (continued):** *OR* 10 mL body fluid in sterile container; Ambient; 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. **Volume: 10–15 mL (preferred); 1 mL minimum.** *OR* unspecified aspirate(s) in sterile container; Ambient; 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. *OR* unspecified skin in sterile container; Refrigerated; Skin scraping in sterile petri dish or sterile container with blade used to obtain specimen. *OR* 5 mL gastric aspirate in sterile container; Refrigerated; 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. **Volume: 5–10 mL (preferred).** *OR* 40 mL random urine in sterile container; Ambient; Submit entire first morning void in sterile container without preservative. 40 mL preferred. For increased sensitivity, collect specimens on 3 consecutive days. Twenty-four 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. *OR* 5 mL cerebrospinal fluid (CSF) in sterile container; Ambient; Culture yield is increased with larger specimen volumes. Specimen volumes between 0.5 and 2 mL will be processed with a disclaimer. Do not refrigerate if routine bacterial culture is performed on same CSF specimen *OR* 1 g stool in sterile container; Ambient; 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. **Methodology:** Culture **DNA Probe Hybridization** **DNA Sequencing** **Matrix-assisted Laser Desorption Ionization Time-of-Flight (MALDI-TOF) Mass Spectrometry** Stain	effective immediately
Aldolase	ALD	**Stability:** Ambient: 3 days Refrigerated: **5** days Frozen: 6 months	effective immediately
Autoimmune Dysautonomia Evaluation, Serum	AIDYSA	**For interface clients only–Test build may need to be modified** **Includes:** Dysautonomia, Interpretation AChR Ganglionic Neuronal Ab ANNA-1 **AP3B2 IFA, S** CASPR2-IgG CBA, CRMP-5-IgG DPPX Ab IFA LGI1-IgG CBA Purkinje Cell Cytoplasmic Ab Type 2 **Special Information:** Reflex Algorithm: If indirect immunofluorescence assay (IFA) patterns suggest amphyphysin Ab, amphiphysin immunoblot (IB) is performed at an additional cost. If IFA patterns suggest ANNA-1 Ab, ANNA-1 IB and ANNA-2 IB are performed at an additional cost. If IFA patterns suggest PCA-1 Ab, PCA-1 IB is performed at an additional cost. If IFA patterns suggest Purkinje Cell Cytoplasmic Ab, the appropriate antibody will be performed at an additional cost.. If IFA patterns suggest CRMP-5-IgG, CRMP-5-IgG Western blot is performed at an additional cost. If IFA patterns suggest NMDA-R, NMDA-R cell-binding assay (CBA) and NMDA-R titer are performed at an additional cost. *(continued on page 4)*	1/31/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Autoimmune Dysautonomia Evaluation, Serum *(continued from page 3)*	AIDYSA	**Special Information (continued):** If IFA patterns suggest AMPA-R, AMPA-R CBA and AMPA-R titer are performed at an additional cost. If IFA patterns suggest GABA-B-R, GABA-B-R CBA and GABA-B-R titer are performed at an additional cost. If IFA patterns suggest DPPX Ab, then DPPX Ab CBA and DPPX titer are performed at an additional cost. **Neuron-restricted patterns of IgG staining that do not fulfill criteria for ANNA-1, CRMP-5-IgG, or PCA-2 may be reported as "unclassified anti-neuronal IgG." Complex patterns that include nonneuronal elements may be reported as "uninterpretable."** Include ordering provider name, number, address, and email. Include relevant clinical information. Patient Prep: For optimal antibody detection, collection of specimen before initiation of immunosuppressant medication is recommended. This test should not be requested in patients who have recently received radioisotopes, therapeutically or diagnostically, because of potential assay interference. The specific waiting period before specimen collection will depend on the isotope administered, the dose given, and the clearance rate in the individual patient. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received in the laboratory will be held 1 week and assayed if sufficiently decayed, or canceled if radioactivity remains. Patient should have no general anesthetic or muscle-relaxant medications in the previous 24 hours. Grossly hemolyzed, grossly lipemic, or grossly icteric specimens will be rejected. **Methodology:** Cell Binding Assay (CBA) **Immunofluorescence** Radioimmunoassay (RIA)	1/31/23
Autoimmune Encephalopathy Evaluation, CSF	ENCCSF	**For interface clients only–Test build may need to be modified** **Includes:** Encephalopathy Interpretation, CSF AMPA-R Ab CBA, CSF Amphiphysin Ab, CSF Anti-Glial Nuclear Ab, Type 1 Anti-Neuronal Nuclear Ab, Type 1 Anti-Neuronal Nuclear Ab, Type 2 Anti-Neuronal Nuclear Ab, Type 3 CASPR2-IgG CBA, CSF CRMP-5-IgG, CSF DPPX Ab IFA, CSF GABA-B-R Ab CBA, CSF GAD65 Ab Assay, CSF GFAP IFA, CSF IgLON5 IFA, CSF LGI1-IgG CBA, CSF mGluR1 Ab IFA, CSF **Neurochondrin IFA, CSF** NIF IFA, CSF NMDA-R Ab CBA, CSF Purkinje Cell Cytoplasmc Ab Type Tr Purkinje Cell Cytoplasmic Ab Type 1 Purkinje Cell Cytoplasmic Ab Type 2 **Septin-7 IFA, CSF** **Special Information:** Reflex Algorithm: Each reflex test performed incurs additional charge. If immunofluorescence (IFA) patterns suggest CRMP-5-IgG, then CRMP-5-IgG Western blot is performed. If IFA patterns suggest amphiphysin antibody, then amphiphysin immunoblot is performed. If IFA pattern suggests AGNA-1 antibody, then AGNA-1 immunoblot is performed. If IFA pattern suggests ANNA-1 antibody, then ANNA-1 immunoblot is performed. If IFA pattern suggests ANNA-2 antibody, then ANNA-2 immunoblot is performed. If IFA pattern suggests PCA-1 antibody, then PCA-1 immunoblot is performed. If IFA pattern suggests PCA-Tr antibody, then PCA-Tr immunoblot is performed. If IFA pattern suggests IgLON5 antibody, then IgLON5 IFA titer IgLON5 cell-binding assay (CBA) is performed. *(continued on page 5)*	1/31/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Autoimmune Encephalopathy Evaluation, CSF *(continued from page 4)*	ENCCSF	**Special Information (continued):** If IFA pattern suggests AMPA-receptor antibody, and AMPA-receptor antibody CBA is positive, then AMPA-receptor antibody IFA titer assay is performed. If IFA pattern suggests GABA-B-receptor antibody, and GABA-B-receptor antibody CBA is positive, then GABA-B-receptor antibody IFA titer assay is performed. If IFA pattern suggests GFAP antibody, then GFAP IFA titer and GFAP CBA are performed. If IFA pattern suggests NMDA-receptor antibody, and NMDA-receptor antibody CBA is positive, then NMDA-receptor antibody IFA titer assay is performed. If IFA pattern suggests DPPX antibody, then DPPX antibody CBA and DPPX titer are performed. If IFA pattern suggests mGluR1 antibody, then mGluR1 antibody CBA and mGluR1 titer are performed. If IFA pattern suggests NIF antibody, then alpha internexin CBA, NIF heavy chain CBA, NIF light chain CBA, and NIF titer are performed. **Neuron-restricted patterns of IgG staining that do not fulfill criteria for ANNA-1, ANNA-2, ANNA-3, CRMP-5-IgG, PCA-1, PCA-2, or PCA-Tr may be reported as "unclassified anti-neuronal IgG." Complex patterns that include nonneuronal elements may be reported as "uninterpretable."** Relevant clinical information, ordering provider name, phone number, mailing address, and e-mail address are required. Grossly hemolyzed, lipemic or icteric specimens will be rejected.	1/31/23
Autoimmune Encephalopathy Evaluation, Serum	ENCSER	**For interface clients only–Test build may need to be modified** **Includes:** Encephalopathy Interpretation, S AMPA-R Ab CBA, S Amphiphysin Ab, S AGNA-1, S ANNA-1, S ANNA-2, S ANNA-3, S CASPR2-IgG CBA, S CRMP-5-IgG, S DPPX Ab IFA, S GABA-B-R Ab CBA, S GAD65 Ab Assay, S GFAP IFA, S IgLON5 IFA, S LGI1-IgG CBA, S mGluR1 Ab IFA, S **Neurochondrin IFA, S** NIF IFA, S NMDA-R Ab CBA, S PCA-1, S PCA-2, S PCA-Tr, S **Septin-7 IFA, CSF** **Special Information:** Reflex Algorithm: Each reflex test performed incurs additional charge. If immunofluorescence (IFA) patterns suggest CRMP-5-IgG, then CRMP-5-IgG Western blot, and ACh receptor (muscle) binding antibody are performed. If IFA patterns suggest amphiphysin antibody, then amphiphysin immunoblot is performed. If IFA pattern suggests AGNA-1 antibody, then AGNA-1 immunoblot is performed. If IFA pattern suggests ANNA-1 antibody, then ANNA-1 immunoblot is performed. If IFA pattern suggests ANNA-2 antibody, then ANNA-2 immunoblot is performed. If IFA pattern suggests PCA-1 antibody, then PCA-1 immunoblot is performed. If IFA pattern suggests PCA-Tr antibody, then PCA-Tr immunoblot is performed. If IFA pattern suggests IgLON5 antibody, then IgLON5 IFA titer and IgLON5 cell-binding assay (CBA) is performed. If AMPA-receptor antibody CBA is positive, then CRMP-5-IgG Western blot, and acetylcholine (Ach) receptor (muscle) binding antibody are performed. If IFA pattern suggests AMPA-receptor antibody, and AMPA-receptor antibody CBA is positive, then AMPA-receptor antibody IFA titer assay is performed. If AMPA-receptor antibody CBA is positive, then CRMP-5-IgG Western blot, and ACh receptor (muscle) binding antibody are performed. If CASPR2-receptor antibody CBA is positive, then CRMP-5-IgG Western blot and ACh receptor (muscle) binding antibody are performed. If IFA pattern suggests GABA-B-receptor antibody, and GABA-B-receptor antibody is positive, then GABA-B-receptor antibody IFA titer assay is performed. If IFA pattern suggests GFAP antibody, then GFAP IFA titer and GFAP CBA are performed. If IFA pattern suggests NMDA-receptor antibody, and NMDA-receptor antibody CBA is positive, then NMDA-receptor antibody IFA titer assay is performed. *(continued on page 6)*	1/31/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Autoimmune Encephalopathy Evaluation, Serum *(continued from page 5)*	ENCSER	**Special Information (continued):** If IFA pattern suggests DPPX antibody, then DPPX antibody CBA and DPPX titer are performed. If IFA pattern suggests mGluR1 antibody, then mGluR1 antibody CBA and mGluR1 titer are performed. If IFA pattern suggests NIF antibody, then alpha internexin CBA, NIF heavy chain CBA, NIF light chain CBA, and NIF titer are performed. If immunofluorescence (IFA) patterns suggest collapsin response-mediator protein-5-IgG (CRMP-5-IgG), then CRMP-5-IgG Western blot, and ACh receptor (muscle) binding antibody. **Neuron-restricted patterns of IgG staining that do not fulfill criteria for ANNA-1, ANNA-2, CRMP-5-IgG, PCA-1, PCA-2, or PCA-Tr may be reported as "unclassified anti-neuronal IgG." Complex patterns that include nonneuronal elements may be reported as "uninterpretable."** For optimal antibody detection, specimen collection is recommended prior to initiation of immunosuppressant medication. This test should not be requested in patients who have recently received radioisotopes because of potential assay interference. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received in the laboratory will be held 1 week and assayed if sufficiently decayed, or canceled if radioactivity remains. Patient should have no general anesthetic or muscle-relaxant drugs in the previous 24 hours. Grossly hemolyzed, lipemic or icteric specimens will be rejected. **Methodology:** Cell Binding Assay (CBA) **Immunofluorescence** Radioimmunoassay (RIA)	1/31/23
Clonazepam & Metabolite, Urine	UCLONO	**Special Information:** This test is New York State approved. **Stability:** Ambient: 2 weeks Refrigerated: 2 weeks Frozen: **11 days**	1/9/23
Coronavirus 2019	COVID	**Special Information:** *special information has been removed* **Reported: 1 day**	1/12/23
COVID with FLU A+B, Routine	COVFLU	**Special Information:** Additional specimen types for COVID include lower respiratory specimens (BAL, sputum) in sterile container. Transport should be on cold packs or wet ice. **Days Performed:** Sun–Sat; **24 hours** **Reported: 1 day**	1/13/23
Fluconazole	FLUC	**Specimen Requirement:** 0.5 mL serum in no additive (Red) tube; Minimum 0.2 mL; Refrigerated; Do not use serum separator tubes. **Note:** *Lithium heparin specimens are no longer acceptable*	effective immediately
Hepatitis Acute Panel	HACUTP	**Stability:** Ambient: 24 hours Refrigerated: **7** days Frozen: 14 days	2/7/23
Hepatitis Acute Panel/ RNA	HACRNA	**Stability:** Ambient: 24 hours Refrigerated: **7** days Frozen: Unacceptable	2/7/23
Hepatitis B Surface Antigen	HBSAG	**Clinical Information: The test is used to screen for Hepatitis B Virus surface antigen. All positive/reactive results must be confirmed by HBsAg confirmatory test which is automatically added.** **Stability:** Ambient: 24 hours Refrigerated: **7** days Frozen: 14 days	2/7/23
Hepatitis B Surface Antigen Conf	HBSAGC	**Clinical Information: The test is only performed in reflex to a positive/reactive HBsAg screen assay. Positive HBsAg confirmatory assay indicates active infection with Hepatitis B Virus. The test may also remain positive up to a few weeks after administration of Hepatitis B vaccine. Clinical correlation is required.** **Stability:** Ambient: 24 hours Refrigerated: **7** days Frozen: 14 days	2/7/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Hepatitis Remote Panel	HREMOP	**Clinical Information:** To assess or rule out a remote history of viral Hepatitis B or C. Methodology not approved for donor testing. **Stability:** Ambient: 24 hours Refrigerated: **7** days Frozen: 14 days	2/7/23
Human Epididymis Protein 4	HEP4	**Special Information:** The Human Epididymis Protein 4 Antigen test was performed using the Abbott **Alinity** chemiluminescent microparticle immunoassay method. Results obtained with different assay methods or kits cannot be used interchangeably. **Clinical Limitation:** Criteria for rejection: Heat inactivated, pooled, grossly hemolyzed, obvious microbial contamination, cadaver samples or body fluids other than human serum. **Clinical Information:** HE4 test is used as in aid in monitoring of progression or recurrence of disease in patients **with established diagnosis of** ovarian carcinoma. The test should not be used for screening. Final interpretation requires correlation with clinical picture and other diagnostic modalities. **Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Specimens containing HAMA may produce anomalous values when tested by this assay.**	2/7/23
IgM	IGM	**Reference Range:** **0 Days to 14 Days: <= 32 mg/dL** **15 Days to 90 Days: 10–67 mg/dL** **91 Days to 364 Days: 14–82 mg/dL** 1 Year to 3 Years: 19–146 mg/dL 4 Years to 6 Years: 24–210 mg/dL 7 Years to 9 Years: 31–208 mg/dL 10 Years to 11 Years: 31–179 mg/dL 12 Years to 13 Years: 35–239 mg/dL 14 Years to 15 Years: 15–188 mg/dL 16 Years to 19 Years: 23–259 mg/dL 20 Years to 99 Years: 40–230 mg/dL	2/9/23
Immunoglobulins	SERIMM	**Reference Range:** IgM (IGM): **0 Days to 14 Days: <= 32 mg/dL** **15 Days to 90 Days: 10–67 mg/dL** **91 Days to 364 Days: 14–82 mg/dL** 1 Year to 3 Years: 19–146 mg/dL 4 Years to 6 Years: 24–210 mg/dL 7 Years to 9 Years: 31–208 mg/dL 10 Years to 11 Years: 31–179 mg/dL 12 Years to 13 Years: 35–239 mg/dL 14 Years to 15 Years: 15–188 mg/dL 16 Years to 19 Years: 23–259 mg/dL 20 Years to 99 Years: 40–230 mg/dL **Note:** *no change to IgG and IgA reference ranges*	2/9/23
Isavuconazole	ISACON	**Specimen Requirement:** 0.5 mL serum in no additive (Red) tube; Minimum 0.2 mL; Refrigerated; Do not use serum separator tubes. **Note:** *Lithium heparin specimens are no longer acceptable*	effective immediately
Itraconazole	ITRAC	**Specimen Requirement:** 0.5 mL serum in no additive (Red) tube; Minimum 0.2 mL; Refrigerated; Do not use serum separator tubes. **Note:** *Lithium heparin specimens are no longer acceptable*	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Monoclonal Protein with Immunoglobulins and Free Light Chains, serum	SERMPA	**Reference Range:** MPA Serum IgM (MPAIGM): **0 Days to 14 Days: <= 32 mg/dL** **15 Days to 90 Days: 10–67 mg/dL** **91 Days to 364 Days: 14–82 mg/dL** 1 Year to 3 Years: 19–146 mg/dL 4 Years to 6 Years: 24–210 mg/dL 7 Years to 9 Years: 31–208 mg/dL 10 Years to 11 Years: 31–179 mg/dL 12 Years to 13 Years: 35–239 mg/dL 14 Years to 15 Years: 15–188 mg/dL 16 Years to 19 Years: 23–259 mg/dL 20 Years to 99 Years: 40–230 mg/dL **Note:** *no change to other reference ranges*	2/9/23
Paraneoplastic Autoantibody Evaluation, CSF	PARCSF	**Special Information:** Reflex algorithm: If indirect immunofluorescence assay (IFA) patterns suggest AGNA-1 Ab, AGNA-1 IB is performed at an additional cost. If IFA patterns suggest amphiphysin Ab, amphiphysin IB is performed at an additional cost. If IFA patterns suggest ANNA-1 Ab, ANNA-1 IB is performed at an additional cost. If IFA patterns suggest ANNA-2 Ab, ANNA-2 IB is performed at an additional cost. If IFA patterns suggest PCA-1 Ab, PCA-1 IB is performed at an additional cost. If IFA patterns suggest PCA-Tr Ab, PCA-Tr IB is performed at an additional cost. If IFA patterns suggest CRMP-5-IgG, CRMP-5-IgG Western blot is performed at an additional cost. If IFA patterns suggest GAD65 Ab, GAD65 Ab RIA is performed at an additional cost. If IFA patterns suggest neuronal voltage-gated potassium channel-complex autoantibody, VGKC-complex Ab IPA is performed at an additional cost. If VGKCC > 0.00 nmol/L, LGI1-IgG CBA, CSF (Leucine-Rich Glioma Inactivated Protein-1 IgG, CSF) and CASPR2-IgG CBA, CSF (Contactin-Associated Protein-Like-2-IgG, CSF) are performed at an additional cost. If IFA patterns suggest NMDA-Receptor Ab and NMDA-Receptor Ab CBA are positive, NMDA-Receptor Ab IF titer assay is performed at an additional cost. If IFA patterns suggest AMPA-Receptor Ab and AMPA-Receptor Ab CBA are positive, AMPA-Receptor Ab IF titer assay is performed at an additional cost. If IFA patterns suggest GABA-B-Receptor Ab and GABA-B-R Receptor Ab are positive, GABA-B-R Receptor Ab IF titer assay is performed at an additional cost. If IFA patterns suggest DPPX, DPPX Ab CBA and DPPX titer are performed at an additional cost. If IFA patterns suggest mGluR1, mGluR1 Ab CBA and mGluR1 titer are performed at an additional cost. **Neuron-restricted patterns of IgG staining that do not fulfill criteria for amphiphysin, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, PCA-Tr, or CRMP-5-IgG may be reported as "unclassified antineuronal IgG." Complex patterns that include non-neuronal elements may be reported as "uninterpretable."** Include name, number, address, and email of ordering physician. In patients with a history of tobacco use or other lung cancer risk, or if thymoma is suspected, Paraneoplastic Autoantibody Evaluation, Serum (PARNEO) is also recommended. **Grossly hemolyzed, lipemic or icteric specimens will be rejected.**	1/31/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Paraneoplastic Autoantibody Evaluation, Serum	PARNEO	**Special Information:** Reflex Algorithm: If IFA patterns suggest AGNA-1 Ab, AGNA-1 immunoblot is performed at an additional cost. If IFA patterns suggest amphiphysin Ab, amphiphysin immunoblot is performed at an additional cost. If IFA patterns suggest ANNA-1 Ab, ANNA-1 immunoblot is performed at an additional cost. If IFA patterns suggest ANNA-2 Ab, ANNA-2 immunoblot is performed at an additional cost. If IFA patterns suggest PCA-1 Ab, PCA-1 immunoblot is performed at an additional cost. If IFA patterns suggest PCA-Tr Ab, PCA-Tr immunoblot is performed at an additional cost. If client requests or if IFA patterns suggest CRMP-5-IgG, CRMP-5-IgG Western blot is performed at an additional cost. If IFA patterns suggest GAD65 Ab, GAD65 Ab RIA is performed at an additional cost. If IFA patterns suggest NMDA-R, NMDA-R Ab CBA and/or NMDA-R Ab IF Titer Assay is performed at an additional cost. If IFA patterns suggest AMPA-R, AMPA-R Ab CBA and/or AMPA-R Ab IF Titer Assay is performed at an additional cost. If IFA patterns suggest GABA-B-R, GABA-B-R Ab CBA and/or GABA-B-R Ab IF Titer Assay is performed at an additional cost. If IFA patterns suggest DPPX, DPPX Ab CBA and DPPX Ab titer are performed at an additional cost. If IFA patterns suggest mGluR1, mGluR1 Ab CBA and mGluR1 Ab titer are performed at an additional cost. If CRMP IFA is positive, ACh receptor binding Ab, CRMP-5-IgG Western blot will be performed at an additional cost. Testing should be requested in cases of subacute basal ganglionic disorders (chorea, Parkinsonism), cranial neuropathies (especially loss of vision, taste, or smell) and myelopathies. If VGKC >0.00, LGI1-IgG CBA, S (Leucine-Rich Glioma Inactivated Protein-1 IgG, Serum) and CASPR2-IgG CBA, S (Contactin-Associated Protein-Like-2-IgG, Serum) are performed at an additional cost. **Neuron-restricted patterns of IgG staining that do not fulfill criteria for amphiphysin, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, PCA-Tr, or CRMP-5-IgG may be reported as "unclassified antineuronal IgG." Complex patterns that include non-neuronal elements may be reported as "uninterpretable."** Provide relevant clinical information and name, phone number, address, and email of ordering provider. Patient Prep: For optimal antibody detection, it is recommended to collect the specimen prior to initiation of immunosuppressant medication. This test should not be requested in patients who have recently received radioisotopes, therapeutically or diagnostically, because of potential assay interference. The specific waiting period before specimen collection will be dependent upon the isotope administered, the dose given, and the clearance rate in the individual patient. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received in the laboratory will be held for 1 week and assayed if sufficiently decayed, or canceled if radioactivity remains. Patient should have no general anesthetic or muscle-relaxant drugs in the previous 24 hours. Causes for specimen rejection: Grossly hemolyzed, grossly lipemic, grossly icteric.	1/31/23
Posaconazole	POSACN	**Specimen Requirement:** 0.5 mL serum in no additive (Red) tube; Minimum 0.2 mL; Refrigerated; Do not use serum separator tubes. **Note:** *Lithium heparin specimens are no longer acceptable*	effective immediately
Prometheus IBD sgi Diagnostic	IBDSGI	**Stability:** Ambient: **1 week** Refrigerated: 3 weeks Frozen: Unacceptable **Methodology:** **Chemiluminescence (CL)** Enzyme-Linked Immunosorbent Assay (ELISA) Indirect Immunofluorescence Assay (IFA) Polymerase Chain Reaction (PCR) **CPT:** 83520x**6;** 82397x**4;** 86140x1; 88346x1; 88350x1; 81479x**4** **Price: $615.00**	effective immediately
Thyroid Peroxidase Antibody	MICRO	**Clinical Information: Thyroid Peroxidase Antibody test is** used as an aid in diagnosis of autoimmune thyroid disease **especially autoimmune hypothyroidism.** Clinical correlation is required.	2/7/23
Voriconazole	VORCON	**Specimen Requirement:** 0.5 mL serum in no additive (Red) tube; Minimum 0.2 mL; Refrigerated; Do not use serum separator tubes. **Note:** *Lithium heparin specimens are no longer acceptable*	effective immediately

New Tests

Test Name	Order Code	Change	Effective Date
Anti-cN-1A (NT5c1A) IBM	CN1AAB	**"Note: New test was announced in the December update, but financial information as not available at that time** **CPT:** 83516 **Price:** $210.00	effective immediately
CMV Detection by PCR, Qualitative	CMVQL	**Specimen Requirement:** 3 mL saliva in Universal Transport Media (UTM); Minimum 1 mL; Collect Ambient; Transport Refrigerated; Collect saliva swab samples and place into a transport tube with transport media according to established laboratory methods. No special preparation of the neonate is required in order to collect the sample. *OR* 5 mL random urine in sterile container; Collect Ambient; Transport Refrigerated; Specimen source required. Specimen must be transferred into cobas PCR Urine Sample Kit within 24 hours of collection. **Stability:** Ambient: neat urine, 24 hours urine stabilized in cobas PCR media, 90 days; saliva, 48 hours Refrigerated: neat urine, 24 hours urine stabilized in cobas PCR media, 90 days; saliva in UTM, 7 days Frozen: saliva, 14 days if frozen immediately; urine should not be frozen **Methodology:** Real-Time PCR **Reference Range:** Not detected **Days Performed:** 7 days a week; 24 hours **Reported:** 1–3 days	1/19/23
Thyroglobulin, Serum with Reflex to IA or LC-MS/MS	THYRORF	**Note: New test was announced in the December update, but financial information was not available at that time** **CPT:** 84432; 86800 **Price:** $110.00	effective immediately

Fee Increases

Test Name	Order Code	List Fee	CPT Code	Effective Date
Prometheus IBD sgi Diagnostic	IBDSGI	$615.00	83520x6; 82397x4; 86140x1; 88346x1; 88350x1; 81479x4	effective immediately

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Chlamydia Amplification, Genital, Rectal and Oral Specimens	CT	Test will no longer be orderable. Recommended replacement test is GC/Chlamydia Amplification, Genital, Rectal and Oral Specimens (GCCT).	2/14/23
Chlamydia Amplification, Urine	UCT	Test will no longer be orderable. Recommended replacement test is GC/Chlamydia Amplification, Urine (UGCCT).	2/14/23
Dihydropyrimidine Dehydrogenase (DPYD) – 3 Variants	5FUDPD	Test will no longer be orderable.	2/9/23
FISH Insight Analysis	ISIGHT	Test will no longer be orderable.	effective immediately
GC Amplification, Genital, Rectal and Oral Specimens	GC	Test will no longer be orderable. Recommended replacement test is GC/Chlamydia Amplification, Genital, Rectal and Oral Specimens (GCCT).	2/14/23
GC Amplification, Urine	UGC	Test will no longer be orderable. Recommended replacement test is GC/Chlamydia Amplification, Urine (UGCCT).	2/14/23
Toxoplasma Antibody Evaluation, CSF	CSFTOX	Test will no longer be orderable. Recommended replacement test is Toxoplasmosis IgM and IgG, Ab (TOXMG). In cases where serology may be equivocal, Toxoplasma PCR may be ordered for confirmation (TXPCR).	effective immediately