



Technical Update • August 2013

Cleveland Clinic Laboratories is dedicated to keeping you updated and informed about recent testing changes. That's why we are happy to provide this technical update on a monthly basis.

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

If you wish to compare the new information with previous test demographics, refer to the Test Directory, which can be accessed at clevelandcliniclabs.com.

Deleted tests and new tests are listed separately. 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	Billing Code	Name Change	New Test	Specimen Requirement	Special Information	Component Requirement	Methodology	Reference Range	Days Performed/Reported	CPT
3	11-Deoxycortisol											
3	17-Hydroxyprogesterone											
3	ACTH Stimulation Test for 21-Hydroxylase											
3	Acylcarnitines, Plasma											
3	Aldosterone/Renin Activity Ratio											
3	Allergen, Almond IgG											
3	Allergen, Barley IgG											
3	Allergen, Beef IgG											
3	Allergen, Cacao (Chocolate) IgG											
3	Allergen, Casein (Cow Milk) IgG											
12	Allergen, Casein IgG											
3	Allergen, Chicken Meat IgG											
3	Allergen, Egg White IgG											
3	Allergen, Lettuce IgG											
4	Allergen, Malt IgG											
4	Allergen, Orange IgG											
4	Allergen, Potato IgG											
4	Allergen, Rye IgG											
4	Allergen, Soybean IgG											
4	Allergen, Tomato IgG											
4	Allergen, Wheat IgG											
4	Allergen, Yeast (Bakers/Brewers) IgG											
12	Allergen, Wheat IgG											
4	Anaerobe Culture and Stain											
4	Anaerobic Tissue Culture and Stain											
4	Anaplasma phagocytophilum & E. chaffeensis Antibody Panel											

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Specimen Information	Component Requirement	Methodology	Reference Range	Days Performed/Reported	CPT
10	Antidepressant Drug Screen Quant, Urine										
5	Bordetella pertussis Antibody, IgA and IgG Reflex IB										
5	Bordetella pertussis Antibody, IgG by ELISA, reflex to IB										
5	Bordetella pertussis IgA, IgG, IgM										
5	Bordetella pertussis IgG and IgM, with reflex to IB										
5	Bronchopulmonary Aspergillosis										
6	Cadmium Exposure Panel OSHA										
12	Chromosomal Microarray OS (oligo-based)										
10	Chromosomal Microarray (SNP), Constitutional										
6	CMV by PCR, CSF/Fluid/Tissue										
12	Constitutional Whole Genome SNP Microarray										
11	Family Study Constitutional SNP CMA										
7-8	Fatty Acid Profile of Lipids										
8	Fructosamine										
11	Ganglionic nAChR Antibody Test										
8	HDL, 5 Subclasses by GGE										
9	Helicobacter pylori Culture										
9	Herpesvirus 6 PCR, Quant										
9	Herpesvirus 6 Qual, Plasma, PCR										
9	Herpesvirus 7 PCR, Quant										
9	HTLV I/II Antibody Screen										
9	Human Anti-Mouse IgG Antibodies										
9	Hydrocodone, Serum										
9	Leptin										
9	Maprotiline										
11	Mephedrone, MDPV and Methyone, Urine										
11	MTB vs. NTM PCR on Smear Positive, FFPE Tissue										
9	PM-Scl Antibody										
12	Pneumocystis Exam										
12	Rifampin										
10	Sequential Screen, First Trimester										
10	Sequential Screen, Second Trimester										
12	Synthetic Cannabinoid Metabolite Screen with Confirmation										
10	Tin										
12	Trypsin, Fecal										
10	TSH										
10	TSH Receptor Antibody										
10	Vitamin B12 Binding Capacity										

Test Changes

Test Name	Order Code	Billing Code	Change	Effective Date
11-Deoxycortisol	DEOXY	82634	Specimen Requirement: 1 mL serum from a serum separator tube; Separate serum from cells ASAP; Refrigerated Days Performed: Sunday - Saturday Reported: 2 - 6 days	8/19/2013
17-Hydroxyprogesterone	HPROG	83498	Days Performed: Monday, Thursday Reported: 1 - 4 days	8/19/2013
ACTH Stimulation Test for 21-Hydroxylase	AS21	82059	Days Performed: Monday, Thursday Reported: 1 - 7 days	8/19/2013
Acylcarnitines, Plasma	ACYLPL	87890	Includes: Free L-carnitine, Total L-carnitine Free/Total carnitine ratio Acetylcarnitine, Propionylcarnitine Iso/Butyrylcarnitine IsoVal/2-MetButyrylcarnitine Tiglylcarnitine, Hexanoylcarnitine Octanoylcarnitine, Decanoylcarnitine Decenoylcarnitine, Dodecanoylcarnitine Dodecenoylcarnitine, OH-Dodecenoylcarnitine 3-OH-Dodecanoylcarnitine, Tetradecanoylcarnitine Tetradecenoylcarnitine, 3-OH-Tetradecenoylcarnitine Tetradecadienoylcarnitine, 3-OH-Tetradecanoylcarnitine Hexadecanoylcarnitine, Hexadecenoylcarnitine 3-OH-Hexadecenoylcarnitine, 3-OH-Hexadecanoylcarnitine Stearoylcarnitine, Oleoylcarnitine 3-OH-Oleoylcarnitine, Linoleoylcarnitine 3-OH-Linoleoylcarnitine, Succinylcarnitine 3-OH-Butyryl/IsoButyrylcarnitine, Glutarylcarnitine 3-OH-IsoValeryl/2-Methyl-3-OH-Butyrylcarnitine Malonylcarnitine , Result Interpretation Test build may need to be modified Reference Range: Malonylcarnitine: 4 - 78 nmol/L All ranges for other components are unchanged	10/1/2013
Aldosterone/Renin Activity Ratio	ALDREN	89389	Specimen Requirement: THIS TEST REQUIRES 2 SPECIMEN ALIQUOT TUBES; 2 mL plasma from an EDTA lavender top tube; Separate plasma from cells within 60 minutes of collection and immediately freeze into 2 separate tubes of 1 mL each; Critical frozen	6/28/2013
Allergen, Almond IgG	ALMIGG	88731	Special Information: This test will no longer be available for patients living in New York state.	8/29/2013
Allergen, Barley IgG	BARIGG	88454	Special Information: This test will no longer be available for patients living in New York state.	8/29/2013
Allergen, Beef IgG	BEEFIG	89471	Special Information: This test will no longer be available for patients living in New York state.	8/29/2013
Allergen, Cacao (Chocolate) IgG	CHOIGG	89480	Special Information: This test will no longer be available for patients living in New York state. Reference Range: < 2.0 µg/mL	8/29/2013
Allergen, Casein (Cow Milk) IgG	CSNIGG	89469	Special Information: This test will no longer be available for patients living in New York state.	8/29/2013
Allergen, Chicken Meat IgG	CHIIGG	89468	Special Information: This test will no longer be available for patients living in New York state.	8/29/2013
Allergen, Egg White IgG	EGWIGG	89373	Special Information: This test will no longer be available for patients living in New York state.	8/29/2013
Allergen, Lettuce IgG	LETIGG	89473	Special Information: This test will no longer be available for patients living in New York state. Reference Range: < 2.0 µg/mL	8/29/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Allergen, Malt IgG	MLTIGG	89476	Special Information: This test will no longer be available for patients living in New York state. Reference Range: < 2.0 µg/mL	8/29/2013
Allergen, Orange IgG	ORAIGG	89475	Special Information: This test will no longer be available for patients living in New York state. Reference Range: < 2.0 µg/mL	8/29/2013
Allergen, Potato IgG	POTIGG	89481	Special Information: This test will no longer be available for patients living in New York state. Reference Range: < 2.0 µg/mL	8/29/2013
Allergen, Rye IgG	RYEIGG	89477	Special Information: This test will no longer be available for patients living in New York state. Reference Range: < 2.0 µg/mL	8/29/2013
Allergen, Soybean IgG	SOYIGG	89479	Special Information: This test will no longer be available for patients living in New York state. Reference Range: < 2.0 µg/mL	8/29/2013
Allergen, Tomato IgG	TOMIGG	89472	Special Information: This test will no longer be available for patients living in New York state.	8/29/2013
Allergen, Wheat IgG	WHTIGG	89470	Special Information: This test will no longer be available for patients living in New York state.	8/29/2013
Allergen, Yeast (Bakers/Brewers) IgG	YEAIGG	89478	Special Information: This test will no longer be available for patients living in New York state. Reference Range: < 2.0 µg/mL	8/29/2013
Anaerobe Culture and Stain	AMCUL	76198	Special Information: Submit tissue or aspirates. Swabs are suboptimal and will be rejected. Fluid collections should be aspirated through disinfected tissue or skin and collected in a BBL Port-A-Cul vial. Cleanse Port-A-Cul vial rubber stopper with alcohol, allow to dry 1 minute before inoculation, push needle through septum, and inject specimen on top of agar. An anaerobe jar should be used for tissue. Anaerobic cultures are routinely held 5 days. Incubation will be extended to 10 days if order includes a request to rule out <i>Actinomyces</i> spp. or <i>Propionobacterium</i> acnes. Susceptibility testing is performed on pure culture isolates of anaerobic bacteria or by request. A gram stain and anaerobic culture are included with an anaerobic culture request. Specimen Requirement: 0.5 mL - 10 mL body fluid in an Anaerobe vial (BBL Port-A-Cul Vial) ; Ambient Days Performed: Sunday - Saturday Reported: 5 - 10 days	8/6/2013
Anaerobic Tissue Culture and Stain	AMTIS	77915	Special Information: Submit tissue or aspirates. Swabs are suboptimal and will be rejected. Fluid collections should be aspirated through disinfected tissue or skin and collected in a BBL Port-A-Cul vial. Cleanse Port-A-Cul vial rubber stopper with alcohol, allow to dry 1 minute before inoculation, push needle through septum, and inject specimen on top of agar. An anaerobe jar should be used for tissue. Anaerobic cultures are routinely held 5 days. Incubation will be extended to 10 days if order includes a request to rule out <i>Actinomyces</i> spp. or <i>Propionobacterium</i> acnes. Susceptibility testing is performed on pure culture isolates of anaerobic bacteria or by request. A gram stain and anaerobic culture are included with an anaerobic culture request. Specimen Requirement: Biopsy or Surgical Tissue in an Anaerobe jar ; Ambient Days Performed: Sunday - Saturday Reported: 5 - 10 days	8/6/2013
Anaplasma phagocytophilum & E. chaffeensis Antibody Panel	EHR LIC	82967	Specimen Requirement: 1 mL serum from a serum separator tube; Refrigerated Days Performed: Monday - Saturday Reported: 2 - 5 days	9/12/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Bordetella pertussis Antibody, IgA and IgG Reflex IB	BPIAG	89404	Special Information: If Bordetella pertussis Antibody, IgA by ELISA is 1.2 U/mL or greater, then B. pertussis IgA Immunoblot testing will be added at an additional charge. If Bordetella pertussis Antibody, IgG by ELISA is 1.0 U/mL or greater, then B. pertussis IgG Immunoblot testing will be added at an additional charge. Reference Range: B pertussis IgA: Negative: ≤ 0.9 U/mL Equivocal: 1.0 - 1.1 U/mL Positive: ≥ 1.2 U/mL B pertussis IgG: 0.0 - 0.9 U/mL	8/19/2013
Bordetella pertussis Antibody, IgG by ELISA, reflex to IB	BPGESA	88741	Special Information: If Bordetella pertussis Antibody, IgG by ELISA is 1.0 U/mL or greater, then Bordetella pertussis IgG Immunoblot testing will be added at an additional cost. Reference Range: 0.0 - 0.9 U/mL	8/19/2013
Bordetella pertussis IgA, IgG, IgM	BPPABS	79268	Special Information: If Bordetella pertussis Antibody, IgA by ELISA is 1.2 U/mL or greater, then B. pertussis IgA Immunoblot testing will be added at an additional cost. If Bordetella pertussis Antibody, IgG by ELISA is 1.0 U/mL or greater, then B. pertussis IgG Immunoblot testing will be added at an additional cost. If Bordetella pertussis Antibody, IgM by ELISA is 1.2 U/mL or greater, then B. pertussis IgM Immunoblot testing will be added at an additional cost. Indicate the age of patient on requisition Reference Range: B pertussis IgA: Negative: ≤ 0.9 U/mL Equivocal: 1.0 - 1.1 U/mL Positive: ≥ 1.2 U/mL B pertussis IgG: 0.0 - 0.9 U/mL B pertussis IgM: Negative: ≤ 0.9 U/mL Equivocal: 1.0 - 1.1 U/mL Positive: ≥ 1.2 U/mL	8/19/2013
Bordetella pertussis IgG and IgM, with reflex to IB	BPIMG	89406	Special Information: If Bordetella pertussis Antibody, IgG by ELISA is 1.0 U/mL or greater, then B. pertussis IgG Immunoblot testing will be added at an additional charge. If Bordetella pertussis Antibody, IgM by ELISA is 1.2 U/mL or greater, then Bordetella pertussis IgM Immunoblot testing will be added at an additional charge. Reference Range: B pertussis IgG: 0.0 - 0.9 U/mL B pertussis IgM: Negative: ≤ 0.9 U/mL Equivocal: 1.0 - 1.1 U/mL Positive: ≥ 1.2 U/mL	8/19/2013
Bronchopulmonary Aspergilliosis	ABPA	82603	Specimen Requirement: 1.5 mL serum from a serum separator tube; Refrigerated Methodology: Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP ImmunoCAP Ouchterlony Gel Immunodiffusion	9/12/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Cadmium Exposure Panel OSHA	CADEXR	81903	<p>Special Information: Blood cadmium levels can be used to monitor acute toxicity and in combination with cadmium urine and β-2 Microglobulin is the preferred method for monitoring occupational exposure. Symptoms associated with cadmium toxicity vary based upon route of exposure and may include tubular proteinuria, fever, headache, dyspnea, chest pain, conjunctivitis, rhinitis, sore throat and cough. Ingestion of cadmium in high concentration may cause vomiting, diarrhea, salivation, cramps, and abdominal pain. Urine cadmium levels can be used to assess cadmium body burden. In chronic exposures, the kidneys are the primary target organ. Urine β-2 Microglobulin is an early marker of irreversible kidney damage and disease. Urine creatinine values less than 20 mg/dL represent very dilute urine and collections should be repeated.</p> <p>OSHA Action Levels:</p> <p>Cadmium, Urine (μg/g crt): level A: 0 - 3; level B: 3.1 - 7.0; level C: \geq 7.1 Cadmium, Blood (μg/L): level A: 0 - 5; level B: 5.1 - 10.0; level C: \geq 10.1 β-2-Microglobulin, Urine (μg/g crt): level A: 0 - 300; level B: 301 - 750; level C: \geq 751 MONITOR: level A: Annual; level B: Semiannual; level C: Quarterly MEDICAL EXAM: level A: Biennial; level B: Annual; level C: Semiannual Reassess cadmium exposure in less than two weeks: level A: not applicable; level B: Discretionary removal; level C: Mandatory removal</p> <p>If an employee's β-2 Microglobulin level is above 750 μg/g CRT, in order for mandatory medical removal to be required, either the employee's Cd urine level must also be above 3 μg/g CRT or Cd blood level must also be above 5 μg/L. The determination of discretionary or mandatory removal is made by the examining physician consistent with the medical surveillance specifications in the Federal Register 42456 to 42463.</p> <p>Includes:</p> <p>Cadmium Blood (μg/L) Cadmium, Urine per volume (μg/L) Cadmium Urine, ratio to Creatinine (μg/g CRT) β-2 Microglobulin, Urine (μg/L) β-2 Microglobulin, ratio to Creatinine (μg/g CRT) Creatinine, Urine per volume (mg/dL) pH, Urine</p> <p>Test build may need to be modified</p> <p>Reference Range:</p> <p>Cadmium Blood: 0.0 - 5.0 μg/L Cadmium, Urine per volume: 0.0 - 2.6 μg/L Cadmium Urine, ratio to Creatinine: 0.0 - 3.0 μg/g CRT β-2 Microglobulin, Urine: 1 - 160 μg/L β-2 Microglobulin, ratio to Creatinine: 0 - 300 μg/g CRT Creatinine, Urine per volume: Not established</p>	8/19/2013
CMV by PCR, CSF/Fluid/Tissue	CMVCSF	79779	<p>Test Name: Previously CMV Detection, CSF/Fluid by PCR</p>	8/15/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Fatty Acid Profile of Lipids	CFA	76258	<p>Includes:</p> <ul style="list-style-type: none"> Alpha Linolenic (18:3n3) Eicosapentaenoic (20:5n3) Docosapentaenoic (22:5n3) Docosahexaenoic (22:6n3) Linoleic (18:2n6) Gamma Linolenic (18:3n6) Eicosadienoic (20:2n6) Dihomogamma Linolenic (20:3n6) Arachidonic (20:4n6) Docosadienoic (22:2n6) Docosatetraenoic (22:4n6) Mead (20:3n9) Myristoleic (14:1n5) Palmitoleic (16:1n7) Vaccenic (18:1n7) Oleic (18:1n9) 11-Eicosenoic (20:1n9) Nervonic (24:1n9) Capric (10:0) Lauric (12:0) Myristic (14:0) Palmitic (16:0) Stearic (18:0) Arachidic (20:0) Behenic (22:0) Lignoceric (24:0) Hexacosanoic (26:0) Pentadecanoic (15:0) Heptadecanoic (17:0) Nonadecanoic (19:0) Heneicosanoic (21:0) Tricosanoic (23:0) Palmitelaidic (16:1n7t) Total C18-trans LA/DGLA EPA/DGLA AA/EPA Triene/Tetraene <p>Test build may need to be modified</p> <p>Specimen Requirement: 1 mL plasma from an EDTA lavender top tube; Patient should be fasting for 8 - 12 hours prior to collection; Remove plasma from cells within 15 minutes of collection; Frozen</p> <p>Methodology: Gas Chromatography Mass Spectrometry (GCMS)</p> <p>Reference Range:</p> <ul style="list-style-type: none"> Alpha Linolenic (18:3n3): < 13 years: 12 - 82 μM \geq 13 years: 13 - 80 μM Eicosapentaenoic (20:5n3): < 13 years: 4 - 165 μM \geq 13 years: 5 - 210 μM Docosapentaenoic (22:5n3): < 13 years: 6 - 43 μM \geq 13 years: 11 - 50 μM Docosahexaenoic (22:6n3): < 13 years: 24 - 191 μM \geq 13 years: 31 - 213 μM Linoleic (18:2n6): < 13 years: 773 - 1786 μM \geq 13 years: 821 - 2032 μM Gamma Linolenic (18:3n6): < 13 years: 4 - 47 μM \geq 13 years: 5 - 46 μM Eicosadienoic (20:2n6): < 13 years: 4.7 - 17.9 μM \geq 13 years: 5.2 - 22.5 μM Dihomogamma Linolenic (20:3n6): < 13 years: 26 - 100 μM \geq 13 years: 27 - 140 μM Arachidonic (20:4n6): < 13 years: 122 - 532 μM \geq 13 years: 158 - 521 μM Docosadienoic (22:2n6): < 13 years: < 1.91 μM \geq 13 years: < 2.01 μM Docosatetraenoic (22:4n6): < 13 years: 1.2 - 15.3 μM \geq 13 years: 2.6 - 18.1 μM 	9/5/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Fatty Acid Profile of Lipids (cont.)			<p>Reference Range (continued)</p> <p>Mead (20:3n9): < 13 years: < 7.8 μM \geq 13 years: < 8.4 μM</p> <p>Myristoleic (14:1n5): < 13 years: 0.8 - 11.3 μM \geq 13 years: 0.8 - 9.7 μM</p> <p>Palmitoleic (16:1n7): < 13 years: 22 - 169 μM \geq 13 years: 30 - 256 μM</p> <p>Vaccenic (18:1n7): < 13 years: 33 - 80 μM \geq 13 years: 40 - 122 μM</p> <p>Oleic (18:1n9): < 13 years: 416 - 1271 μM \geq 13 years: 466 - 1470 μM</p> <p>11-Eicosenoic (20:1n9): < 13 years: 3.3 - 13.3 μM \geq 13 years: 3.7 - 18.1 μM</p> <p>Nervonic (24:1n9): < 13 years: < 2.2 μM \geq 13 years: < 2.5 μM</p> <p>Capric (10:0): < 13 years: 0.7 - 68.8 μM \geq 13 years: 0.7 - 6.2 μM</p> <p>Lauric (12:0): < 13 years: 2.1 - 52.5 μM \geq 13 years: 2.2 - 27.3 μM</p> <p>Myristic (14:0): < 13 years: 15 - 97 μM \geq 13 years: 15 - 139 μM</p> <p>Palmitic (16:0): < 13 years: 664 - 1717 μM \geq 13 years: 667 - 2526 μM</p> <p>Stearic (18:0): < 13 years: 260 - 566 μM \geq 13 years: 250 - 629 μM</p> <p>Arachidic (20:0): < 13 years: 1.5 - 6.7 μM \geq 13 years: 1.3 - 4.7 μM</p> <p>Behenic (22:0): < 13 years: 0.3 - 6.2 μM \geq 13 years: 0.6 - 2.9 μM</p> <p>Lignoceric (24:0): < 13 years: 0.68 - 3.92 μM \geq 13 years: 0.63 - 2.45 μM</p> <p>Hexacosanoic (26:0): < 13 years: < 0.77 μM \geq 13 years: < 0.44 μM</p> <p>Pentadecanoic (15:0): < 13 years: < 15.7 μM \geq 13 years: < 20.7 μM</p> <p>Heptadecanoic (17:0): < 13 years: < 21.5 μM \geq 13 years: < 24.5 μM</p> <p>Nonadecanoic (19:0): < 13 years: < 1.98 μM \geq 13 years: < 1.90 μM</p> <p>Heneicosanoic (21:0): < 13 years: < 0.53 μM \geq 13 years: < 0.75 μM</p> <p>Tricosanoic (23:0): < 13 years: < 0.81 μM \geq 13 years: < 0.79 μM</p> <p>Palmitelaidic (16:1n7t): < 13 years: < 1.1 μM \geq 13 years: < 1.9 μM</p> <p>Total C18-trans: < 13 years: < 49 μM \geq 13 years: < 60 μM</p> <p>LA/DGLA: < 13 years: 11 - 44 Ratio \geq 13 years: 11 - 46 Ratio</p> <p>EPA/DGLA: < 13 years: 0.09 - 4.57 \geq 13 years: 0.07 - 5.98</p> <p>AA/EPA: < 13 years: 1 - 54 \geq 13 years: 1 - 57</p> <p>Triene/Tetraene: < 13 years: < 0.026 \geq 13 years: < 0.024</p> <p>Special Information: It is not necessary to discontinue nutritional supplements prior to this test. Abnormalities that may be found will reveal special needs that have not been met by recent dietary and supplemental intake.</p> <p>Days Performed: Tuesday, Thursday</p> <p>Reported: 8 - 10 days</p>	
Fructosamine	FRUCTO	76672	<p>Specimen Requirement: 0.5 mL serum from a serum separator tube; Refrigerated</p>	8/19/2013
HDL, 5 Subclasses by GGE	HDLGGE	89561	<p>Specimen Requirement: 7.5 mL serum separator tube; Allow specimen to clot for 30 minutes at room temperature then centrifuge immediately; Transport entire unopened serum separator tube; Critical refrigerated</p>	6/28/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Helicobacter pylori Culture	HPYCUL	88156	Special Information: One or two gastric specimens from the antrum and corpus are recommended for culture. Call the Microbiology Lab at 216.444.5870 to obtain transport media. Culture will be incubated for 7 days before reporting as negative. Fecal specimens are unacceptable. Specimen Requirement: Gastric or duodenal biopsy sample in Brucella broth with glycerol; Deliver to Cleveland Clinic Laboratories on the day of collection; Refrigerated	8/6/2013
Herpesvirus 6 PCR, Quant	HV6QNT	84312	Special Information: Assay Range: Plasma/Serum: 188 - 10(8) copies/mL BAL: 78 - 10(8) copies/mL Bone Marrow: 183 - 10(8) copies/mL CSF: 81 - 10(8) copies/mL Tissue, Quant: 8 - 10(7) copies/mL Tracheal Wash: 78 - 10(8) copies/mL Whole Blood: 79 - 10(8) copies/mL Fecal: Detected/Not Detected Detects both Type A and Type B in one assay. No cross reactivity was detected when tested against BKV, CMV, EBV, HSV-1, HSV-2, HHV-7, HHV-8, JCV, parvovirus B19, SV-40, and VZV.	9/5/2013
Herpesvirus 6 Qual, Plasma, PCR	HV6PCR	81592	Test Name: Previously Herpesvirus 6, PCR Special Information: EDTA plasma is the only acceptable specimen type for this assay. Days Performed: Monday - Friday Reported: 6 - 9 days	9/5/2013
Herpesvirus 7 PCR, Quant	HV7QNT	84311	Special Information: Assay Range: Plasma/Serum: 93 - 10(8) copies/mL BAL: 72 - 10(8) copies/mL CSF: 112 - 10(8) copies/mL Tissue, Quant: 8 - 10(7) copies/mL Tracheal Aspirate/Wash: 72 - 10(8) copies/mL Fecal: Detected/Not Detected No cross reactivity was detected when tested against BKV, CMV, EBV, HSV-1, HSV-2, HHV-6 variant A, HHV-6 variant B, HHV-8, JCV, parvovirus B19, SV-40, and VZV.	9/5/2013
HTLV I/II Antibody Screen	HTLVSC	50163	Specimen Requirement: 0.5 mL serum from a serum separator tube; Separate serum from cells ASAP or within 2 hours of collection; Refrigerated	8/29/2013
Human Anti-Mouse IgG Antibodies	MOUABS	80362	Specimen Requirement: 1 mL serum from a serum separator tube; Refrigerated CPT: 83520	8/19/2013
Hydrocodone, Serum	HYDSER	88457	Special Information: Test build may need to be modified Days Performed: Sunday - Saturday Reported: 4 - 5 days	8/28/2013
Leptin	LEPTIN	83067	Methodology: Quantitative Chemiluminescent Immunoassay (CLIA) Reference Range: 0 - 17 years: Not established Adult Male: 0.5 - 12.7 ng/mL Adult Female: 0.5 - 15.2 ng/mL Days Performed: Monday, Thursday Reported: 2 - 6 days	8/19/2013
Maprotiline	MAPRO	34231	Specimen Requirement: 3 mL serum from a red top tube; Do not use serum separator tubes; Refrigerated CPT: 80299	8/19/2013
PM-Scl Antibody	PM1AB	77115	Test Name: Previously PM-1 Antibody Specimen Requirement: 1 mL serum from a red top tube; Do not use serum separator tubes; Refrigerated Days Performed: Sunday, Monday, Tuesday, Thursday Reported: 5 - 8 days	9/5/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Sequential Screen, First Trimester	SEQ1	83863	Special Information: Due to circumstances beyond our control, the changes listed in the June Technical Update will not proceed as planned. We apologize for any extra work this may have caused.	To be determined
Sequential Screen, Second Trimester	SEQ2	83886	Special Information: Due to circumstances beyond our control, the changes listed in the June Technical Update will not proceed as planned. We apologize for any extra work this may have caused.	To be determined
Tin	TIN	80409	Specimen Requirement: 1 mL serum from a no additive navy blue top tube; Remove serum from cells ASAP; Refrigerated Days Performed: Friday Reported: 2 - 10 days	8/22/2013
TSH	TSH	84443	Reference Range: 0 - 2 days: 3.200 - 34.600 μ U/mL 3 - 4 days: 0.700 - 15.400 μ U/mL 5 - 13 days: 0.700 - 11.900 μ U/mL 14 - 30 days: 1.700 - 9.100 μ U/mL 2 - 5 months: 1.700 - 9.100 μ U/mL 6 - 24 months: 0.800 - 8.200 μ U/mL 25 - 36 months: 0.400 - 5.500 μ U/mL 4 - 99 years: 0.400 - 5.500 μ U/mL Pregnant Female: 10 - 55 years First Trimester: 0.1 - 2.5 μU/mL Second Trimester: 0.2 - 3.0 μU/mL Third Trimester: 0.3 - 3.0 μU/mL	8/1/2013
TSH Receptor Antibody	TRAB	41202	Days Performed: Monday, Thursday Reported: 2 - 4 days	8/26/2013
Vitamin B12 Binding Capacity	B12BIN	75080	Specimen Requirement: 1 mL serum from a serum separator tube; Patient should fast for 12 - 15 hours prior to collection. Vitamin B12 supplements should not be administered within 72 hours of blood draw; Refrigerated	8/19/2013

New Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
Antidepressant Drug Screen Quant, Urine	UTCA	89622	Includes: Amitriptyline, Nortriptyline, Imipramine, Desipramine, Sertraline, Desmethylsertraline, Fluoxetine, Norfluoxetine, Clomipramine, Desmethylclomipramine, Doxepin, Desmethyldoxepin, Maprotiline, Protriptyline, Trimipramine, Paroxetine, Cyclobenzaprine Specimen Requirement: 3 mL random urine in a clean container; Refrigerated Methodology: Immunoassay, Liquid Chromatography / Tandem Mass Spectrometry (LC-MS/MS) Reference Range: Not established Days Performed: Sunday - Saturday Reported: 4 - 5 days CPT: 80101, 82542 Price: \$235.00 (non-discountable)	9/12/2013
Chromosomal Microarray (SNP), Constitutional	CRMSNP	89612	Specimen Requirement: THIS ASSAY REQUIRES MULTIPLE SPECIMEN TYPES: 4 mL whole blood in an EDTA lavender top tube *AND* 4 mL whole blood in a sodium heparin green top tube; Provide clinical indication for analysis with the specimen; Send both tubes at Ambient temperature Methodology: Comparative Genomic Hybridization (CGH), platform includes single nucleotide polymorphism (SNP) probes Days Performed: 3 days per week Reported: 10 - 14 days CPT: 81229 Price: \$1,660.00 (non-discountable)	8/1/2013

New Tests (cont.)

Test Name	Order Code	Billing Code	Test Information	Effective Date
Family Study Constitutional SNP, CMA	CHRNA	n/a	<p>Special Information: The Chromosomal Microarray (SNP), Constitutional (CRMSNP) MUST be ordered before this test.</p> <p>This test is a follow-up study done on parents or family members to interpret the proband constitutional SNP array data. It may or may not be a billable test depending on the proband's test results. There will be a small fee for the specimen collection.</p> <p>Specimen Requirement: THIS ASSAY REQUIRES MULTIPLE SPECIMEN TYPES: 4 mL whole blood in an EDTA lavender top tube; Provide clinical indication for analysis with the specimen *AND* 4 mL whole blood in a sodium heparin green top tube; Send both tubes at Ambient temperature</p> <p>Methodology: Comparative Genomic Hybridization (CGH), platform includes single nucleotide polymorphism (SNP) probes</p> <p>Days Performed: 3 days per week</p> <p>Reported: 10 - 14 days</p> <p>CPT: Not applicable</p> <p>Price: Not applicable, see Special Information above</p>	8/1/2013
Ganglionic nAChR Antibody Test	GNGLAB	89616	<p>Specimen Requirement: 2 mL serum from a red top tube; Refrigerated</p> <p>Methodology: Immunoprecipitation (RIA)</p> <p>Reference Range: Negative: < 51 pmol/L Borderline: 51 - 100 pmol/L Positive: > 100 pmol/L</p> <p>Days Performed: Monday - Friday</p> <p>Reported: 8 - 16 days</p> <p>CPT: 83519</p> <p>Price: \$435.00 (non-discountable)</p>	8/29/2013
Mephedrone, MDPV and Methylone, Urine	MX3U	89615	<p>Special Information: Confirmation testing is automatically performed on all positives at an additional charge. Screening threshold: 1.0 ng/mL</p> <p>Includes: Mephedrone Methylenedioxypyrovalerone (MDPV) Methylone</p> <p>Specimen Requirement: 10 mL random urine in a clean container; Refrigerated</p> <p>Methodology: Liquid Chromatography - Tandem Mass Spectrometry (LC-MS/MS)</p> <p>Reference Range: Mephedrone: Negative Methylenedioxypyrovalerone: Negative Methylone: Negative</p> <p>Days Performed: Monday - Friday</p> <p>Reported: 6 - 8 days</p> <p>CPT: 80101</p> <p>Price: \$135.00</p>	9/5/2013
MTB vs. NTM PCR on Smear Positive, FFPE Tissue	TBPPCR	89618	<p>Special Information: Test only performed on AFB smear positive specimens. Submit tissue specimen with an Anatomic request form. The FFPE block and slide will be returned upon completion of the assay.</p> <p>Specimen Requirement: FFPE block *AND* slide with positive Acid Fast Bacilli. The slide needs to be marked with the location of the acid fast bacilli. A good-sized block of tissue will be removed from the FFPE block to perform the assay (ca. 3 - 5 mm in diameter by 1 - 3 mm in depth); Ambient</p> <p>Methodology: Polymerase Chain Reaction (PCR)</p> <p>Days Performed: Monday - Friday</p> <p>Reported: 5 days</p> <p>CPT: 88387, 87551</p> <p>Price: \$395.00 (non-discountable)</p>	8/15/2013

New Tests (cont.)

Test Name	Order Code	Billing Code	Test Information	Effective Date
Synthetic Cannabinoid Metabolite Screen with Confirmation	K2	89621	Special Information: Positive results will be confirmed by LC-MS/MS at no additional cost. Specimen Requirement: 5 mL random urine in a clean container; Refrigerated Methodology: Enzyme-Linked Immunosorbent Assay (ELISA) High Performance Liquid Chromatography - Tandem Mass Spectrometry (LC-MS/MS) (if indicated) Reference Range: Refer to report Days Performed: Varies Reported: 4 - 11 days CPT: 80101x2 Price: \$100.00 (non-discountable)	9/5/2013

Discontinued Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
Allergen, Casein IgG	CASING	83078	This test will no longer be available. Suggest ordering Allergen, Casein (Cow Milk) IgG (CSNIGG)	10/1/2013
Allergen, Wheat IgG	WHEATG	82963	This test will no longer be available. Suggest ordering Allergen, Wheat IgG (WHTIGG)	10/1/2013
Chromosomal Microarray OS (oligo-based)	CRMCA	88500	This test will no longer be available. Suggest ordering Chromosomal Microarray (SNP), Constitutional (CRMSNP)	8/1/2013
Constitutional Whole Genome SNP Microarray	WGSNP	88472	This test will no longer be available. Suggest ordering Chromosomal Microarray (SNP), Constitutional (CRMSNP)	9/5/2013
Pneumocystis Exam	PCP	77620	This test will no longer be available. Suggest ordering Pneumocystis jirovecii PCR (PCPPCR)	8/6/2013
Rifampin	RIFAM	80403	This test will no longer be available.	8/12/2013
Trypsin, Fecal	STRYPS	77121	This test will no longer be available. Suggest ordering Pancreatic Elastase, Fecal (PANCEF)	8/19/2013