Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • February 2015

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 information, 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	Test Discontinued	Special Information	Specimen Requirement	Component Change	Methodology	Reference Range	Days Performed/Reported	CPT
3	17-Ketosteroids, 24 Hr Urine												■
12	Adenovirus Antibody, IgG					■							
12	Adenovirus Antibody, IgM					■							
3	AFB Culture Only						■	■					
3	Alpha-1-Antitrypsin							■		■		■	
3	Amikacin, Post Dose							■		■		■	
3	Amikacin, Pre Dose							■		■		■	
4	Amikacin, Random							■		■		■	
4	Amitriptyline/Nortriptyline												■
4	Amphetamine Confirmation, Urine												■
4	Amphetamine Confirmation Quant, Serum/Plasma												■
11	Anti-C1q Antibody, IgG				■								
4	Anti-Streptolysin O							■		■		■	
4	Barbiturates Confirmation, Urine												■
4	Benzodiazepines Confirmation, Urine												■
4	Blau Syndrome NOD2/CARD15 Complete Gene Analysis												■
4	Bromide	■					■		■			■	
4	Buprenorphine and Metabolite, Confirm/Quant, Serum/Plasma												■
4	Catecholamines, Fractionated, Plasma						■	■	■	■		■	
12	Catecholamines Fractionated Tilt					■							
5	Cathartic Laxative, Stool												■
5	Cerulopasmin							■		■		■	
5	Clobazam												■
5	Clonazepam & Metabolite, Urine												■
5	Date Rape Panel												■
5	Disopyramide (Norpace)	■					■		■				
5	Drug Analysis, Comprehensive							■		■		■	■
5	Epidermal Antibodies with Reflex to Titer											■	

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change	Methodology	Reference Range	Days Performed/Reported	CPT
5	Ethosuximide						■		■				
5	Ethyl Glucuronide, Urine reflex to Confirm/Quant												■
5	FISH Insight Analysis							■					
5	FTA Antibodies CSF						■					■	
5	Fungal Culture and Smear (Non Dermal)												■
6	Fungal Culture and Smear Hair, Skin, Nail						■						■
6	Gamma-Hydroxybutyric Acid, Serum												■
6	Hepatitis C Virus FibroSURE							■		■		■	
12	Hepatitis C Virus RNA Quantitative bDNA					■							
12	HIV 1 Quantitative bDNA					■							
6	HLA-A, B and C							■				■	
6	HLA-A29			■			■	■				■	
6	HLA-B27 PCR						■	■		■		■	
6	HLA-DR/DQ			■				■				■	
6	HPV Genotypes 16, 18/45												■
6	Imipramine/Desipramine												■
7	KIT (D816V) Mutation by PCR			■			■	■	■	■		■	
7	LSD, Urine												■
7	Meperidine and Normeperidine												■
7	Methsuximide/Normethsuximide						■		■				
7	Mexiletine	■					■		■				
7	Nocardia Culture Only						■						
8-9	Organic Acids Urine, Quant										■		
10	Oxycodone Confirmation, Urine												■
12	Paraldehyde & Acetaldehyde					■							
10	Perphenazine						■		■				
10	Phencyclidine Confirmation, Urine												■
10	Propafenone	■					■		■				
11	Reticulocyte, Hemoglobin				■								
10	Sm/RNP Antibody			■			■	■		■	■	■	
10	Sotalol						■						
10	Streptozyme										■		
10	Synthetic Cannabinoid Metabolite, Screen with Confirmation												■
10	Tapentadol and Metabolite Confirm/Quantitation, Urine												■
10	Testosterone, Free, Adult Males by ED/LC-MS/MS											■	
10	Testosterone, Free/Total, Males by ED/LC-MSMS											■	
10	Tobramycin, Post Dose							■		■		■	
11	Tobramycin, Pre Dose							■		■		■	
11	Tobramycin, Random							■		■		■	
11	VWF Exon 28 Genotyping*												■

*=Test Modification from January Technical Update

Test Changes

Test Name	Order Code	Billing Code	Change	Effective Date
17-Ketosteroids, 24 Hr Urine	U17K	83582	**CPT:** 83586x1, **82570x1**	4/3/2015
AFB Culture Only	AFCO	76091	**Specimen Requirements:** 10.0 mL Blood - Isolator 10 microbial tube (1.5 mL minimum); Ambient. **Recommended volume for adults is 10.0 mL. For pediatric patients, draw 1.5 mL blood into a 1.5 mL Isolator tube.** **OR** - 2.0 mL Bone marrow - Isolator tube **(aerobic only - 1.0 mL minimum); Draw 1-2 mL bone marrow using a heparinized syringe. Transfer to a pediatric Isolator tube.** ***Alternate*** - 2.0 mL Sodium or Lithium heparin (Green - 1.0 mL minimum); Ambient. **Acceptable container for bone marrow specimens. Transport promptly to Microbiology.** **Special Information:** An AFB stain will not be performed. Patient preparation: For blood cultures, select vein to use. Wipe off venipuncture site using a 70% alcohol pad. **Apply Chloraprep to the skin over the selected venipuncture site and apply using up and down and back and forth strokes for a full 30 seconds. Allow the site to dry completely for 30-60 seconds. Swab septum of Isolator tube or Myco/F bottle with a Chloraprep or 70% alcohol. Draw 10 mL into adult Isolator tube, 1.5 mL into Pediatric Isolator tube or 5 mL if direct draw into the Myco/F bottle. After inoculation, clean septum with alcohol swab. Transport to Microbiology within 4-6 hours is recommended.** **Clinical Information:** An AFB Culture only test should be performed to identify an infection due to mycobacteria in blood or bone marrow specimens. Broth medium will be utilized for culturing blood or bone marrow sites. Identification of positive cultures will be performed utilizing **current methodologies**. Susceptibility testing will be performed on significant isolates. Additional charges may apply. A single negative culture does not rule the presence of a mycobacterial infection. **Stability:** Frozen: Unacceptable Refrigerated: Unacceptable Ambient: **< 8 Hours**	2/16/2015
Alpha-1-Antitrypsin	AAT	30030	**Specimen Requirements:** 1.0 mL **Plasma - lithium heparin (Light Green); Refrigerated.** ***Alternate*** - 1.0 mL **Serum - SST (Gold); Refrigerated.** **Methodology: Immunoturbidometric Assay** **Reported: 8 Hours** **Stability:** Frozen: **3 Months** Refrigerated: **3 Months** Ambient: **7 Days**	4/6/2015
Amikacin, Post Dose	AMIKPO	52010	**Specimen Requirements:** 1.0 mL Plasma - sodium or lithium heparin (Green - 0.5 mL minimum); Refrigerated. Collect 30 minutes after completion of infusion. Centrifuge. Transfer plasma/serum to a clean, tightly sealed tube. Refrigerate. Freeze if storage/transport time will be longer than 24 hours. ***Alternate*** - 1.0 mL Serum - SST (Gold - 0.5 mL minimum); Refrigerated. **Methodology: Fluorescence Polarization Immunoassay (FPIA)** **Reported: 8** Hours **Stability:** Frozen: 1 Year Refrigerated: **48 Hours** Ambient: **8 Hours**	4/2/2015
Amikacin, Pre Dose	AMIKPR	52008	**Specimen Requirements:** 1.0 mL Plasma - sodium or lithium heparin (Green - 0.5 mL minimum); Refrigerated. Collect 5-90 minutes before next infusion. Centrifuge. Transfer plasma/serum to a clean, tightly sealed tube. Refrigerate. Freeze if storage/transport time will be longer than 24 hours. ***Alternate*** - 1.0 mL Serum - SST (Gold - 0.5 mL minimum); Refrigerated. **Methodology: Fluorescence Polarization Immunoassay (FPIA)** **Reported: 8** Hours **Stability:** Frozen: 1 Year Refrigerated: **48 Hours** Ambient: **8 Hours**	4/2/2015

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Amikacin, Random	AMIKRA	76075	**Specimen Requirements:** 1.0 mL Plasma - sodium or lithium heparin (Green - 0.5 mL minimum); Refrigerated. Centrifuge. Transfer plasma/serum to a clean, tightly sealed tube. Refrigerate. Freeze if storage/transport time exceeds 24 hours. ***Alternate*** - 1.0 mL Serum - SST (Gold - 0.5 mL minimum); Refrigerated. **Methodology: Fluorescence Polarization Immunoassay (FPIA)** **Reported: 8** Hours **Stability:** Frozen: 1 Year Refrigerated: **48 Hours** Ambient: **8 Hours**	4/2/2015
Amitriptyline/Nortriptyline	AMINOR	82138	**CPT: 80335x1**	1/1/2015
Amphetamine Confirmation, Urine	UAMPC	83603	**CPT: 80324x1**	1/5/2015
Amphetamine Confirmation Quant, Serum/Plasma	AMPCQ	88679	**CPT: 80326x1**	1/1/2015
Anti-Streptolysin O	ASO	86060	**Methodology: Immunoturbidometric Assay** **Reported: 8 Hours** **Stability:** Frozen: **6** Months Refrigerated: **2** Days Ambient: **2** Days	4/6/2015
Barbiturates Confirmation, Urine	UBARBC	90310	**CPT: 80345x1**	1/1/2015
Benzodiazepines Confirmation, Urine	UBENZC	83370	**CPT: 80346x1**	1/1/2015
Blau Syndrome NOD2/ CARD15 Complete Gene Analysis	BLAU	88320	**CPT: 81479x1**	1/1/2015
Bromide	**BROM**	82290	**Special Information: Draw specimen prior to next dose - at steady state concentration. Please provide the following information if available** **1.) Dose - List drug amount and include the units of measure** **2.) Route - List the route of administration (IV, oral, etc.)** **3.) Dose Frequency - Indicate how often the dose is administered (per day, per week, as needed, etc.)** **4.) Type of Draw - Indicate the type of blood draw (Peak, Trough, Random, etc.)** **Reported:** 2-**6** Days **Component: Test build may need to be modified.**	2/172015
Buprenorphine and Metabolite, Confirm/ Quant, Serum/Plasma	SBUP	89772	**CPT: 80348X1**	1/1/2015
Catecholamines, Fractionated, Plasma	PLCAT	41000	**Specimen Requirements: 4.0 mL** Plasma - sodium heparin (Green - **2.5 mL minimum**); Frozen. **Freeze ASAP. Draw specimen in a pre-chilled green-top Vacutainer. Plasma should be separated within 30 minutes of collection and then frozen immediately at -20 degrees C.** ***Alternate* - 4.0 mL** Plasma - lithium heparin (Green - **2.5 mL minimum**); Frozen. **Freeze ASAP. Draw specimen in a pre-chilled green-top Vacutainer. Plasma should be separated within 30 minutes of collection and then frozen immediately at -20 degrees C.** **Methodology:** High Performance Liquid Chromatography **with Electrochemical Detection** **Clinical Information: The three catecholamines (norepinephrine, epinephrine, and dopamine) are the principal secretory products of neural tissue. Clinically, the measurement of circulation catecholamines is valuable in diagnosis of catecholamine secreting tumors associated chiefly with hypertension (pheochromocytomas, neuroblastomas, and gangliomas) and with the evaluation of orthostatic hypotension.** **Days Performed:** Monday-**Friday** **Reported: 4-7** Days **Component: Add Total Catecholamines (CATCOL):** **Total (Norepinephrine+Epinephrine=Dopamine) Supine: 123-671 pg/ml** **Upright: 242-1125 pg/ml** **Stability:** Frozen: **30 Days** Refrigerated: **6 Hours** Ambient: **6 Hours**	2/10/2015

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Cathartic Laxative, Stool	STCATH	83334	**CPT: 83735x1, 84100x1, 80375x1**	1/1/2015
Ceruloplasmin	CERULO	40009	**Specimen Requirements:** 1.0 mL **Plasma - lithium heparin (Light Green); Frozen.** ***Alternate* - 1.0 mL Serum - SST (Gold); Frozen.** **Methodology: Immunoturbidometric Assay** **Reported: 8 Hours** **Stability:** Frozen: **4 Weeks** Refrigerated: **3 Days** Ambient: 8 Hours	4/6/2015
Clobazam	CLOBAZ	90152	**CPT: 80339x1**	1/1/2015
Clonazepam & Metabolite, Urine	UCLONO	83859	**CPT: 80346x1**	1/1/2015
Date Rape Panel	UDRPAN	82125	**CPT: 80304x1, 80301x1**	1/1/2015
Disopyramide (Norpace)	**DISOP**	34032	**Special Information: Draw specimen prior to next dose - at steady state concentration. Please provide the following information if available:** **1.) Dose - List drug amount and include the units of measure** **2.) Route - List the route of administration (IV, oral, etc.)** **3.) Dose Frequency - Indicate how often the dose is administered (per day, per week, as needed, etc.) 4.) Type of Draw - Indicate the type of blood draw (Peak, Trough, Random, etc.)** **Component: Test build may need to be modified.**	2/17/2015
Drug Analysis, Comprehensive	DRANCO	82053	**Specimen Requirements:** 10.0 mL **Whole blood - potassium oxalate/ sodium fluoride (Gray);** Refrigerated. **THIS ASSAY REQUIRES MULTIPLE SPECIMEN TYPES.** **AND** 30.0 mL Urine, random - clean container; Refrigerated. THIS ASSAY REQUIRES MULTIPLE SPECIMEN TYPES. **Methodology:** Gas Chromatography **Mass Spectrometry (GCMS)** **Reported:** 6-**11** Days **Stability:** Frozen: 6 Months Refrigerated: 2 Weeks Ambient: **3 days** **CPT: 83992x1, 82570x1, 80377x1, 80373x1, 80372x1, 80371x1, 80370x1, 80368x1, 80367x1, 80366x1, 80365x1, 80364x1, 80361x1, 80360x1, 80359x1, 80385x1, 80357x1, 80355x1, 80354x1, 80353x1, 80348x1, 80346x1, 80344x1, 80341x1, 80338x1, 80337x1, 80334x1, 80331x1, 80301x1, 80326x1, 80302x1**	2/24/2015
Epidermal Antibodies with Reflex to Titer	EPIABS	89577	**Days Performed: Wednesday, Friday** **Reported: 4**-7 Days	4/2/2015
Ethosuximide	ETHOS	82692	**Special Information: Draw specimen prior to next dose - at steady state concentration. Please provide the following information if available:** **1.) Dose - List drug amount and include the units of measure** **2.) Route - List the route of administration (IV, oral, etc.)** **3.) Dose Frequency - Indicate how often the dose is administered (per day, per week, as needed, etc.) 4.) Type of Draw - Indicate the type of blood draw (Peak, Trough, Random, etc.)** **Component: Test build may need to be modified.**	2/17/2015
Ethyl Glucuronide, Urine reflex to Confirm/Quant	UEGLUC	89509	**CPT: 80321x1**	1/1/2015
FISH Insight Analysis	ISIGHT	82933	**Specimen Requirements:** 20.0 mL Fluid, amniotic - sterile container (18.0 mL minimum); Refrigerate. Do not centrifuge for any reason. ***Alternate* - 1.0-2.0 mL Whole blood - sodium heparin (Green); Ambient. Pubescent or newborn blood.**	4/2/2015
FTA Antibodies CSF	FTACSF	79231	**Clinical Information:** The significance of a reactive FTA-ABS CSF test is unknown. The CSF from persons treated in the secondary or latent stages of syphilis and without signs of neurosyphilis may be reactive. A nonreactive result in the FTA-ABS CSF test suggests the absence of neurosyphilis. **Reported:** 2-**3** Days	2/17/2015
Fungal Culture and Smear (Non Dermal)	FCULSM	77917	**CPT: 87210x1 AND 87102X1**	4/1/2015

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Fungal Culture and Smear Hair, Skin, Nail	FHSNSM	89653	**Special Information:** Hair, skin, nail and scalp are the only acceptable specimen types. For other sources, please use order code FCUL for culture or FCULSM when requesting both fungal culture and smear. Test includes culture for yeasts and molds. **Additional billing is applied for identification and susceptibility testing. CPT codes vary based on methodology.** **CPT: 87220x1, 87101X1**	4/1/2015
Gamma-Hydroxybutyric Acid, Serum	GHBSER	82415	**CPT: 80304x1**	1/1/2015
Hepatitis C Virus FibroSURE	HCVSUR	84198	**Specimen Requirements:** 3.0 mL Serum - SST (Gold); Frozen. Centrifuge, aliquot into 2 tubes, one containing 2.5 mL serum and the other 0.5 mL serum, and freeze both tubes ASAP. ***Alternate*** - 3.0 mL Serum - no additive (Red); Frozen. Centrifuge, aliquot into 2 tubes, one with 2.5 mL serum and the other with 0.5 mL serum, and freeze both tubes ASAP. **Methodology: Nephelometry (NEPH), Colorimetric, Kinetic, Colorimetry, Immunologic** **Days Performed: Varies**, Monday-**Friday** **Reported: 17-21** Days	4/2/2015
HLA-A, B and C	HLABC	82817	**Specimen Requirements: 7.0 mL** Whole blood - ACD A or B (Yellow); Ambient. **Reported: 7-10** Days	4/2/2015
HLA-A29	HLAA29	88634	**Specimen Requirements: 5.0 mL** Whole blood - EDTA (Lavender); Ambient. ***Alternate*** **- 7.0 mL** Whole blood ACD A or B (Yellow); Ambient. **Clinical Information:** Birdshot retinochoroidopathy (BSCR) is a rare **subtype of idiopathic posterior uveitis with distinct clinical characteristics that can lead to severe visual impairment. BSCR has the strongest documented HLA association for a human disease with > 95% of patients carrying HLA-A29. The frequency of HLA-A29 varies by ethnic group and could be up to 10% in some US populations. Determinations of HLA-A29 is of diagnostic significance in BSCR.** **Reported: 7-10** Days **Primary Name:** HLA-A29	4/2/2015
HLA-B27 PCR	B27PCR	83080	**Specimen Requirements: 5.0 mL** Whole blood - EDTA (Lavender - **5.0 mL minimum**); **Ambient.** ***Alternate*** **- 7.0 mL** Whole blood ACD A or B (Yellow - **5.0 mL minimum**); **Ambient.** Collect one ACD A or B yellow top tube. **Methodology: Sequence Specific Oligonucleotide Probe (SSOP)** **Clinical Information:** HLA-B27 is strongly associated with ankylosing spondylitis (AS). **HLA-B27 is also associated with other seronegative arthropathies such as Reiter syndrome and psoriatic arthritis as well as extra-articular diseases such as anterior uveitis and inflammatory bowel disease. Greater than 90% of patients with AS are HLA-B27 positive. The frequency of HLA-B27 varies by ethnic group but generally <10% in most US populations. HLA-B27 associated susceptibility to AS varies by population and HLA-B27 alleles detected. Some alleles such as B*27:05 are associated with high AS susceptibility while others such as B*27:06 and B*27:09 are associated with low susceptibility. HLA-B27 allele typing is recommended in HLA-B27 positive cases.** **Days Performed: Monday-Friday** **Reported: 7-10** Days **Stability:** Frozen: Unacceptable Refrigerated: 1 Week Ambient: **1 Week**	4/2/2015
HLA-DR/DQ	HLADR	83639	**Specimen Requirements: 5.0 mL** Whole blood - EDTA (Lavender); Ambient. ***Alternate*** **- 7.0 mL** Whole blood ACD A or B (Yellow); Ambient. **Days Performed: Monday-Friday** **Reported: 7-10** Days **Primary Name:** HLA-DR/**DQ**	4/2/2015
HPV Genotypes 16, 18/45	HPVGNO	89544	**CPT: 87625x1**	1/1/2015
Imipramine/Desipramine	IMIDES	34044	**CPT: 80335x1**	1/1/2015

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
KIT **(D816V)** Mutation **by PCR**	KITMST	84159	**Specimen Requirements: 5.0 mL Whole blood - EDTA** (**Lavender** - 1.0 mL minimum); **Refrigerated.** ***Alternate* - 3.0 mL** Bone marrow - EDTA (Lavender - 1.0 mL minimum); **Refrigerated.** **- 100 mg Tissue, fresh - sterile container; Frozen, ASAP. Collect 100 mg or 0.5-2.0 cm of fresh tissue and freeze immediately.** **- Paraffin block, formalin fixed; Ambient. Submit formalin fixed (10 percent neutral buffered formalin), paraffin embed FFPE tumor tissue. Protect from excessive heat. Transport tissue block or four 10-micron shavings.** **Methodology: Polymerase Chain Reaction (PCR)** **Clinical Information: Aids in the diagnosis of mastocytosis. Provide prognostic and predictive information for tyrosine kinase inhibitor (TKI) therapy planning.** **Days Performed: Monday, Wednesday, Friday** **Reported: 3**-8 Days **Component: Test build may need to be modified.** **Stability:** Frozen: Whole blood/Bone marrow: Unacceptable Fresh Tissue: **1 Year** FFPE tumor tissue: Unacceptable Refrigerated: Whole blood/Bone marrow: **5 Days** Fresh tissue: **2 Hours** FFPE tumor tissue: **Indefinitely** Ambient: Whole blood/Bone marrow: **24 Hours** Fresh tissue: **Unacceptable** FFPE tumor tissue: **Indefinitely** **Primary Name:** KIT **(D816V)** Mutation **by PCR**	4/2/2015
LSD, Urine	ULSD	88129	**CPT: 80302x1**	1/1/2015
Meperidine & Normeperidine	MEPNO	80337	**CPT: 80362x1**	1/1/2015
Methsuximide/ Normethsuximide	METHSU	83627	**Special Information: Draw specimen prior to next dose - at steady state concentration. Please provide the following information if available:** **1.) Dose - List drug amount and include the units of measure** **2.) Route - List the route of administration (IV, oral, etc.)** **3.) Dose Frequency - Indicate how often the dose is administered (per day, per week, as needed, etc.)** **4.) Type of Draw - Indicate the type of blood draw (Peak, Trough, Random, etc.).** **Component: Test build may need to be modified.**	2/17/2015
Mexiletine	**MEX**	75504	**Special Information: Draw specimen prior to next dose - at steady state concentration. Please provide the following information if available:** **1.) Dose - List drug amount and include the units of measure** **2.) Route - List the route of administration (IV, oral, etc.)** **3.) Dose Frequency - Indicate how often the dose is administered (per day, per week, as needed, etc.)** **4.) Type of Draw - Indicate the type of blood draw (Peak, Trough, Random, etc.)** **Component: Test build may need to be modified.**	2/17/2015
Nocardia Culture Only	NOCARC	77756	**Special Information**: Indicate specimen source on requisition. Identification of any Nocardia species isolated will be performed, but susceptibility testing will only be performed upon request. Susceptibility testing will be performed by outside reference lab. **Additional billing is applied for identification and susceptibility testing. CPT codes vary based on methodology.**	4/1/2015

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Organic Acids Urine, Quant	UORA	89797	**Reference Ranges:** **3-Methylglutaconate:** 0-29 Days: **0.0-5.2 umol/mmolCr** 30-364 Days: **0.0-7.9 umol/mmolCr** 1-99 Years: **0.0-2.0 umol/mmolCr** **ButyrylGlycine, Ur:** 0-29 Days: **0.0-2.7 umol/mmolCr** 30-364 Days: **0.0-2.7 umol/mmolCr** 1-99 Years:**0.0-0.7 umol/mmolCr** **3MethylGlutarate, Ur:** 0-29 Days: **0.0-0.9 umol/mmolCr** 30-364 Days: **0.1-1.4 umol/mmolCr** 1-99 Years: **0.0-0.6 umol/mmolCr** **Glutarate, Urine:** 0-29 Days: **0.0-6.2 umol/mmolCr** 30-364 Days: **0.4-6.6 umol/mmolCr** 1-99 Years: **0.0-1.4 umol/mmolCr** **Pyruvate, Urine:** 0-29 Days: **0.4-5.7 umol/mmolCr** 30-364 Days: **0.2-13.2 umol/mmolCr** 1-99 Years: **0.1-2.6 umol/mmolCr** **SuberylGlycine, Ur:** 0-29 Days: **0.0 umol/mmolCr** 30-364 Days: **0.0 umol/mmolCr** 1-99 Years: **0.0 umol/mmolCr** **N-AcetylTyrosine, Ur:** 0-29 Days: **0.0-3.7 umol/mmolCr** 30-364 Days: **0.0-4.9 umol/mmolCr** 1-99 Years: **0.0-1.2 umol/mmolCr** **4OHPhenylLactate, Ur:** 0-29 Days: **0.4-112.6 umol/mmolCr** 30-364 Days: **1.1-88.2 umol/mmolCr** 1-99 Years: **1.3-23.0 umol/mmolCr** **Sebacic Acid, Urine:** 0-29 Days: **0.0-4.6 umol/mmolCr** 30-364 Days: **0.0-12.4 umol/mmolCr** 1-99 Years: **0.0-0.3 umol/mmolCr** **MethylCitrate, Urine:** 0-29 Days: **0.0-16.8 umol/mmolCr** 30-364 Days: **1.7-25.4 umol/mmolCr** 1-99 Years: **1.0-13.9 umol/mmolCr** **IsoCitric Acid, Urine:** 0-29 Days: **2.4-297.4 umol/mmolCr** 30-364 Days: **43.9-537.3 umol/mmolCr** 1-99 Years: **9.1-271.9 umol/mmolCr** **Aconitate, Urine:** 0-29 Days: **5.9-161.3 umol/mmolCr** 30-364 Days: **26.3-330.8 umol/mmolCr** 1-99 Years: **8.5-109.6 umol/mmolCr** **2-OxoAdipic Acid, Ur:** 0-29 Days: **0.0-0.0 umol/mmolCr** 30-364 Days: **0.0-2.8 umol/mmolCR** 1-99 Years: **0.0-3.3 umol/mmolCr** **SuccinylAcetone, Ur:** 0-29 Days: **<0.4 umol/mmolCr** 30-364 Days: **<0.4 umol/mmolCr** 1-99 Years: **<0.4 umol/mmolCr** **Suberic Acid, Urine:** 0-29 Days: **0.0-23.1 umol/mmolCr** 30-364 Days: **2.4-30.7 umol/mmolCr** 1-99 Years: **0.0-7.4 umol/mmolCr** **N-AcetylAsparticAcid:** 0-29 Days: **0.2-40.0 umol/mmolCr** 30-364 Days: **0.0-69.0 umol/mmolCr** 1-99 Years: **0.1-8.9 umol/mmolCr** **4OHPhenylAcetate, Ur:** 0-29 Days: **3.1-146.6 umol/mmolCr** 30-364 Days: **14.3-569.5 umol/mmolCr** 1-99 Years: **5.7-147.5 umol/mmolCr** **HexanoylGlycine, Ur:** 0-29 Days: **0.0-0.5 umol/mmolCr** 30-364 Days: **0.0-0.3 umol/mmolCr** 1-99 Years: **0.0-0.1 umol/mmolCr** **a-KetoGlutarate, Ur:** 0-29 Days: **0.0-403.2 umol/mmolCr** 30-364 Days: **0.2-355.8 umol/mmolCr** 1-99 Years: **0.2-42.7 umol/mmolCr** **2HydroxyGlutaricAcid:** 0-29 Days: **3.0-49.1 umol/mmolCr** 30-364 Days: **4.4-66.9 umol/mmolCr** 1-99 Years: **0.6-17.7 umol/mmolCr** **3HydroxyGlutaricAcid:** 0-29 Days: **0.0-0.7 umol/mmolCr** 30-364 Days: **0.0-2.5 umol/mmolCr** 1-99 Years: **0.0-0.7 umol/mmolCr**	4/2/2015

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Organic Acids Urine, Quant continued			**3MECrotonylGlycine, Ur:** 0-29 Days: **<0.3 umol/mmolCr** 30-364 Days: **<0.3 umol/mmolCr** 1-99 Years: **<0.3 umol/mmolCr** **5-Oxo-Proline, Urine:** 0-29 Days: **0.0-7.3 umol/mmolCr** 30-364 Days: **0.0-7.8 umol/mmolCr** 1-99 Years: **0.4-3.1 umol/mmolCr** **Adipic Acid, Urine:** 0-29 Days: **0.5-52.5 umol/mmolCr** 30-364 Days: **5.0-53.8 umol/mmolCr** 1-99 Years: **0.3-9.2 umol/mmolCr** **Malate, Urine:** 0-29 Days: **0.4-12.8 umol/mmolCr** 30-364 Days: **0.9-11.1 umol/mmolCr** 1-99 Years: **0.0-1.1 umol/mmolCr** **2MEButyrylGlycine, Ur:** 0-29 Days: **0.0-1.0 umol/mmolCr** 30-364 Days: **0.0-0.9 umol/mmolCr** 1-99 Years: **0.0-0.4 umol/mmolCr** **IsoButyrylGlycine, Ur:** 0-29 Days: **0.0-1.1 umol/mmolCr** 30-364 Days: **0.0-1.1 umol/mmolCr** 1-99 Years: **0.0-1.2 umol/mmolCr** **Fumarate, Urine:** 0-29 Days: **1.0-26.4 umol/mmolCr** 30-364 Days: **2.2-19.8 umol/mmolCr** 1-99 Years: **0.3-2.6 umol/mmolCr** **Uracil, Urine:** 0-29 Days: **0.0-1.6 umol/mmolCr** 30-364 Days: **0.0-7.7 umol/mmolCr** 1-99 Years: **0.0-5.1 umol/mmolCr** **MethylSuccinate, Ur:** 0-29 Days: **0.0-5.6 umol/mmolCr** 30-364 Days: **0.1-6.8 umol/mmolCr** 1-99 Years: **0.0-1.4 umol/mmolCr** **Succinate, Urine:** 0-29 Days: **1.1-219.5 umol/mmolCr** 30-364 Days: **7.7-189.6 umol/mmolCr** 1-99 Years: **0.3-27.4 umol/mmolCr** **EthylMalonate, Urine:** 0-29 Days: **0.6-34.5 umol/mmolCr** 30-364 Days: **0.7-82.7 umol/mmolCr** 1-99 Years: **0.5-6.2 umol/mmolCr** **Benzoic Acid, Urine:** 0-29 Days: **0.0-9.6 umol/mmolCr** 30-364 Days: **0.0-16.3 umol/mmolCr** 1-99 Years: **0.0-14.6 umol/mmolCr** **MethylMalonate, Urine:** 0-29 Days: **0.0-2.0 umol/mmolCr** 30-364 Days: **0.0-2.2 umol/mmolCr** 1-99 Years:**0.0-0.6 umol/mmolCr** **3-HydroxyIsoValerate:** 0-29 Days: **0.0-72.4 umol/mmolCr** 30-364 Days: **1.7-119.3 umol/mmolCr** 1-99 Years: **2.1-27.3 umol/mmolCr** **Malonate, Urine:** 0-29 Days: **0.0-0.4 umol/mmolCr** 30-364 Days: **0.0-0.4 umol/mmolCr** 1-99 Years: **0.0-0.1 umol/mmolCr** **3OH2MethButyrate, Ur:** 0-29 Days: **0.0-0.8 umol/mmolCr** 30-364 Days: **0.0-5.6 umol/mmolCr** 1-99 Years: **0.0-1.3 umol/mmolCr** **AcetoAcetate, Urine:** 0-29 Days: **0.0-0.1 umol/mmolCr** 30-364 Days: **0.0-2.3 umol/mmolCr** 1-99 Years: **0.0-0.5 umol/mmolCr** **2OH-IsoValerate, Ur:** 0-29 Days: **0.0-0.2 umol/mmolCr** 30-364 Days: **0.0-0.1 umol/mmolCr** 1-99 Years: **0.0-0.1 umol/mmolCr** **3HydroxyButyrate, Ur:** 0-29 Days: **0.1-4.4 umol/mmolCr** 30-364 Days: **0.4-9.9 umol/mmolCr** 1-99 Years: **0.1-2.6 umol/mmolCr** **Oxalic Acid, Urine:** 0-29 Days: **2.2-73.4 umol/mmolCr** 30-364 Days: **6.9-76.4 umol/mmolCr** 1-99 Years: **0.7-12.4 umol/mmolCr** **2HydroxyButyrate, Ur:** 0-29 Days: **0.2-9.6 umol/mmolCr** 30-364 Days: **0.0-15.0 umol/mmolCr** 1-99 Years: **0.0-2.7 umol/mmolCr** **Lactate, Urine:** 0-29 Days: **35.5-282.4 umol/mmolCr** 30-364 Days: **15.4-198.6 umol/mmolCr** 1-99 Years: **2.9-47.2 umol/mmolCr**	4/2/2015

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Oxycodone Confirmation, Urine	UOXYCC	82615	**CPT: 80365x1**	1/5/2015
Perphenazine	PRPHEN	PRPHEN	**Special Information: Draw specimen prior to next dose - at steady state concentration. Please provide the following information if available** **1.) Dose - List drug amount and include the units of measure** **2.) Route - List the route of administration (IV, oral, etc.)** **3.) Dose Frequency - Indicate how often the dose is administered (per day, per week, as needed, etc.)** **4.) Type of Draw - Indicate the type of blood draw (Peak, Trough, Random, etc.)** **Component: Test build may need to be modified.**	2/17/2015
Phencyclidine Confirmation, Urine	UPCPC	87652	**CPT: 83992x1**	1/1/2015
Propafenone	**PROPA**	76140	**Special Information: Draw specimen prior to next dose - at steady state concentration. Please provide the following information if available:** **1.) Dose - List drug amount and include the units of measure** **2.) Route - List the route of administration (IV, oral, etc.)** **3.) Dose Frequency - Indicate how often the dose is administered (per day, per week, as needed, etc.)** **4.) Type of Draw - Indicate the type of blood draw (Peak, Trough, Random, etc.)** **Component: Test build may need to be modified.**	2/17/2015
Sm/RNP Antibody	NRNP	83705	**Methodology: Immunoassay (IA)** **Clinical Information: Smith (Sm)/U1-RNP Antibody is detected in patient with mixed connective tissue disease having features of systemic lupus erythematosus (SLE)** **Days Performed:** Sunday-**Friday** **Reference Range:** NRNP/SM IgG Autoantibodies: **< 1.0 Units** **Stability:** Frozen: **30 Days** Refrigerated: **7 Days** Ambient: **4 Days** **Primary Name: Sm/RNP Antibody**	1/6/2015
Sotalol	SOTAL	89449	**Special Information: Draw specimen prior to next dose - at steady state concentration. Please provide the following information if available:** **1.) Dose - List drug amount and include the units of measure** **2.) Route - List the route of administration (IV, oral, etc.)** **3.) Dose Frequency - Indicate how often the dose is administered (per day, per week, as needed, etc.)** **4.) Type of Draw - Indicate the type of blood draw (Peak, Trough, Random, etc.)**	2/17/2015
Streptozyme	STRPTO	79194	**Reference Range:** Streptozyme: **None Detected**	2/17/2015
Synthetic Cannabinoid Metabolite, Screen with Confirmation	K2	89621	**CPT: 80302x1**	1/1/2015
Tapentadol and Metabolite Confirm/ Quantitation, Urine	TAPENU	89646	**CPT: 80372x1**	1/1/2015
Testosterone, Free, Adult Males by ED/LC-MS/MS	FTESAM	89350	**Days Performed: Sunday, Wednesday-Saturday**	2/17/2015
Testosterone, Free/Total, Males by ED/LC-MSMS	FTTESM	89286	**Days Performed:** Sunday, **Wednesday-Saturday**	2/17/2015
Tobramycin, Post Dose	TOBRPO	52022	**Specimen Requirements:** 1.0 mL Plasma - sodium or lithium heparin (Green - 0.5 mL minimum); Refrigerated. Collect 30 minutes after completion of infusion. Centrifuge, then transfer plasma to a clean, tightly sealed tube and refrigerate. Freeze if storage/transport time will be longer than 24 hours. ***Alternative*** - 1.0 mL Serum - SST (Gold - 0.5 mL minimum); Refrigerated. **Methodology: Fluorescence Polarization Immunoassay (FPIA)** **Reported: 8** Hours **Stability: Frozen: 1 Month** **Refrigerated: 3 Days** **Ambient:** 4 Hours	4/2/2015

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Tobramycin, Pre Dose	TOBRPR	52020	**Specimen Requirements:** 1.0 mL Plasma - sodium or lithium heparin (Green - 0.5 mL minimum); Refrigerated. Collect 5-90 minutes before next infusion. Centrifuge, then transfer plasma to a clean, tightly sealed tube and refrigerate. Freeze if storage/transport time will be longer than 24 hours. ***Alternate*** - 1.0 mL Serum - SST (Gold - 0.5 mL minimum); Refrigerated. **Methodology: Fluorescence Polarization Immunoassay (FPIA)** **Reported: 8 Hours** **Stability:** Frozen: **1 Month** Refrigerated: **3 Days** Ambient: 4 Hours	4/2/2015
Tobramycin, Random	TOBRRA	76078	**Specimen Requirements:** 1.0 mL Plasma - sodium or lithium heparin (Green - 0.5 mL minimum); Refrigerated. Centrifuge, then transfer plasma to a clean, tightly sealed tube and refrigerate. Freeze if storage/transport time will be longer than 24 hours. ***Alternative*** - 1.0 mL Serum - SST (Gold - 0.5 mL minimum); Refrigerated. **Methodology: Fluorescence Polarization Immunoassay (FPIA)** **Reported: 8 Hours** **Stability:** Frozen: **1 Month** Refrigerated: **3 Days** Ambient: 4 Hours	4/2/2015
VWF Exon 28 Genotyping*	VWEX28	90426	**CPT:** 8140**3**x1, G0452x1	2/2/2015

*=Test Modification from January Technical Update

New Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
Anti-C1q Antibody, IgG	AC1QGG	90476	**Specimen Requirements:** 0.5 mL Serum - SST (Gold - 0.15 mL minimum); Refrigerated. Separate serum from cells ASAP or within 2 hours of collection. **Special Information:** Assess risk for lupus nephritis and global SLE disease activity. **Methodology:** Semi Quantitative Enzyme Linked Immunosorbent. **Clinical Information:** The presence of the anti-C1q IgG antibody may be associated with increased risk of lupus nepthritis or with systemic lupus erythematosus (SLE) global activity. Anti-C1q antibodies are not specific for SLE; strong clinical correlation with disease is recommended. **Days Performed:** Monday **Reported:** 2-16 Days **CPT:** 83516x1 **Price:** $110.00	3/12/2015
Reticulocyte, Hemoglobin	RTIRHB	90478	**Includes:** - Reticulocyte - Absolute reticulocyte - Immature reticulocyte - Reticulocyte hemoglobin equivalent **Specimen Requirements:** 2.5 mL Whole blood - EDTA (Lavender); Refrigerated. **Methodology:** Automated Cell Counter **Days Performed:** Sunday-Saturday **Reported:** 8 Hours **CPT:** 85046x1 **Price:** $31.00	2/16/2015

Discontinued Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
Adenovirus Antibody, IgG	ADNOIG	89453	Test discontinued.	12/30/2014
Adenovirus Antibody, IgM	ADNOIM	89452	Test discontinued.	12/30/2014
Catecholamines Fractionated Tilt	TPLCAT	41000	Test temporarily discontinued.	2/10/2015
Hepatitis C Virus RNA Quantitative bDNA	HCBDNA	89281	Test discontinued. HCQPCR recommended.	2/17/2015
HIV 1 Quantitative bDNA	HIVBDN	89550	Test discontinued. HIVRNA recommended.	2/17/2015
Paraldehyde & Acetaldehyde	PARACE	75683	Test discontinued.	2/26/2015