



110 West Cliff Avenue
Spokane, WA 99204

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TEST CHANGE ALERT #346

May 11, 2009

Summary Of Changes

TestCode(s)	Test Description
ALKPBS	ALK PHOSPHATASE, BONE SPECIFIC (Specimen Requirements)
ALU-U (ALUUQ)	ALUMINUM, URINE (Stability)
ANDROS.S (ANDROS)	ANDROSTENEDIONE (SERUM) (Delete)
ANDSDE	ANDROSTENEDIONE (New)
ANETAB	NEUTROPHIL ASSOCIATED ANTIBODY (Description, Specimen Requirements, Reference Range)
ARSURF	ARSENIC, URINE REFLEX TO FRACTIONS (Stability)
BPAGM	BORDETELLA PERTUSSIS AB A,G,M (New)
BPEABP	BORDETELLA PERTUSSIS A/G/M ABS (Delete)
CDTPCR	C. DIFFICILE BY PCR (New)
CHROM-U (CHRMUQ)	CHROMIUM, QUANT (URINE) (Stability)
CLTOXR	C.DIFFICILE ANTIGEN & CYTOTOXIN ASSAY, REFLEXIVE (Delete)
COPPER.UR (COPPUQ)	COPPER, URINE (Stability)
CRYPTO (ACRYP)	CRYPTOCOCCUS ANTIGEN (Reference Range Note)
DHEA	DHEA (Delete)
DHYA	DEHYDROEPIANDROSTERONE (New)
ENC.WEST (ENCW)	ENCEPHALITIS AB-WESTERN EQUINE (Reference Range)
GADAB	GLUTAMIC ACID DECARBOXYLASE AB (Delete)
GADCAB	GLUTAMIC ACID DECARBOXYLASE AB (New)
HGUQT	MERCURY, URINE (Stability)
HOMO-U (HOMOUQ)	HOMOCYSTINE (URINE), QUANTITATIVE (Description, Specimen Requirements)
HUMIMM	HUMORAL IMMUNITY PANEL 1 (Reference Range for Pneumococcal IgG)
MAN-U (MANUQ)	MANGANESE, URINE (Stability)
METPL	METANEPHRINES, PLASMA FREE (Specimen Requirements)
MYCPCR	MYCOPLASMA PNEUMONIAE BY PCR (Compliance Statement)
NICUQ	NICKEL, URINE, QUANTITATIVE (Stability)
NISER	NICKEL (Reference Range)
NORPCR	NOROVIRUS GROUP 1 & 2 RT-PCR (Compliance Statement)
OLIBND	OLIGOCLONAL BANDING (Reference Range)
PAI1	PLASMINOGEN ACTIVATOR INHIBITOR 1 (Reference Range)
PLASMINOGEN (PLASM)	PLASMINOGEN (Reference Range)
RAPAMY	SIROLIMUS (RAPAMYCIN) (Reference Range)
STFRA	SOLUBLE TRANSFERRIN RECEPTOR (Specimen Requirements)
TBG	THYROXINE BINDING GLOBULIN (Specimen Requirements)
TESBFC	TESTOSTERONE, BIOAVAILABLE & TOTAL (Method, Specimen Requirements)
TOXPCR	TOXOPLASMA GONDII BY PCR (Reference Range)

VIT A (VITA)VITAMIN A (Specimen Requirements)
VITAEVITAMIN E (Specimen Requiements)
VWMULVON WILLEBRAND MULTIMERIC PANEL (Reference Range)
ZNCUQZINC, URINE (QUANTITATIVE) (Stability)
ZOLOFT (SERT)SERTRALINE (ZOLOFT) (Method)



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

ALKPBS

ALKPBS

ALK PHOSPHATASE, BONE SPECIFIC (Specimen Requirements)

order code

flexilab code

Effective	05/18/09
Comments	<i>1) Min Amt: 0.3 mL. 2) Unacceptable conditions: grossly hemolyzed samples. 3) Other acceptable specimens: sodium or lithium heparin plasma (green top tube). 3) Stability: RT-2 hrs, Refrigerated-2 days, Frozen-1 year. 4) ARUP# 70053.</i>

ALU-U

ALUUQ

ALUMINUM, URINE (Stability)

order code

flexilab code

Effective	05/18/09
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: urine collected within 48 hrs after administration of gadolinium (Gd) containing contrast media (may occur with MRI studies) or acid preserved urine specimens. 3) Stability: RT-1 week, Refrigerated-2 weeks (preferred), Frozen-1 year. 4) ARUP# 99408.</i>

ANDROS.S

ANDROS

ANDROSTENEDIONE (SERUM) (Delete)

order code

flexilab code

Effective	05/18/09
Delete	<i>This test is being discontinued. Use the ordercode ANDSDE to order this test.</i>

ANDSDE

ANDSDE

ANDROSTENEDIONE (New)

order code

flexilab code

Effective	05/18/09			
Method	<i>HPLC/TMS</i>			
CPT4	<i>82157</i>			
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. Collect between 6-10 AM.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: Sodium or lithium plasma (green top tube) or EDTA plasma (lavender top tube). 3) Stability: RT-1 days, Refrigerated-1 week, Frozen-6 months. 4) ARUP# 2001638.</i>			
Reference Ranges	<i>Androstene-dione</i>	<i>F</i>	<i>Pre26-28wks-day4 0.920-2.820</i> <i>Pre31-35wks-day4 0.800-4.460</i> <i>Full-term 1-7 d 0.200-2.900</i> <i>1 mo-11 mo 0.060-0.680</i> <i>1-6 yrs 0.080-0.500</i> <i>7-9 yrs 0.038-0.490</i> <i>10-11 yrs 0.094-1.270</i> <i>12-13 yrs 0.190-2.090</i>	<i>ng/mL</i>

Tanner Stage I Tanner Stage II Tanner Stage III Tanner Stage IV-V	F	14-15 yrs	0.430-2.090	ng/mL
		16-17 yrs	0.390-2.150	
		18-40 yrs	Pre-menopausal: 0.260-2.140	
		41 yrs+	Postmenopausal: 0.130-0.820	
			0.039-0.760	
			0.170-1.530	
			0.400-2.350	
			0.390-2.090	
Tanner Stage I Tanner Stage II Tanner Stage III Tanner Stage IV-V	M	Pre26-28wks-day4	0.920-2.820	ng/mL
		Pre31-35wks-day4	0.800-4.460	
		Full-term 1-7 d	0.200-2.900	
		1 mo-11 mo	0.600-0.680	
		1-6 yrs	0.080-0.500	
		7-9 yrs	0.031-0.310	
		10-11 yrs	0.072-0.410	
		12-13 yrs	0.110-0.640	
		14-15 yrs	0.180-1.010	
		16-17 yrs	0.310-1.140	
Tanner Stage I Tanner Stage II Tanner Stage III Tanner Stage IV-V	M	18-40 yrs	0.330-1.340	ng/mL
		41 yrs+	0.230-0.890	
			0.037-0.330	
			0.078-0.480	
			0.160-1.000	
			0.280-1.070	

ANETAB

ANETAB

NEUTROPHIL ASSOCIATED ANTIBODY
(Description, Specimen Requirements, Reference Range)

order code

flexilab code

Effective	05/18/09		
Specimen Requirements	3 mL frozen serum (red top tube). Separate serum from cells <i>ASAP</i> & put in separate plastic tube and freeze. Store and transport frozen.		
Comments	1) Min Amt: 0.5 mL. 2) <i>Stability: RT-unacceptable, Refrigerated- unacceptable, Frozen-1 month.</i> 3) ARUP# 55506.		
Reference Ranges	<i>Neutrophil Associated Antibody</i>		<i>Negative Neutrophil-associated Ab may cause neutropenia in various autoimmune disorders including Felty's Syndrome, SLE and drug-induced neutropenia. Febrile transfusion reactions and isoimmune neonatal neutropenia may also be caused by antibodies to neutrophil-specific or HLA antigens. Circulating antibodies in patient's serum are measured by flow</i>

			<p><i>cytometry after incubation with normal neutrophils. Values greater than 2 standard deviations of the normal control population are interpreted as "weakly positive" & GT 3 standard deviations "positive".</i></p> <p>Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration approval. This test was developed and its performance characteristics determined by ARUP Lab. It has not been approved by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</p>
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ARSURF

ARSURF

ARSENIC, URINE REFLEX TO FRACTIONS (Stability)

order code

flexilab code

Effective	05/18/09
Comments	1) Min Amt: 5.0 mL. 2) Unacceptable: Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies), acid preserved urine. 3) <i>Stability: RT-unacceptable, Refrigerated-2 wks (preferred), Frozen-1 yr.</i> 4) ARUP studies indicate refrigeration, during & after collection, preserves specimens as well as preservatives, if tested with 2 weeks of collection. 5) ARUP# 25000.

BPAGM

BPAGM

BORDETELLA PERTUSSIS AB A,G,M (New)

order code

flexilab code

Effective	05/18/09				
Method	<i>ELISA</i>				
CPT4	<i>86615 x 3</i>				
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from cells ASAP & put in separate plastic tube. Acute & convalescent specimens must be labelled as such; parallel testing is preferred & convalescent specimens must be received within 30 days of receipt of acute specimen. Mark tubes plainly as acute or convalescent. Store and transport refrigerated.</i>				
Comments	<i>1) Min Amt: 0.3 mL. 2) Unacceptable conditions: severely lipemic, contaminated, heat-inactivated or hemolyzed samples. 3) Stability: RT-2 days, Refrigerated-2 weeks, Frozen-1 year. 4) ARUP# 2001775.</i>				
Compliance(RUO)	<i>This 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>				
Reference Ranges	<table border="1"> <tr> <td><i>Bordetella</i></td> <td><i>0.9 or less</i></td> <td><i>Negative-No significant level of</i></td> <td><i>U/mL</i></td> </tr> </table>	<i>Bordetella</i>	<i>0.9 or less</i>	<i>Negative-No significant level of</i>	<i>U/mL</i>
<i>Bordetella</i>	<i>0.9 or less</i>	<i>Negative-No significant level of</i>	<i>U/mL</i>		

<i>pertussis, IgA</i>	<i>1.0-1.1</i>	<i>detectable Bordetella pertussis IgA antibody.</i>	
	<i>1.2 or more</i>	<i>Equivocal-Repeat testing in 10-14 days may be helpful.</i>	
<i>Bordetella pertussis, IgG</i>	<i>0.9 or less</i>	<i>Positive-IgA Ab to Bordetella pertussis detected which may indicate a current or past exposure /immunization to B. pertussis.</i>	U/mL
	<i>1.0-2.4</i>	<i>Negative-No significant level of Bordetella pertussis IgG Ab.</i>	
	<i>2.5 or more</i>	<i>Equivocal-Repeat testing in 10-14 days may be helpful.</i>	
<i>Bordetella pertussis, IgM</i>	<i>0.9 or less</i>	<i>Positive-IgG Ab to Bordetella pertussis detected, which may indicate a current or past exposure /immunization to B. pertussis.</i>	U/mL
	<i>1.0-1.1</i>	<i>Negative-No significant level of detectable Bordetella pertussis IgM Ab.</i>	
	<i>1.2 or more</i>	<i>Equivocal-Repeat testing in 10-14 days may be helpful.</i>	
		<i>Positive-IgM Ab to Bordetella pertussis detected, which may indicate a current or recent exposure/immunization to B. pertussis.</i>	
<p>This 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 Lab. The U.S. Food and Drug Administration (FDA) has not approved or cleared 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 CLIA and by all states to perform high-complexity testing.</p>			

BPEABP
order code

BPEABP
flexilab code

BORDETELLA PERTUSSIS A/G/M ABS (Delete)

Effective	05/18/09
Delete	<i>This test is being discontinued. Use the ordercode BPAGM to order this test.</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. Indicate source.</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>		
Please Note	<i>This test appeared on PAML Test Change Alert # 344 and we have had to change the reporting fields.</i>		
Reference Ranges	<i>Source C. difficile Toxin B gene Result C. difficile Toxin B gene Status</i>		<i>Negative Negative for Clostridium difficile Toxin B gene by PCR</i>

CHROM-U

order code

CHRMUQ

flexilab code

CHROMIUM, QUANT (URINE) (Stability)

Effective	05/18/09
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: urine collected within 48 hrs after administration of gadolinium (Gd) containing contrast media (may occur with MRI studies) or acid preserved urine specimens. 3) Stability: RT-1 week, Refrigerated-2 weeks (preferred), Frozen-1 year. 4) ARUP# 25068.</i>

CLTOXR

order code

CLTOXR

flexilab code

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

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

COPPER.UR

order code

COPPUQ

flexilab code

COPPER, URINE (Stability)

Effective	05/18/09
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: urine collected within 48 hrs after administration of gadolinium (Gd) containing contrast media (may occur with MRI studies) or acid preserved urine specimens. 3) Stability: RT-1 week, Refrigerated-2 weeks (preferred), Frozen-1 year. 4) ARUP# 20461.</i>

CRYPTO

ACRYP

CRYPTOCOCCUS ANTIGEN (Reference Range Note)

order code

flexilab code

Effective	05/18/09		
Reference Ranges	<i>Cryptococcus Antigen</i>		<i>Negative</i> <i>Positive specimens are titered.</i>

DHEA

order code

DHEA

flexilab code

DHEA (Delete)

Effective	05/18/09		
Delete	<i>This test is being discontinued. Use the ordercode DHYA to order this test.</i>		

DHYA

order code

DHYA

flexilab code

DEHYDROEPIANDROSTERONE (New)

Effective	05/18/09		
Method	<i>HPLC/TMS</i>		
CPT4	<i>82626</i>		
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from cells ASAP & put in separate plastic tube. Collect between 6-10 AM. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.3 mL. 2) Other acceptable specimens: EDTA, sodium or lithium plasma (lavender or green top tube). 3) Stability: RT-1 day, Refrigerated- 1 week, Frozen-6 months. 4) ARUP# 2001640.</i>		
Reference Ranges	<i>Dehydroepiandrosterone</i>		<i>ng/mL</i>
	<i>F</i>	<i>Premature</i>	<i>LT 40.000</i>
		<i>0-1 day</i>	<i>LT 11.000</i>
		<i>2-6 days</i>	<i>LT 8.700</i>
		<i>7 days-1 mo</i>	<i>LT 5.800</i>
		<i>1-23 mo</i>	<i>LT 2.900</i>
		<i>2-5 yrs</i>	<i>LT 2.300</i>
		<i>6-7 yrs</i>	<i>LT 3.400</i>
		<i>8-9 yrs</i>	<i>0.120-2.700</i>
		<i>10-11 yrs</i>	<i>0.130-3.690</i>
		<i>12-13 yrs</i>	<i>0.810-6.340</i>
		<i>14-15 yrs</i>	<i>1.230-7.630</i>
		<i>16-17 yrs</i>	<i>1.460-9.510</i>
		<i>18-40 yrs</i>	<i>1.330-7.780</i>
		<i>41 yrs+</i>	<i>0.630-4.700</i>
	<i>F</i>	<i>Tanner Stage I</i>	<i>0.130-2.740</i>
		<i>Tanner StageII</i>	<i>0.600-5.380</i>
		<i>Tanner Stage III</i>	<i>1.140-8.540</i>
		<i>Tanner Stage IV-V</i>	<i>1.190-9.130</i>
	<i>M</i>	<i>Premature</i>	<i>LT 40.000</i>
		<i>0-1 day</i>	<i>LT 11.000</i>
		<i>2-6 days</i>	<i>LT 8.700</i>
		<i>7 days-1 mo</i>	<i>LT 5.800</i>
			<i>ng/mL</i>

		<i>1-23 mo</i> <i>2-5 yrs</i> <i>6-7 yrs</i> <i>8-9 yrs</i> <i>10-11 yrs</i> <i>12-13 yrs</i> <i>14-15 yrs</i> <i>16-17 yrs</i> <i>18-40 yrs</i> <i>41 yrs+</i>	<i>LT 2.900</i> <i>LT 2.300</i> <i>LT 3.400</i> <i>0.092-2.460</i> <i>0.300-3.810</i> <i>0.580-4.110</i> <i>0.870-6.640</i> <i>1.210-7.630</i> <i>1.330-7.780</i> <i>0.630-7.400</i> <i>0.100-2.540</i> <i>0.320-3.960</i> <i>0.790-4.940</i> <i>1.210-6.450</i>	
	<i>Tanner Stage I</i> <i>Tanner StageII</i> <i>Tanner Stage</i> <i>III</i> <i>Tanner Stage</i> <i>IV-V</i>	<i>M</i>		<i>ng/mL</i>

ENC.WEST

ENCW

ENCEPHALITIS AB-WESTERN EQUINE (Reference Range)

order code

flexilab code

Effective	05/18/09			
Reference Ranges	<i>Encephalitis-Western Equine</i>		<i>LT 1:16</i>	<i>A positive result for IgG may indicate current or past infection.</i>

GADAB

order code

GADAB

flexilab code

GLUTAMIC ACID DECARBOXYLASE AB (Delete)

Effective	05/18/09			
Delete	<i>This test is being discontinued. Use the ordercode GADCAB to order this test.</i>			

GADCAB

order code

GADCAB

flexilab code

GLUTAMIC ACID DECARBOXYLASE AB (New)

Effective	05/18/09			
Method	<i>ELISA</i>			
CPT4	<i>83516</i>			
Specimen Requirements	<i>1 mL frozen serum (SST tube). Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable conditions: plasma and grossly hemolyzed specimens. 3) Stability: RT-1 day, Refrigerated-1 week, Frozen- 3 months. 4) ARUP# 2001771.</i>			
Reference Ranges	<i>Glutamic Acid Decarboxylase Ab</i>		<i>0.0-5.0</i>	<i>IU/mL</i>

HGUQT
order code

HGUQT
flexilab code

MERCURY, URINE (Stability)

Effective	05/18/09
Comments	1) Min Amt: 5.0 mL. 2) Unacceptable: Urine collected within 48 hours after administration of gadolinium (Gd) containing contrast media (may occur with MRI studies), acid preserved urine. 3) <i>Stability: RT-1 week, Refrigerated-2 weeks (preferred), Frozen-1 year.</i> 4) ARUP studies indicate refrigeration, during & after collection, preserves specimens as well as preservatives, if tested within 2 weeks of collection. 5) ARUP# 25050.

HOMO-U

HOMOUQ

HOMOCYSTINE (URINE), QUANTATITIVE
(Description, Specimen Requirements)

order code

flexilab code

Effective	05/18/09
Comments	1) Min Amt: 5 mL. 2) Unacceptable conditions: pH LT 5 or GT 8. Samples with acid or other preservatives. Large amounts of hemoglobin or blood can interfere with quantitation. 3) Random samples are reported as HOMO/CREA ratio. <i>For timed specimens other than 24 hours, the result will be extrapolated to represent a 24 hour time period. Reference range may not apply.</i> 4) Stability: RT-unacceptable, Refrigerated-24 hours, Frozen-1 month. 5) ARUP# 80413.

HUMIMM

HUMIMM

HUMORAL IMMUNITY PANEL 1 (Reference Range
for Pneumococcal IgG)

order code

flexilab code

Effective	05/18/09			
Reference Ranges	Diphtheria Ab, IgG		Antibody concentration of GT 0.1 is usually considered protective.	IU/mL
	Tetanus Ab, IgG		Antibody concentration of GT 0.1 is usually considered protective.	IU/mL
	Pneumococcal Serotype 1, IgG			ug/mL
	Pneumococcal Serotype 3, IgG			ug/mL
	Pneumococcal Serotype 4, IgG			ug/mL
	Pneumococcal Serotype 5, IgG			ug/mL
	Pneumococcal Serotype 6B, IgG			ug/mL
	Pneumococcal Serotype 7F, IgG			ug/mL

Pneumococcal Serotype 8, IgG				ug/mL
Pneumococcal Serotype 9N, IgG				ug/mL
Pneumococcal Serotype 9V, IgG				ug/mL
Pneumococcal Serotype 12F, IgG				ug/mL
Pneumococcal Serotype 14, IgG				ug/mL
Pneumococcal Serotype 18C, IgG				ug/mL
Pneumococcal Serotype 19F, IgG				ug/mL
Pneumococcal Serotype 23F, IgG				ug/mL
<i>Pneumococcal Serotype Interp</i>				
			<i>All serotypes tested are present in the 23-valent pure polysaccharide pneumococcal vaccine. Serotypes 4, 6B, 9V, 14, 18C, 19F and 23F are contained in the conjugated pneumococcal vaccine. Long-term protection is generally thought to be associated with a 1 month vaccine response of at least 1 ug/mL in children & adults. Responder status is determined once reaching the minimum level of 1 ug/mL, according to the ratio of postvaccination to prevaccination concentration of pneumococcal IgG Ab as follows: A ratio of LT twofold is considered a non-responder. A ratio of two-to fourfold is a weak responder. A ratio of fourfold is a good responder.</i>	
IgA	0-30 days	1-7		mg/dL
	1 mo	1-53		
	2 mo	3-47		
	3 mo	5-46		
	4 mo	4-72		
	5 mo	8-83		
	6 mo	8-67		
	7-8 mo	11-89		

IgG	9-11 mo	16-83	mg/dL		
	1 yr	14-105			
	2 yrs	14-122			
	3 yrs	22-157			
	4 yrs	25-152			
	5-7 yrs	33-200			
	8-9 yrs	45-234			
	10 yrs +	68-378			
	0-30 days	611-1542			
	1 mo	241-870			
	2 mo	198-577			
	3 mo	169-558			
	4 mo	188-536			
	5 mo	165-781			
	6 mo	206-676			
	7-8 mo	208-868			
	9-11 mo	282-1026			
	1 yr	331-1164			
	2 yrs	407-1009			
3 yrs	423-1090				
4 yrs	444-1187				
5-7 yrs	608-1229				
8-9 yrs	584-1509				
10 yrs +	68-1632				
IgM	0-30 days	0-24	mg/dL		
	1 mo	19-83			
	2 mo	16-100			
	3 mo	23-85			
	4 mo	26-96			
	5 mo	31-103			
	6 mo	33-97			
	7-8 mo	32-120			
	9-11 mo	39-142			
	1 yr	41-164			
	2 yrs	46-160			
	3 yrs	45-190			
	4 yrs	41-186			
	5-7 yrs	46-197			
	8-9 yrs	49-230			
	10 yrs +	60-263			
	IgG Subclass 1	Cord blood		435-1084	mg/dL
		0-2 mo		218-498	
		3-5 mo		143-394	
6-8 mo		190-388			
9-23 mo		288-880			
2 yrs		170-950			
3-4 yrs		290-1065			
5-6 yrs		330-1065			
7-8 yrs		225-1100			
9-10 yrs		390-1235			
11-12 yrs		380-1420			
13-14 yrs		165-1440			
15 yrs +		240-1118			
IgG Subclass 2		Cord blood	143-453	mg/dL	
		0-2 mo	40-167		
		3-5 mo	23-147		
		6-8 mo	37-60		

IgG Subclass 3	9-23 mo	30-327	mg/dL
	2 yrs	22-440	
	3-4 yrs	28-315	
	5-6 yrs	57-345	
	7-8 yrs	42-375	
	9-10 yrs	61-430	
	11-12 yrs	73-455	
	13-14 yrs	71-460	
	15 yrs +	124-549	
	Cord blood	27-146	
	0-2 mo	4-23	
	3-5 mo	4-70	
	6-8 mo	12-62	
	9-23 mo	13-82	
	2 yrs	4-69	
	3-4 yrs	4-71	
	5-6 yrs	8-126	
7-8 yrs	9-107		
9-10 yrs	10-98		
11-12 yrs	16-194		
13-14 yrs	12-178		
15 yrs +	21-134		
IgG Subclass 4	Cord blood	1-47	mg/dL
	0-2 mo	1-33	
	3-5 mo	1-14	
	6-8 mo	1-16	
	9-23 mo	1-65	
	2 yrs	0-120	
	3-4 yrs	0-90	
	5-6 yrs	2-116	
	7-8 yrs	0-138	
	9-10 yrs	1-95	
	11-12 yrs	1-153	
	13-14 yrs	2-143	
	15 yrs +	7-89	

MAN-U
order code

MANUQ
flexilab code

MANGANESE, URINE (Stability)

Effective	05/18/09
Comments	1) Min Amt: 5 mL. 2) Unacceptable conditions: urine collected within 48 hrs after administration of gadolinium (Gd) containing contrast media (may occur with MRI studies) or acid preserved urine specimens. 3) <i>Stability: RT-1 week, Refrigerated-2 weeks (preferred), Frozen-1 year.</i> 4) ARUP# 25070.

METPL
order code

METPL
flexilab code

METANEPHRINES, PLASMA FREE (Specimen Requirements)

Effective	05/18/09
Specimen Requirements	<i>4 mL frozen EDTA or K2EDTA plasma (lavender or pink top tube). Separate plasma from cells within 15 min & put in separate plastic tube & freeze immediately. Store & transport frozen. CRITICAL FROZEN. Separate samples must be submitted when multiple tests are ordered. Collet sample after patient has</i>

been resting in supine position 15 min. Prefer patient to be overnight fasting. No epinephrine & epinephrine-like drugs for 1 wk, no acetaminophen for 48 hrs, refrain from caffeine, meds, tobacco & from drinking coffee, tea or alcoholic beverage at least 4 hrs prior.

MYCPCR

MYCPCR

MYCOPLASMA PNEUMONIAE BY PCR
(Compliance Statement)

order code

flexilab code

Effective	05/18/09
Other	<i>This test was developed and its performance characteristics determined by ARUP Lab. The U.S. Food & Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.</i>

NICUQ

NICUQ

NICKEL, URINE, QUANTITATIVE (Stability)

order code

flexilab code

Effective	05/18/09
Comments	1) Min Amt: 5 mL. 2) Unacceptable conditions: urine collected within 48 hrs after administration of gadolinium (Gd) containing contrast media (may occur with MRI studies) or acid preserved urine specimens. 3) <i>Stability: RT-1 week, Refrigerated-2 weeks (preferred), Frozen-1 year.</i> 4) ARUP# 25045.

NISER

NISER

NICKEL (Reference Range)

order code

flexilab code

Effective	05/18/09		
Reference Ranges	<i>Nickel</i>		<i>10.0 or less Serum nickel testing is intended to detect potentially toxic exposure.</i>
			<i>ug/L</i>

NORPCR

NORPCR

NOROVIRUS GROUP 1 & 2 RT-PCR (Compliance Statement)

order code

flexilab code

Effective	05/18/09
Other	<i>This test was developed and its performance characteristics determined by ARUP Lab. The U.S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.</i>

OLIBND
order code

OLIBND
flexilab code

OLIGOCLONAL BANDING (Reference Range)

Effective	05/18/09			
Reference Ranges	IgG, Serum	0-30 days 1 mo 2 mo 3 mo 4 mo 5 mo 6 mo 7-8 mo 9-11 mo 1 yr 2 yrs 3 yrs 4 yrs 5-7 yrs 10+ yrs	611-1542 241-870 198-577 169-558 188-536 165-781 206-676 208-868 282-1026 331-1164 407-1009 423-1090 444-1187 584-1509 768-1632	mg/dL
	IgG, CSF		0-6.0	mg/dL
	Albumin, CSF		0-35	mg/dL
	Albumin Index		0.0-9.0	
	CSF IgG/ Albumin Ratio		0.09-0.25	
	IgG Index		0.28-0.66	
	CSF Oligo- clonal Bands		Negative	
	Interp <i>CSF IgG Synthesis Rate</i>		<i>8.0 or less</i>	<i>mg/d</i>
	Albumin, Serum		3300-4800	mg/dL

PAI1

PAI1

**PLASMINOGEN ACTIVATOR INHIBITOR 1
(Reference Range)**

order code

flexilab code

Effective	05/18/09			
Reference Ranges	<i>Plasminogen Activator Inhibitor 1</i>		<i>22.0 or less</i> The reference interval was established based on fasting samples drawn between 8 am and 12 pm. Plasminogen Activator Inhibitor 1 has diurnal variation, with higher values in the morning and decreased values in the afternoon. <i>PAI-1 is also an acute phase reactant.</i>	<i>IU/mL</i>

PLASMINOGEN PLASM

order code

flexilab code

PLASMINOGEN (Reference Range)

Effective	05/18/09		
Reference Ranges	<i>Plasminogen</i>		<i>71-144</i> %

RAPAMY

order code

RAPAMY

flexilab code

SIROLIMUS (RAPAMYCIN) (Reference Range)

Effective	05/18/09		
Reference Ranges	<i>Sirolimus</i>		<i>A therapeutic range of 4-12 ng/mL is proposed based on a pre-dose (trough) steady-state specimen, concomitant cyclosporine, for a kidney transplant patient in the maintenance phase of therapy. The range may vary with other transplant organs, when used in combination with other drugs other than cyclosporine (or sirolimus alone), with the approach of the transplant center, and other factors.</i> ng/mL

STFRA

order code

STFRA

flexilab code

SOLUBLE TRANSFERRIN RECEPTOR (Specimen Requirements)

Effective	05/18/09		
Specimen Requirements	<i>1 mL serum, sodium or lithium heparin plasma (red top or green top tube). Separate serum or plasma from the cells within 30 minutes and put in separate plastic tube. Store and transport refrigerated.</i>		

TBG

order code

TBG

flexilab code

THYROXINE BINDING GLOBULIN (Specimen Requirements)

Effective	05/18/09		
Comments	<i>1) Min Amt: 0.4 mL. 2) Unacceptable conditions: plasma or grossly hemolyzed or lipemic specimens. 3) Stability: RT-8 hrs, Refrigerated-2 days, Frozen- 1 month. 4) ARUP# 70410.</i>		

TESBFC

TESBFC

TESTOSTERONE, BIOAVAILABLE & TOTAL (Method, Specimen Requirements)

order code

flexilab code

Effective	05/18/09
Method	<i>HPLC/MS/ICMA</i>
Specimen Requirements	1 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. This test is suggested for women and children due to improved sensitivity of testosterone by LC-MS/MS.
Comments	1) <i>Min Amt: 0.4 mL.</i> 2) Unacceptable conditions: EDTA plasma. 3) Stability: RT-24 hours, Refrigerated-1 week, <i>Frozen-6 months.</i> 4) ARUP# 81057.

TOXPCR

TOXPCR

TOXOPLASMA GONDII BY PCR (Reference Range)

order code

flexilab code

Effective	05/18/09		
Other	<i>This test was developed and its performance characteristics determined by ARUP Laboratories. The U.S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.</i>		
Reference Ranges	Source Toxoplasma gondii, PCR Result		<p>Negative-Toxoplasma gondii not detected by PCR.</p> <p>Positive-Toxoplasma gondii detected by PCR.</p> <p><i>A negative result does not rule out the presence of PCR inhibitors in the patient specimen or Toxoplasma gondii DNA concentrations below the level of detection of the assay. This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.</i></p> <p>This test was developed and its performance characteristics determined by ARUP Laboratories. The U.S. Food & Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.</p>

VIT A
order code

VITA
flexilab code

VITAMIN A (Specimen Requirements)

Effective	05/18/09
Comments	1) Min Amt: 0.3 mL 2) <i>Other acceptable specimens: 1 mL refrigerated heparin or EDTA plasma (green or lavender or pink top tube).</i> 3) Stability: RT- unstable, Refrigerated-1 month, Frozen-1 year. 4) This assay does not include metabolites such as retinaldehyde & retinoic acid. 5) ARUP# 80525.

VITAE
order code

VITAE
flexilab code

VITAMIN E (Specimen Requirements)

Effective	05/18/09
Comments	1) Min Amt: 0.3 mL. 2) <i>Other acceptable specimens: refrigerated heparin or EDTA plasma (green, lavender or pink top tube).</i> 3) Stability: RT- unacceptable, Refrigerated-1 month, Frozen-1 year. 4) ARUP# 80521.

VWMUL

VWMUL

VON WILLEBRAND MULTIMERIC PANEL
(Reference Range)

order code

flexilab code

Effective	05/18/09			
Reference Ranges	Normal			
Von Willebrand Multimeric Factor VIII, Activity	0-6 yrs	56-190		%
	7-9 yrs	78-199		
	10-11 yrs	83-226		
	12-13 yrs	74-205		
	14-15 yrs	69-241		
	16-17 yrs	63-225		
	18 yrs +	56-190		
von Willebrand Factor Ag	0-6 yrs	51-185		%
	7-9 yrs	62-176		
	10-11 yrs	61-201		
	12-13 yrs	61-186		
	14-15 yrs	57-204		
	16-17 yrs	51-211		
	18 yrs +	51-185		
<i>von Willebrand Factor Act (Ristocetin Cofactor)</i>	<i>0-6 yrs</i>	<i>51-215</i>		<i>%</i>
	<i>7-9 yrs</i>	<i>52-176</i>		
	<i>10-11 yrs</i>	<i>60-195</i>		
	<i>12-13 yrs</i>	<i>50-184</i>		
	<i>14-15 yrs</i>	<i>50-203</i>		
	<i>16-17 yrs</i>	<i>49-204</i>		
	<i>18 yrs +</i>	<i>51-215</i>		

ZNCUQ
order code

ZNCUQ
flexilab code

ZINC, URINE (QUANTITATIVE) (Stability)

Effective	05/18/09
Comments	1) Min Amt: 5 mL. 2) Unacceptable conditions: urine collected within 48 hrs after administration of gadolinium (Gd) containing contrast media (may occur with MRI studies) or acid preserved urine specimens. 3) <i>Stability: RT-1 week, Refrigerated-2 weeks (preferred), Frozen-1 year.</i> 4) ARUP# 20462.

ZOLOFT
order code

SERT
flexilab code

SERTRALINE (ZOLOFT) (Method)

Effective	05/18/09
Method	<i>GC/LC/MS</i>

[PAML Web Test Directory](#)