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Spokane, WA 99204

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TEST CHANGE ALERT #347

June 22, 2009

Summary Of Changes

TestCode(s)	Test Description
ANALZ4	ANALYZER (Reference Ranges)
BCRAB	BCR-ABL GENE REARRANGEMENT (New)
BCRABL	BCR/ABL TRANSLOCATION, RT-PCR (Delete)
BENZENE (BENZWB)	BENZENE, WHOLE BLOOD (Specimen Requirements)
BORPCR B. PERTUSSIS/PARAPERTUSSIS BY PCR	(Method, Specimen Requiriements, Reference Ranges)
CELPEX	CELIAC PANEL EXTENDED (Reference Range)
CELPRO	CELIAC PROFILE, PEDIATRIC EXTENDED (Reference Range)
CMVGL	CYTOMEGALOVIRUS ANTIBODY, IGG (Reference Range Comment)
COPRBC	COPPER, RBC (Delete)
FK506	FK 506 (TACROLIMUS) (Method)
GLIGA	ANTI-GLIADIN ABS, IGA & IGG (Reference Range)
HBSAG.CONFIRM (HBSAGC)	HB SURFACE ANTIGEN CONFIRMATION (CPT Coding)
HCVRQ	HCV RNA QUANTIFICATION (Delete)
HCVRQT	HEPATITIS C VIRUS RNA QUANT BY PCR (New)
HEPBDQ	HBV DNA QUANT BY PCR (Method, Reference Ranges, Specimen Requirements)
HIVQBD	HIV-1 ULTRASSENS VIRAL LOAD BY BDNA (Specimen Requirements)
HIVUS	HIV-1 ULTRA SENS VIRAL LOAD BY PCR (Specimen Requirements)
IGFB3A	IGF BINDING PROTEIN 3 (New)
JAK2M	JAK2 (V617F) MUTATION (New)
LUPUS (ACTLUP)	LUPUS ANTICOAGULANT(REFLEX) (Reference Range)
OLIBND	OLIGOCLONAL BANDING (Reference Range)
OXCAR	OXCARBAZEPINE METABOLITE (CPT Coding)
OXYS	OXYCODONE SCREEN, REFLEXIVE (Description, Specimen requirements)
RAPAMY	SIROLIMUS (RAPAMYCIN) (Method)
REF.JAK2 (JAK2)	JAK2 SPECIMEN SENT (Delete)
REF.SHPAP (RSHPAP)	PAP SENT(See Note-Prompt for HPV testing added)
TOXOGL	TOXOPLASMA GONDII AB, IGG (Reference Range Comments)
ZNRBC	ZINC, RBC (New)



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

ANALZ4

order code

ANALZ4

flexilab code

ANALYZER (Reference Ranges)

Effective	Immediately		
Reference Ranges			
ANA		LT 7.5	IU/mL
ANA Pattern			
dsDNA Autoabs		LT 5.0	IU/mL
RNP/Sm	Negative	LT 5.0	
	Borderline	5.0-10.0	
	Positive	GT 10.0	
Sm (Smith) IgG	Negative	LT 5.0	
AutoAbs	Borderline	5.0-10.0	
	Positive	GT 10.0	
SS-A IgG	Negative	LT 5.0	
AutoAbs	Borderline	5.0-10.0	
	Positive	GT 10.0	
SS-B IgG	Negative	LT 5.0	
AutoAbs	Borderline	5.0-10.0	
	Positive	GT 10.0	
Scl-70 IgG	Negative	LT 5.0	
AutoAbs	Borderline	5.0-10.0	
	Positive	GT 10.0	
Thyroid Peroxidase AutoAbs		LT 60	U/mL
<i>C3 Complement</i>		<i>90-180</i>	<i>mg/dL</i>
<i>C4 Complement</i>		<i>16-47</i>	<i>mg/dL</i>
<i>Rheumatoid Factor</i>		<i>LT 14</i>	<i>IU/mL</i>
Ribosomal P Protein AutoAbs	Negative	LT 5.0	Units
	Borderline	5.0-10.0	
	Positive	GT 10.0	

BCRAB

order code

BCRAB

flexilab code

BCR-ABL GENE REARRANGEMENT (New)

Effective	07/21/09
Method	<i>RT qRT-PCR</i>
CPT4	<i>83891, 83902, 83898 x 2, 83903 x 2, 83912</i>
Specimen Requirements	<i>5 mL EDTA whole blood (lavender top tube) or 1 mL bone marrow (lavender top tube). Store and transport unopened original collection tube refrigerated. Do not freeze. Samples must arrive in the lab within 48 hours of collection. Indicate source.</i>
Comments	<i>1) Min Amt: 3 mL whole blood or 0.5 mL bone marrow. 2) Other acceptable specimens: sodium citrate whole blood or bone marrow (blue top tube). 3) Unacceptable conditions: whole blood in sodium heparin,</i>

	<i>serum/plasma, grossly hemolyzed, frozen whole blood or bone marrow, shared sample (other than bone marrow). 4) Stability: RT-unacceptable, Refrigerated-2 days, Frozen-unacceptable. 5) SHMC-Molecular Diagnostics Department.</i>		
FDA	<i>This test was developed and its performance characteristics determined by Providence Sacred Heart Medical Center & Children's Hospital. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. 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 clinical testing.</i>		
Reference Ranges	<i>Source BCRABL Translocation</i>		<i>Not detected A bcr/abl t(9;22) translocation was not detected. Major fusion transcript(p210 fusion gene product): Not detected. Minor fusion transcript(p210 fusion gene product): Not detected The bcr/abl fusion gene transcript is found in GT 99% of patients with chronic myelogenous leukemia (CML) & 25-40% of adult patients with ALL. A negative result does not absolutely rule out the presence of the fusion transcript in this patient's sample. This test is performed by real-time quantitative reverse transcription PCR using fluorescence detection. Analytical specificity: detects the three major fusion transcripts, b3a2 b2A2, E1A2. Limit of detection and limit of quantification p210: 0.0005% & 0.005%. Limit of detection and limit of quantification for p190: 0.01% and 0.1%. Direct comparison of results generated in different laboratories is not recommended due to variation between assay configurations. Direct comparison of sequential results generated from the same sample type will provide the most meaningful information. Test results should always be considered complementary to morphologic and other relevant data; therefore, should not be independently used to make a diagnosis of malignancy. This test was developed and its performance characteristics determined by Providence Sacred Heart Medical Center & Children's Hospital. It has not been cleared</i>

			<p><i>or approved by the FDA. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. 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 clinical testing.</i></p>	
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BCRABL
order code

BCRABL
flexilab code

BCR/ABL TRANSLOCATION, RT-PCR (Delete)

Effective	07/21/09
Delete	<i>This test is being discontinued. Use the ordercode BCRAB to order this test.</i>

BENZENE

BENZWB

BENZENE, WHOLE BLOOD (Specimen Requirements)

order code

flexilab code

Effective	Immediately
Specimen Requirements	<i>2 mL sodium fluoride/potassium oxalate whole blood (grey top tube). Store and transport refrigerated.</i>
Comments	<i>1) Min Amt: 0.5 mL. 2) Stability: RT-unacceptable; Refrigerated- 2 weeks, Frozen-3 weeks. 3) Other acceptable specimens: EDTA whole blood (lavender top tube). 4) Unacceptable conditions: samples received at RT. 5) NMS# 0541B.</i>

BORPCR

BORPCR

B. PERTUSSIS/PARAPERTUSSIS BY PCR (Method, Specimen Requirements, Reference Ranges)

order code

flexilab code

Effective	07/21/09		
Method	<i>RT-PCR</i>		
Specimen Requirements	<i>Collect two NP swabs (dacron tip with plastic or wire shaft) by inserting the swab through the nose into the posterior nasopharynx and rotating for at least 5 seconds or collect 1 mL nasopharygeal wash (minimum sample volume 0.5 mL). Place swabs or wash in sterile capped container. Store & transport refrigerated. Do not freeze or place in M5 transport media.</i>		
Comments	<i>1) Unacceptable conditions: Swabs in M5 viral transport media and swabs collected with calcium alginate or heparin, or older than 7 days. In general, throat swabs, although exceptions may be made in certain circumstances as determined by the director or supervisor. 2) Stability: RT- unacceptable, Refrigerated-1 week, Frozen-unacceptable. 3) SHMC-Molecular Diagnostics Department.</i>		
Reference Ranges	B.pertussis/ parapertussis Result <i>Comment</i>		Negative for Bordetella pertussis DNA. Negative for Bordetella parapertussis DNA. <i>The analytic sensitivity of this assay is 1 organism per 3 micro-</i>

<p><i>Method</i></p> <p>Comment</p>		<p><i>liters of processed specimen. A false positive result for Bordetella pertussis may occur in samples containing Bordetella holmesii or Bordetella bronchiseptica.</i></p> <p><i>This test was performed by PCR and fluorescent hydrolysis probe detection.</i></p> <p>This test was developed and its performance characteristics determined by SHMC. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under CLIA as qualified to perform high complexity clinical testing.</p>	
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CELPEX
order code

CELPEX
flexilab code

CELIAC PANEL EXTENDED (Reference Range)

Effective	07/21/09			
Reference Ranges				
Tissue Trans-glutaminase Ab, IgA	Negative Equivocal Positive	LT 4.0 4.0-10.0 GT 10.0 tTG antibody, especially IgA, is sensitive and specific for untreated Celiac Disease. Levels can decrease significantly in response to a gluten-free diet. The IgG assay is used mainly to detect celiac patients who are IgA deficient.	U/mL	
Tissue Trans-glutaminase Ab, IgG	Negative Equivocal Positive	LT 6.0 6.0-9.0 GT 9.0 tTG antibody, especially IgA, is sensitive and specific for untreated Celiac Disease. Levels can decrease significantly in response to a gluten-free diet. The IgG assay is used mainly to detect celiac patients who are IgA deficient.	U/mL	
<i>Anti-Gliadin Ab, IgA</i>	<i>Negative</i> <i>Positive</i>	<i>LT 10.0</i> <i>10.0 or greater</i>	<i>U/mL</i>	
Anti-Gliadin	Negative	LT 10.0	U/mL	

Ab, IgG IGA	Positive	10.0 or greater	mg/dL
	0-4 months	No normals established	
	5-9 months	14-77	
	10-11 months	16-90	
	1 yr	21-113	
	2 yrs	27-153	
	3 yrs	31-176	
	4 yrs	34-194	
	5 yrs	40-225	
	6 yrs	54-297	
	7 yrs	66-374	
8 yrs	68-387		
9 yrs	71-387		
10+ yrs	80-450		

CELPRO

CELPRO

CELIAC PROFILE, PEDIATRIC EXTENDED (Reference Range)

order code

flexilab code

Effective	07/21/09			
Reference Ranges	IGA	0-4 months 5-9 months 10-11 months 1 yr 2 yrs 3 yrs 4 yrs 5 yrs 6 yrs 7 yrs 8 yrs 9 yrs 10+ yrs	No normals established 14-77 16-90 21-113 27-153 31-176 34-194 40-225 54-297 66-374 68-387 71-387 80-450	mg/dL
	Tissue Trans-glutaminase Ab, IgA	Negative Equivocal Positive	LT 4.0 4.0-10.0 GT 10.0 tTG antibody, especially IgA, is sensitive and specific for untreated Celiac Disease. Levels can decrease significantly in response to a gluten-free diet. The IgG assay is used mainly to detect celiac patients who are IgA deficient.	U/mL
	<i>Anti-Gliadin Ab, IgA</i>	<i>Negative</i>	<i>LT 10.0</i>	<i>U/mL</i>
	<i>Anti-Gliadin Ab, IgG</i>	<i>Positive</i>	<i>10.0 or greater</i>	<i>U/mL</i>
		Negative	LT 10.0	U/mL
		Positive	10.0 or greater	

CMVGL

order code

CMVGL

flexilab code

CYTOMEGALOVIRUS ANTIBODY, IGG (Reference Range Comment)

Effective	Immediately			
Reference Ranges	Cytomegalo-virus Ab, IgG	Negative Equivocal Positive	LT 0.60 No significant level of IgG antibody detected. 0.60-0.69 Repeat testing of a second sample in 10-14 days may be helpful to determine presence or absence of infection. 0.70 or greater IgG antibody <i>detected. May indicate a recent or past infection.</i>	U/mL

COPRBC

order code

COPRBC

flexilab code

COPPER, RBC (Delete)

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

FK506

order code

FK506

flexilab code

FK 506 (TACROLIMUS) (Method)

Effective	07/21/09	
Method	<i>CMIA</i>	
Comments	1) Min Amt: 0.5 mL. 2) Stability: <i>Refrigerated-1 week</i> , Frozen-6 months. 3) Avoid repeated freeze/thaw cycles. 4) SHMC-Chemistry Department.	

GLIGA

order code

GLIGA

flexilab code

ANTI-GLIADIN ABS, IGA & IGG (Reference Range)

Effective	07/21/09			
Reference Ranges	<i>Anti-Gliadin Ab, IgA</i> Anti-Gliadin Ab, IgG	<i>Negative</i> <i>Positive</i> Negative Positive	<i>LT 10.0</i> <i>10.0 or greater</i> LT 10.0 10.0 or greater	<i>U/mL</i> U/mL

HBSAG.CONFI HBSAGC
RM

order code

flexilab code

HB SURFACE ANTIGEN CONFIRMATION (CPT Coding)

Effective	Immediately
CPT4	87341

HCVRQ

order code

HCVRQ

flexilab code

HCV RNA QUANTIFICATION (Delete)

Effective	07/21/09
Delete	<i>This test is being discontinued. Use the ordercode HCVRQT to order this test.</i>

HCVRQT

order code

HCVRQT

flexilab code

HEPATITIS C VIRUS RNA QUANT BY PCR (New)

Effective	07/21/09		
Method	<i>PCR: Ampliprep/TaqMan HCV Test</i>		
CPT4	87522		
Specimen Requirements	<i>2 mL EDTA plasma (lavender top tube). Separate plasma from cells within 6 hours of collection and put in separate polypropylene tube. Store and transport refrigerated. If transport GT 3 days, freeze at -70C. Ship 650. This test cannot be ordered as a reflex test on serum or plasma samples previously tested for antibodies.</i>		
Comments	<i>1) Min Amt: 1.5 mL. 2) Other acceptable specimens: serum (SST tube). Separate serum from cells within 6 hours of collection and place in separate polypropylene tube & freeze. Store & transport frozen. 3) Unacceptable conditions: repeat freeze/thaw cycles. 4) Stability: Ref- 3 days, Frozen (-70C)-6 weeks. 5) Virology Department.</i>		
Reference Ranges	<i>HCV RNA Viral Load Result</i>		<i>LT 1.6 Log IU/mL</i>
	<i>HCV RNA Viral Load Result</i>		<i>Not detected</i>
			<i>Reportable range HCV RNA 1.6 to 7.8 Log IU/mL (43-69,000,000 IU/mL). This test is intended for use as an aid in management of HCV-infected individuals undergoing anti-viral therapy. The COBAS Ampliprep/COBAS TaqMan HCV Test is not intended for use as a screening test for the presence of HCV in blood or blood products or as a diagnostic test to confirm the presence of HCV infection.</i>
			<i>IU/mL</i>

HEPBDQ

HEPBDQ

HBV DNA QUANT BY PCR (Method, Reference Ranges, Specimen Requirements)

order code

flexilab code

Effective	07/21/09			
Method	<i>RT-PCR</i>			
Specimen Requirements	3 mL frozen EDTA plasma or frozen serum (lavender or red top tube). Separate plasma or serum from cells within 6 hrs of collection by centrifugation at 800-1600 x g for 20 min at RT & put in separate <i>sterile polypropylene tube</i> & freeze immediately. Store & transport frozen. This test cannot be ordered as a reflexive test on serum or plasma samples previously tested with the exception of branched DNA testing. A dedicated sample is required for molecular testing. Ship 650.			
Comments	<p><i>1) Min Amt: 2 mL. 2) Other acceptable samples: PPT tube. Centrifuge & pour plasma into sterile polypropylene tube & freeze.</i> 3) Unacceptable conditions: whole blood, heparinized or unfrozen samples. Do not allow sample to thaw. 4) <i>Stability: RT-3 days, Ref-1 week, Frozen(-20)-6 weeks, Frozen(-70)-6 weeks.</i> SHMC-Molecular Diagnostics.</p>			
Reference Ranges	<p><i>HBV DNA Quant Result</i></p> <p>HBV DNA Quant Log 10 value</p> <p><i>HBV DNA Quant Methodology</i></p> <p><i>HBV DNA Quant Comment</i></p>		<p><i>Not Detected</i></p> <p><i>This result does not rule out the presence of HBV DNA below the limit of detection of this assay. Inaccurate results can occur due to improper specimen handling or the presence of PCR inhibitors in the patient specimen.</i></p> <p>Not Detected</p> <p><i>This assay is performed using real time PCR by the COBAS TaqMan HBV IVD test.</i></p> <p><i>The reportable range of this test is 29-11,000,000,000 IU/mL (Log 10 1.5-10.0). The limit of detection is 10 IU/mL. This test is FDA approved and is intended for in vitro diagnostic use. This test is performed pursuant to an agreement with Roche Molecular Systems.</i></p>	<p><i>IU/mL</i></p> <p>IU/mL</p>

HIVQBD

HIVQBD

HIV-1 ULTRASENS VIRAL LOAD BY BDNA (Specimen Requirements)

order code

flexilab code

Effective	07/21/09		
Specimen Requirements	5 mL frozen PPT tube. Centrifuge PPT tubes at 800-1600xg for 10-15 mins and freeze immediately. Store and transport frozen. NOTE: This test is only for patients with documented HIV-1 infection. Use 12HIVR & 1HIVWB for diagnosis of HIV-1. CAUTION: This test cannot be ordered as a reflex test on serum/plasma previously tested. A dedicated sample is required. <i>Ship 650.</i> Other acceptable specimens: EDTA or ACD plasma spun within 4 hrs @1000xg for 10-15 mins. Transfer plasma immediately to sterile plastic tube and freeze. Store and transport frozen.		

HIVUS

HIVUS

HIV-1 ULTRA SENS VIRAL LOAD BY PCR (Specimen Requirements)

order code

flexilab code

Effective	07/21/09
Specimen Requirements	2 mL frozen EDTA plasma (lavender top tube). Plasma must be separated from the cells within 6 hours of collection. Place in a sterile polypropylene tube and freeze. Store & transport frozen. <i>Ship 650. Stability: RT-1 day, Refrigerated-5 days, Frozen-1 month, Frozen (-70C)-indefinitely. This test cannot be ordered as a reflexive test on plasma samples previously tested for antibodies.</i>
Comments	1) Min Amt: 1.5 mL. 2) Other acceptable specimens: frozen plasma from K2EDTA or PPT tube. All plasma specimens must be spun & aliquoted into separate sterile polypropylene tube & frozen. 3) <i>Unacceptable conditions: serum, heparinized samples, specimens transported in PPT tube (aliquot prior to submission).</i>

IGFB3A

IGFB3A

IGF BINDING PROTEIN 3 (New)

order code

flexilab code

Effective	07/21/09
Method	<i>Chemiluminescent Immunoassay</i>
CPT4	<i>82397</i>
Specimen Requirements	<i>0.5 mL frozen serum (SST tube). Separate serum from cells and put in separate plastic tube and freeze. Store & transport frozen.</i>
Comments	<i>1) Min Amt: 0.3 mL. 2) Unacceptable conditions: plasma, grossly hemolyzed or lipemic samples. 3) Stability: RT-8 hours, Refrigerated-1 day, Frozen- 1 year. 4) ARUP# 70060.</i>

Reference Ranges				
<i>IGF Binding Protein 3</i>	<i>M</i>	<i>0-1 yr</i>	<i>1444-4408</i>	<i>ng/mL</i>
		<i>2-3 yrs</i>	<i>1586-4444</i>	
		<i>4-5 yr</i>	<i>1706-5082</i>	
		<i>6-7 yr</i>	<i>1838-4468</i>	
		<i>8-9 yrs</i>	<i>1932-5858</i>	
		<i>10-11 yrs</i>	<i>1828-6592</i>	
		<i>12-13 yrs</i>	<i>2134-6598</i>	
		<i>14-15 yrs</i>	<i>2330-6550</i>	
		<i>16-17 yrs</i>	<i>2380-6400</i>	
		<i>18-19 yrs</i>	<i>2340-6632</i>	
		<i>20-24 yrs</i>	<i>2404-5948</i>	
		<i>25-29 yrs</i>	<i>2614-5792</i>	
		<i>30-34 yrs</i>	<i>2500-5806</i>	
		<i>35-39 yrs</i>	<i>2474-5208</i>	
		<i>40-44 yrs</i>	<i>2360-5560</i>	
		<i>45-49 yrs</i>	<i>2314-5700</i>	
		<i>50-54 yrs</i>	<i>2528-5050</i>	
		<i>55-59 yrs</i>	<i>2482-5460</i>	
	<i>60-64 yrs</i>	<i>2592-4770</i>		
	<i>65 yrs +</i>	<i>2698-5688</i>		
	<i>Tanner Stage I</i>	<i>1878-6190</i>		
	<i>Tanner Stage II</i>	<i>2112-6208</i>		
	<i>Tanner Stage III</i>	<i>2372-6602</i>		
	<i>Tanner Stage IV-</i>	<i>2336-6414</i>		
<i>V</i>				
<i>F</i>	<i>0-1 yr</i>	<i>1176-4916</i>		
	<i>2-3 yrs</i>	<i>1870-5426</i>		
	<i>4-5 yrs</i>	<i>2092-4936</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>18-19 yrs</i> <i>20-24 yrs</i> <i>25-29 yrs</i> <i>30-34 yrs</i> <i>35-39 yrs</i> <i>40-44 yrs</i> <i>45-49 yrs</i> <i>50-54 yrs</i> <i>55-59 yrs</i> <i>60-64 yrs</i> <i>65 yrs +</i> <i>Tanner Stage I</i> <i>Tanner Stage II</i> <i>Tanner Stage III</i> <i>Tanner Stage IV-</i> <i>V</i>	<i>2188-4996</i> <i>2072-5504</i> <i>2456-6992</i> <i>2838-6846</i> <i>2654-6680</i> <i>2756-6908</i> <i>2700-6492</i> <i>3032-5992</i> <i>2926-5858</i> <i>2878-6650</i> <i>2786-6084</i> <i>2514-6014</i> <i>2838-4954</i> <i>2562-5596</i> <i>2574-5914</i> <i>2684-5130</i> <i>2462-5274</i> <i>2314-6086</i> <i>2732-6738</i> <i>2870-7068</i> <i>2756-7232</i>	
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JAK2M
order code

JAK2M
flexilab code

JAK2 (V617F) MUTATION (New)

Effective	07/21/09		
Method	<i>PCR</i>		
CPT4	<i>83891, 83896 x 2, 83898, 83903, 83912</i>		
Specimen Requirements	<i>5 mL EDTA, ACD or sodium citrate whole blood (lavender, yellow or blue top tube). Submit original unopened tube only. Store & transport at room temperature or refrigerated if delay of more than 72 hours. Indicate source.</i>		
Comments	<i>1) Min Amt: 3 mL whole blood or 0.5 mL bone marrow. 2) Other acceptable specimens: 1 mL bone marrow. 3) Unacceptable conditions: whole blood in sodium heparin, serum/plasma, grossly hemolyzed, frozen whole blood or bone marrow, specimens in leaky containers or over 5 days old and samples not received in the original unopened collection tubes. 4) Stability: RT-3 days, Refrigerated-5 days, Frozen-unacceptable. 5) SHMC-Molecular Dx.</i>		
FDA	<i>This test was developed and its performance characteristics determined by Providence Sacred Heart Medical Center and Children's Hospital. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is regulated under CLIA of 1988.</i>		
Reference Ranges	<i>Source</i> <i>JAK2 (V617F)</i> <i>Mutation</i> <i>Result</i>		<i>Not detected</i> <i>The JAK2 (V617F) point mutation was not detected by PCR analysis. A negative result does not absolutely rule out the presence of the mutation in this patient's sample. This assay is limited to detecting the presence of the mutation in samples whereby at least 5% of</i>

			<p><i>target sequences isolated contain the JAK2 V617F mutation. This test was developed and its performance characteristics determined by Providence Sacred Heart Medical Center and Children's Hospital. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is regulated under CLIA OF 1988.</i></p>
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LUPUS

ACTLUP

LUPUS ANTICOAGULANT(REFLEX) (Reference Range)

order code

flexilab code

Effective	Immediately			
Reference Ranges				
PT, Patient	0-1 mon	13.0-20.0		sec
	2+ mon	10.9-14.8		sec
PT, PT/NL Mix Thrombin T, Pt TT, Pt/Ps mix aPTT, Patient	0-1 mon	15.6-20.0		sec
	2 mon - 4 yrs	40-50		sec
	5+ yrs	25-40		sec
aPTT, Control aPTT,PT/CT Mix PNP		26-36		
dRVVT		0.0-7.0		
<i>dRVVT mx ratio</i>		31.8-45.7		sec
dRVVT confirm ratio		<i>0.0-1.2</i>		
dRVVT confirm mix ratio		LT 1.2		
		LT 1.2		

OLIBND

OLIBND

OLIGOCLONAL BANDING (Reference Range)

order code

flexilab code

Effective	Immediately			
Reference Ranges				
IgG, Serum	0-30 days	611-1542		mg/dL
	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	584-1509	
		10+ yrs	768-1632	
	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			
	CSF IgG Synthesis Rate		8.0 or less	mg/d
	<i>Albumin, Serum</i>		<i>3500-5200</i>	<i>mg/dL</i>

OXCAR

order code

OXCAR

flexilab code

OXCARBAZEPINE METABOLITE (CPT Coding)

Effective	Immediately
CPT4	<i>82491</i>

OXYS

order code

OXYS

flexilab code

OXYCODONE SCREEN, REFLEXIVE (Description, Specimen requirements)

Effective	07/21/09
Specimen Requirements	30 mL urine, random collection. Store and transport at room temperature. Refrigerate if specimen arrival will exceed 48 hours. (REFER TO TOXICOLOGY SECTION). <i>This test may reflex to additional tests depending upon the results of this test. An additional fee will be added.</i>

RAPAMY

order code

RAPAMY

flexilab code

SIROLIMUS (RAPAMYCIN) (Method)

Effective	Immediately
Method	<i>Tandem MS</i>

REF.JAK2
order code

JAK2
flexilab code

JAK2 SPECIMEN SENT (Delete)

Effective	07/21/09
Delete	<i>This test is being discontinued. Use the ordercode JAK2M to order this test.</i>

REF.SHPAP
order code

RSHPAP
flexilab code

PAP SENT(See Note-Prompt for HPV testing added)

Effective	Immediately
Please Note	<i>A prompt has been added to this workpar to allow you to indicate if you would also like to add HPV testing to this order. HPV testing requested? (Y/N/IF).</i>

TOXOGL

TOXOGL

TOXOPLASMA GONDII AB, IGG (Reference Range Comments)

order code

flexilab code

Effective	Immediately			
Reference Ranges	Toxoplasma gondii Ab, IgG 	Negative Equivocal Positive	LT 6.0 No significant level of IgG antibody detected. 6.0-7.9 Repeat testing in 10-14 days may be helpful to determine presence or absence of infection. 8.0 or greater IgG antibody <i>detected. May indicate a recent or past infection.</i>	IU/mL

ZNRBC
order code

ZNRBC
flexilab code

ZINC, RBC (New)

Effective	07/21/09			
Method	<i>ICP/MS</i>			
CPT4	<i>84630</i>			
Specimen Requirements	<i>3 mLs EDTA whole blood (EDTD metal free royal blue top tube). Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 2 mLs. 2) Other acceptable specimens: sodium heparin whole blood (sodium heparin metal free royal blue top tube). 3) Unacceptable conditions: hemolyzed specimens. 4) Stability: RT-3 days, Refrigerated- 3 days. 5) SPECIALTY# 4877R.</i>			
Reference Ranges	<i>Zinc, RBC</i>		<i>138-245</i>	<i>umol/L</i>

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