



110 West Cliff Avenue  
Spokane, WA 99204

509.755.8600  
800.541.7891

# TEST CHANGE ALERT #343

## March 23, 2009

### Summary Of Changes

TestCode(s)	Test Description
AMI (AMITR)	AMITRIPTYLINE & METABOLITE (Specimen Requirements)
CBF CULTURE, BLOOD DIPHASIC FUNGUS, REFLEXIVE	(Description, Specimen Requirements)
CRE	CREATININE (Reference Range)
DES (DESIP)	DESIPRAMINE (NORPRAMIN) (Specimen Requirements)
DOX	DOXEPIIN & METABOLITE (Specimen Requirements)
GLHGB (GLYCO)	GLYCOHEMOGLOBIN (Reference Range Description and Note)
HEMQNT	HEMOQUANT, FECES [MML] (Delete)
HUNDNA	HUNTINGTON'S DISEASE DNA SCREEN (Delete)
HUNDUW	HUNTINGTON DISEASE DNA SCREEN (New)
IBPPAA	ALLERGEN, BELL PEPPER/PAPRIKA, ARUP (Delete)
IFEPEU	REFLEX TEST FOR IFE URINE RANDOM (New)
IMI (IMDES)	IMIPRAMINE & METABOLITE (Specimen Requirements)
MYCOAVIUM (VMYCO)	MYCOAVIUM CULTURE TO U OF W (Delete)
NOR (NORT)	NORTRIPTYLINE (AVENTYL) (Specimen Requirements)
P19IFA	PARVOVIRUS (B19) AB PNL, RIFA & PCR (Delete)
PEURIF	ELP, PROTEIN, URINE RANDOM (REFLEX) (NEW)
PLAQ	HYDROXYCHLOROQUINE (PLAQUENIL) (CPT Coding)
TRICYCLIC.TOTAL (TCT)	TRICYCLICS, TOTAL (Specimen Requirements)
VRDFAR	VIRAL DFA STAIN, REFLEX TO VIRAL CULTURE (CPT Coding)



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

### AMI

order code

### AMITR

flexilab code

AMITRIPTYLINE & METABOLITE (Specimen Requirements)

Effective	Immediately
Specimen Requirements	3.5 mL serum (red top tube). <i>Separate serum from cells within 4 hours &amp; put in separate 4 or 10 mL polypropylene (not polystyrene) plastic tube with screw on cap.</i> Store and transport refrigerated. Draw 10-14 hours post dose. If a divided dose is given, draw before morning dose.
Comments	1) Min Amt: 2.5 mL. 2) SST and other gel-type tubes are not recommended because they may artifactually, randomly lower results. 3) <i>Stability: RT- 5 days, Refrigerated-2 weeks, Frozen-6 months.</i> 4) Nortriptyline is an active metabolite. 5) SHMC- Chemistry Department.

### CBF

order code

### CBF

flexilab code

CULTURE, BLOOD DIPHASIC FUNGUS, REFLEXIVE (Description, Specimen Requirements)

Effective	Immediately
Specimen Requirements	Clean site with 70% alcohol followed by 2% iodine. <i>Label an Isolator tube or SPS tube with patient's name, date and time. Aseptically draw up 10 mL blood into syringe &amp; inoculate the Isolator or SPS tube. Maintain at room temperature until shipment.</i> Indicate specimen source. This test may reflex to additional tests depending upon the results of this test. An additional fee may be added.
Comments	<i>1) A routine blood culture should be ordered if yeast are suspected. 2) SHMC-Microbiology Department.</i>

### CRE

order code

### CRE

flexilab code

CREATININE (Reference Range)

Effective	Immediately								
Please Note	<i>Other workpars/order codes also affected by this change include: AMIK.PK/AMIKPK, GFP.12/GFP12, AMIK/AMIKR, AMIK.TR/AMIKTR, GENT.PK/GENPK, GENT/GENR, GENT2/GENTIN, GENT.TR/GENTR, TOB2/TOBIN, TOB/TOB.R, TOB.PK/TOBRPK, TOB.TR/TOBRTR.</i>								
Reference Ranges	<table border="1"> <tr> <td><i>Creatinine</i></td> <td><i>F</i></td> <td><i>0.40-1.00</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td></td> <td><i>M</i></td> <td><i>0.50-1.30</i></td> <td></td> </tr> </table>	<i>Creatinine</i>	<i>F</i>	<i>0.40-1.00</i>	<i>mg/dL</i>		<i>M</i>	<i>0.50-1.30</i>	
<i>Creatinine</i>	<i>F</i>	<i>0.40-1.00</i>	<i>mg/dL</i>						
	<i>M</i>	<i>0.50-1.30</i>							



**HEMQNT**  
order code

**HEMQNT**  
flexilab code

HEMOQUANT, FECES [MML] (Delete)

Effective	Immediately
Delete	<i>This test is being discontinued.</i>

**HUNDNA**  
order code

**HUNDNA**  
flexilab code

HUNTINGTON'S DISEASE DNA SCREEN (Delete)

Effective	4/21/09
Delete	<i>This test is being discontinued. Use the ordercode HUNDUW to order this test.</i>

**HUNDUW**  
order code

**HUNDUW**  
flexilab code

HUNTINGTON DISEASE DNA SCREEN (New)

Effective	4/21/09		
Method	<i>PCR Capillary Electrophoresis</i>		
CPT4	<i>83891, 83896 x 2, 83909, 83898 x 2, 83912</i>		
Specimen Requirements	<i>5 mL EDTA whole blood (lavender top tube). Store &amp; transport refrigerated. Given the likely impact of presymptomatic testing on life plans &amp; insurability, patients should be adequately informed &amp; counselled before this test is ordered &amp; the results given. The Huntington Disease Society of America at 1-800-345-4372 can provide approved counseling program information or the Inland Northwest Genetics Clinic can provide information at 509-535-2278.</i>		
Comments	<i>1) Min Amt: 2 mL. 2) Stability: Refrigerated-3 days. 3) Other acceptable specimens: Cultured amniocytes in T25 or T75 flasks at RT, Chorionic Villi &amp;/or tissue in sterile tube or culture media at RT. 4) For further information on genetics testing call U of W at 206-598-6429. 5) University of Washington#UOW850.</i>		
Reference Ranges	<i>HD allele 1</i>		
	<i>HD allele 2</i>		
	<i>HD Clinical Information</i>		
	<i>HD Interp</i>		
	<i>HD Methods</i>		
			<i>This test was developed &amp; its performance characteristics determined by UW Medicine, Department of Laboratory Medicine. It has not been cleared or approved by the U.S. Food and Drug Administration.</i>

**IBPPAA**

**IBPPAA**

ALLERGEN, BELL PEPPER/PAPRIKA, ARUP  
(Delete)

order code

flexilab code

Effective	Immediately
Delete	<i>This test is being discontinued. Use the ordercode ICFBPP to order this test.</i>

**IFEPEU**

order code

**IFEPEU**

flexilab code

REFLEX TEST FOR IFE URINE RANDOM (New)

Effective	4/21/09
CPT4	<i>86335</i>
Please Note	<i>This order code is used when IFE Random Urine is added to the order code PEURIF.</i>

**IMI**

order code

**IMDES**

flexilab code

IMIPRAMINE &amp; METABOLITE (Specimen Requirements)

Effective	Immediately
Specimen Requirements	3.5 mL serum (red top tube). <i>Separate serum from cells within 4 hours &amp; put in separate 4 or 10 mL polypropylene (not polystyrene) plastic tube with screw on cap.</i> Draw 10-14 hours post dose. If a divided dose is given draw before morning dose. Store and transport refrigerated.
Comments	1) Min Amt: 2.5 mL. 2) SST & other gel-type tubes are not recommended because they may artifactually, randomly lower results. <i>3) Stability: RT-5 days, Refrigerated-2 weeks, Frozen-6 months.</i> 4) SHMC-Chemistry Department.

**MYCOAVIUM**

order code

**VMYCO**

flexilab code

MYCOAVIUM CULTURE TO U OF W (Delete)

Effective	4/21/09
Delete	<i>This test is being discontinued. Use the ordercode CAFBNS to order this test.</i>

**NOR**

order code

**NORT**

flexilab code

NORTRIPTYLINE (AVENTYL) (Specimen Requirements)

Effective	Immediately
Specimen Requirements	3.5 mL serum (red top tube). <i>Separate serum from cells within 4 hours &amp; put in separate 4 or 10 mL polypropylene (not polystyrene) plastic tube with screw on cap.</i> Draw 10-14 hours post dose. If a divided dose is given, draw before morning dose. Store and transport refrigerated.
Comments	1) Min Amt: 2.5 mL. 2) SST & other gel-type tubes are not recommended because they may artifactually, randomly lower results. <i>3) Stability: RT-5 days, Refrigerated-2 weeks, Frozen-6 months.</i> 4) SHMC-Chemistry Department.

**P19IFA**

order code

**P19IFA**

flexilab code

PARVOVIRUS (B19) AB PNL, RIFA &amp; PCR (Delete)

Effective	Immediately
Delete	<i>This test is being discontinued.</i>

# PEURIF

order code

# PEURIF

flexilab code

ELP, PROTEIN, URINE RANDOM (REFLEX) (NEW)

Effective	4/21/09			
Method	<i>Agarose Gel ELP (High resolution)</i>			
CPT4	<i>84166</i>			
Specimen Requirements	<i>100 mL urine, random collection. Collect a random urine in a leakproof plastic urine container. Store and transport refrigerated. This test may reflex to additional tests depending upon the results of this test. Additional fees will be added.</i>			
Comments	<i>1) Min Amt: 3 mL. 2) Stability: Refrigerated-5 days, Frozen-1 month. 3) SHMC-Immunology Department.</i>			
Reference Ranges	<i>ELP, Urine</i>			
	<i>Random Interp</i>			
	<i>IFE, Urine if</i>			
	<i>Indicated</i>			

# PLAQ

order code

# PLAQ

flexilab code

HYDROXYCHLOROQUINE (PLAQUENIL) (CPT Coding)

Effective	Immediately			
CPT4	<i>82489</i>			

# TRICYCLIC.TOTTCT AL

order code

flexilab code

TRICYCLICS, TOTAL (Specimen Requirements)

Effective	Immediately			
Specimen Requirements	<i>3 mL frozen serum (red top tube). Separate serum from cells within 4 hours, and put in polypropylene (not polystyrene) plastic tube with screw on cap and freeze. Draw 10-14 hours post dose. If a divided dose is given draw before morning dose. Store and transport frozen.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) SST and other gel-type tubes are not recommended because they may artifactually, randomly lower results. 3) Stability: RT- 4 hours, Refrigerated-1 day, Frozen-indefinitely. 4) SHMC-Chemistry Department.</i>			

# VRDFAR

order code

# VRDFAR

flexilab code

VIRAL DFA STAIN, REFLEX TO VIRAL CULTURE (CPT Coding)

Effective	Immediately			
CPT4	<i>87015</i>			

[PAML Web Test Directory](#)