



110 West Cliff Avenue
Spokane, WA 99204

509.755.8600
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TEST CHANGE ALERT #344

April 20, 2009

Summary Of Changes

TestCode(s)	Test Description
17-KETO FRAC (17FRUQ)	17-KETOSTEROIDS (FRACTIONATED) (Delete)
ANCAME	ANCA PANEL (REFLEXIVE) (Specimen Requirements)
CDTPCR	C. DIFFICILE BY PCR (New)
CLONIDINE (CLONID)	CLONIDINE [NMS] (Method)
CLTOXR	C.DIFFICILE ANTIGEN & CYTOTOXIN ASSAY, REFLEXIVE (Delete)
ESTMCP	ESTRADIOL BY LC-MS/MS (Description)
GLHB	HEMOGLOBIN A1C (Method and Reference Range)
GLHGB	GLYCOHEMOGLOBIN (Reference Range)
HGLYP	HYPOGLYCEMIC PANEL QUALITATIVE (Method, CPT Code, Description)
IPHNK	NATURAL KILLER CELL PANEL (New)
MSSFT	MATERNAL SCREEN, FIRST TRIMESTER (Compliance Statement)
MSSIS1	MATERNAL SCR, INTEGRATED, SPEC #1 (Compliance Statement)
MSSIS2	MATERNAL SCR, INTEGRATED, SPEC #2 (Compliance Statement)
MSSS1	MATERNAL SCR, SEQUENTIAL, SPEC #1 (Compliance Statement)
MSSS2	MATERNAL SCR, SEQUENTIAL, SPEC #2 (Compliance Statement)
NKPAN	NATURAL KILLER CELL PANEL (Delete)
PTTMXS	PTT MIXING STUDY (CPT Coding)
RTCPLT	RETICULATED PLATELET (Delete)
TESBFC	TESTOSTERONE, BIOAVAILABLE & TOTAL + SHBG BY LC-MS/MS (Description & Comment)
TESBFM	TESTOSTERONE, FREE & TOTAL+SHBG (Description and Deletion of Comment)
VDOH	VITAMIN D, 25-HYDROXY (Specimen Requirements)
VENLAF	VENLAFAXINE & METABOLITE (Method, CPT Code, Volume)
VRDFAR	VIRAL DFA STAIN, REFLEX TO VIRAL CULTURE (Compliance Statement Removed)



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The following tables reflect revisions only; other existing data remain unchanged.

17-KETO FRAC 17FRUQ

order code flexilab code

17-KETOSTEROIDS (FRACTIONATED) (Delete)

Effective	04/27/09
Delete	<i>This test is being discontinued.</i>

ANCAME

order code

ANCAME

flexilab code

ANCA PANEL (REFLEXIVE) (Specimen Requirements)

Effective	05/19/09
Specimen Requirements	<i>2 mL serum (SST tube). Separate serum from cells ASAP and place in two separate plastic tubes. Store and transport both tubes refrigerated.</i> This test may reflex to additional tests depending upon the results of this test. An additional fee will be added.
Comments	1) Min Amt: 1 mL. 2) Unacceptable conditions: plasma, hemolyzed, lipemic, contaminated samples; samples containing fluorescing drugs & other body fluids and repeat freeze/thaw cycles. 3) <i>Stability: RT-8 hours, Refrigerated-1 week, Frozen-1 month.</i>

CDTPCR

order code

CDTPCR

flexilab code

C. DIFFICILE BY PCR (New)

Effective	05/19/09				
Method	<i>Real-Time PCR</i>				
CPT4	<i>87798</i>				
Specimen Requirements	<i>1 gram liquid or soft feces. Transfer liquid or soft stool to a dry sterile container. Store and transport refrigerated.</i>				
Comments	<i>1) Min Amt: 0.5 grams feces. 2) Unacceptable conditions: formed or hard stool, urine, toilet paper, water or soap contamination of specimen. 3) Stability: RT-2 days, Refrigerated-5 days. 4) SHMC-Microbiology Department.</i>				
Reference Ranges	<table border="1"> <tr> <td><i>C. difficile Toxin B gene by PCR Result</i></td> <td><i>Negative</i></td> </tr> <tr> <td></td> <td><i>Negative for Clostridium difficile Toxin B gene by PCR.</i></td> </tr> </table>	<i>C. difficile Toxin B gene by PCR Result</i>	<i>Negative</i>		<i>Negative for Clostridium difficile Toxin B gene by PCR.</i>
<i>C. difficile Toxin B gene by PCR Result</i>	<i>Negative</i>				
	<i>Negative for Clostridium difficile Toxin B gene by PCR.</i>				

CLONIDINE

order code

CLONID

flexilab code

CLONIDINE [NMS] (Method)

Effective	Immediately
Method	<i>LC-MS/MS</i>

CLTOXR**CLTOXR**C.DIFFICILE ANTIGEN & CYTOTOXIN ASSAY,
REFLEXIVE (Delete)

order code

flexilab code

Effective	05/19/09
Delete	<i>This test is being discontinued. Use the ordercode CDTPCR to order this test.</i>

ESTMCP**ESTMCP**

ESTRADIOL BY LC-MS/MS (Description)

order code

flexilab code

Effective	Immediately
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GLHB**GLHB**

HEMOGLOBIN A1C (Method and Reference Range)

order code

flexilab code

Effective	04/28/09			
Method	<i>Ion-Exchange Chromatography</i>			
Reference Ranges	<i>Hemoglobin A1c</i>	<i>18 yrs or more</i>	<i>4.0-6.0</i>	<i>%</i>

GLHGB**GLHGB**

GLYCOHEMOGLOBIN (Reference Range)

order code

flexilab code

Effective	04/21/09			
Reference Ranges	Glyco-hemoglobin A1C		4.0-6.0 Non-diabetic The American Diabetes Association considers a hemoglobin A1C result of LT 7% to be the goal of diabetic therapy. When results are consistently GT 8%, the ADA suggests reevaluation of the treatment regimen. The testing method used is certified traceable to the Diabetes Control and Complications Trial reference method.	<i>%</i>
	<i>Estimated Average Glucose</i>		<i>The ADA considers an eAG result of LT 154 mg/dL to be the goal of diabetic therapy. Estimated Average Glucose calculated from hemoglobin A1c by use of ADA recommended formula.</i>	<i>mg/dL</i>

HGLYP

HGLYP

HYPOGLYCEMIC PANEL QUALITATIVE (Method, CPT Code, Description)

order code

flexilab code

Effective	06/01/09
Method	<i>LC/MS/MS</i>
CPT4	<i>83788</i>

IPHNK

IPHNK

NATURAL KILLER CELL PANEL (New)

order code

flexilab code

Effective	6/02/09		
Method	<i>Flow Cytometry</i>		
CPT4	<i>86357</i>		
Specimen Requirements	<i>7 mL ACD type A or B whole blood (yellow top tube), 3 mL EDTA whole blood (lavender top tube) and 2-4 peripheral blood smears. Store & transport at RT. Specimens must be processed within 48 hours of collection.</i>		
Comments	<i>1) Min Amt: 7 mL ACD and 2 mL EDTA whole blood. 2) SHMC-Hematology Cellular Immunology.</i>		
Reference Ranges	<table border="1"> <tr> <td><i>Natural Killer Cell Panel Result</i></td> <td><i>This test was developed and its performance characteristics determined by Sacred Heart Medical Center. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes necessary for standard medical care. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity testing.</i></td> </tr> </table>	<i>Natural Killer Cell Panel Result</i>	<i>This test was developed and its performance characteristics determined by Sacred Heart Medical Center. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes necessary for standard medical care. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity testing.</i>
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MSSFT

MSSFT

MATERNAL SCREEN, FIRST TRIMESTER (Compliance Statement)

order code

flexilab code

Effective	Immediately
Compliance(RUO)	<i>The PAPP-A test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>

MSSIS1

MSSIS1

MATERNAL SCRIN, INTEGRATED, SPEC #1
(Compliance Statement)

order code

flexilab code

Effective	Immediately
Compliance(RUO)	<i>The PAPP-A test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>

MSSIS2

MSSIS2

MATERNAL SCRIN, INTEGRATED, SPEC #2
(Compliance Statement)

order code

flexilab code

Effective	Immediately
Compliance(RUO)	<i>The PAPP-A test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>

MSSS1

MSSS1

MATERNAL SCRIN, SEQUENTIAL, SPEC #1
(Compliance Statement)

order code

flexilab code

Effective	Immediately
Compliance(RUO)	<i>The PAPP-A test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>

MSSS2

MSSS2

MATERNAL SCR, SEQUENTIAL, SPEC #2
(Compliance Statement)

order code

flexilab code

Effective	Immediately
Compliance(RUO)	<i>The PAPP-A test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>

NKPAN
order code**NKPAN**
flexilab code

NATURAL KILLER CELL PANEL (Delete)

Effective	6/02/09
Delete	<i>This test is being discontinued. Use the ordercode IPHNK to order this test.</i>

PTTMXS
order code**PTTMXS**
flexilab code

PTT MIXING STUDY (CPT Coding)

Effective	Immediately
CPT4	<i>85730, 85732 x 2</i>

RTCPLT
order code**RTCPLT**
flexilab code

RETICULATED PLATELET (Delete)

Effective	05/19/09
Delete	<i>This test is being discontinued.</i>

TESBFC
order code**TESBFC**
flexilab code

TESTOSTERONE, BIOAVAILABLE & TOTAL + SHBG BY LC-MS/MS (Description & Comment)

Effective	Immediately
Specimen Requirements	2 mL serum or lithium plasma (Red or green top tube). Specimen should be collected between 6-10 a.m. Separate serum from cells ASAP. Store and transport refrigerated. <i>This test is suggested when improved sensitivity of testosterone by LC-MS/MS is necessary.</i>

TESBFM
order code**TESBFM**
flexilab code

TESTOSTERONE, FREE & TOTAL+SHBG (Description and Deletion of Comment)

Effective	Immediately
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VDOH
order code**VDOH**
flexilab code

VITAMIN D, 25-HYDROXY (Specimen Requirements)

Effective	5/10/09
Comments	<i>1) Min Amt: 0.25 mL. 2) Other acceptable specimens: EDTA plasma, lithium heparin plasma and SST tubes. 3) Unacceptable conditions: grossly hemolyzed, grossly lipemic, jaundiced specimens. 4) Stability: RT-3 days, Refrigerated-10 days, Frozen-7 months. 5) SHMC-Immunology Department.</i>

VENLAF

VENLAF

VENLAFAXINE & METABOLITE (Method, CPT Code, Volume)

order code

flexilab code

Effective	06/01/09
Method	<i>LC-MS/MS</i>
CPT4	<i>83789</i>
Specimen Requirements	<i>1 mL</i> serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.

VRDFAR

VRDFAR

VIRAL DFA STAIN, REFLEX TO VIRAL CULTURE
(Compliance Statement Removed)

order code

flexilab code

Effective	Immediately
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[PAML Web Test Directory](#)