



110 West Cliff Avenue
Spokane, WA 99204

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TEST CHANGE ALERT #348

July 21, 2009

Summary Of Changes

TestCode(s)	Test Description
17KFUQ	17-KETOSTEROID FRACT, URINE [MML] (Delete)
ACID MPS (MPSUR)	ACID MUCOPOLYSACCHARIDES, URINE (Delete)
ACMPS	ACID MUCOPOLYSACCHARIDES, URINE (New)
ADRVVT	DILUTE RUSSELL VIPER VENON (DRVVT), REFLEXIVE (Reference Range)
CARD.AB (CARD)	ANTICARDIOLIPIN AB PANEL, IGG & IGM (Description)
CARDS	ANTICARDIOLIPIN AB, IGG, IGM, & IGA (New)
CASIG4	ALLERGEN, CASEIN IGG4 (Delete)
CASIGG	ALLERGEN, CASEIN IGG (Delete)
CRNIG4	ALLERGEN, CORN IGG4 (Delete)
CRNIGG	ALLERGEN, CORN IGG (Delete)
CUFAR	CORTISOL URINE FREE BY LC-MS/MS (New)
GLNIG4	ALLERGEN, GLUTEN IGG4 (Delete)
GLNIGG	ALLERGEN, GLUTEN IGG (Delete)
HCVRQT	HEPATITIS C VIRUS RNA QUANT BY PCR (Reference Range)
ICAFAR	ALLERGEN, ALFALFA, IGE [ARUP] (New)
ICSWAR	ALLERGENS, SW INHALENTS COMP2 [ARUP] (New)
IEP	IMMUNOFIXATION, SERUM (Description Change)
IEP-RU (IEPUR)	IMMUNOFIXATION, URINE, RANDOM (Description)
IEP-U (IEPUQ)	IMMUNOFIXATION, URINE (Description)
IEP.SU (IEPSUQ)	IMMUNOFIXATION, SERUM/URINE (Description)
IEP.SU-R (IEPSUR)	IMMUNOFIXATION, URINE/SERU, (RANDOM) (Descriptionj)
MRSPCA (MRSPCR)	MRSA NASAL SCREEN BY PCR (New)
MRSPCR	MRSA NASAL SCREEN (BY PCR) (Delete)
MS.SPEC (MSSPEC)	MULTIPLE SCLEROSIS EVALUATION (Delete)
PNHPAN	PNH PANEL (New)
PNHSCR	PNH SCREENING TEST (Delete)
TETG	TETANUS TOXOID IGG AB (Delete)
TNFAL	TUMOR NECROSIS FACTOR-ALPHA [SPEC] (Delete)
TOXO.INDEX (TOXIDX)	TOXOPLASMA AB INDEX (Delete)
UMB12	CORDSTAT 12 DRUG SCREEN (REFLEXIVE) (New)
UMB5	CORDSTAT 5 DRUG SCREEN PNL (REFLEX) (New)
UMB7	CORDSTAT 7 DRUG SCREEN PNL (REFLEX) (New)
UMB9	CORDSTAT 9 DRUG SCREEN PNL (REFLEX) (New)
WBPAMH	PLATELET AGGREGATION, WB MECH HEART (Delete)
WEIG4	ALLERGEN, EGG WHOLE IGG4 (Delete)
WEIGG	ALLERGEN, EGG WHOLE IGG (Delete)



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

17KFUQ

order code

17KFUQ

flexilab code

17-KETOSTEROID FRACT, URINE [MML] (Delete)

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

ACID MPS

order code

MPSUR

flexilab code

ACID MUCOPOLYSACCHARIDES, URINE (Delete)

Effective	08/18/09
Delete	<i>This test is being discontinued. Use the ordercode ACMPS to order this test.</i>

ACMPS

order code

ACMPS

flexilab code

ACID MUCOPOLYSACCHARIDES, URINE (New)

Effective	08/18/09			
Method	<i>Colorimetric</i>			
CPT4	<i>83864</i>			
Specimen Requirements	<i>2 mL aliquot of a random urine. Store and transport refrigerated. Include patient's age and clinical information.</i>			
Comments	<i>1) Min Amt 1 mL. 2) CHMC.</i>			
Reference Ranges	<i>MPS, Urine</i>	<i>0-2 mo 3-6 mo 7-12 mo GT 1 yr</i>	<i>LT 60 LT 60 LT 60 LT 60</i>	<i>mg/L</i>
	<i>MPS, Urine</i>	<i>0-2 mo 3-6 mo 7-12 mo GT 1 yr</i>	<i>LT 350 LT 250 LT 150 LT 60</i>	<i>mg/gCr</i>
	<i>Interpretation</i>			

ADRVVT

order code

ADRVVT

flexilab code

DILUTE RUSSELL VIPER VENON (DRVVT),
REFLEXIVE (Reference Range)

Effective	Immediately			
Reference Ranges	<i>DRVVT</i>		<i>31.8-45.7</i>	<i>sec</i>
	<i>DRVVT MIX RATIO</i>		<i>0.0-1.2 Negative for Lupus Inhibitor screen.</i>	

DRVVT CONFIRM RATIO		LT 1.2 Negative for Lupus Inhibitor screen.
DRVVT CONFIRM MIX RATIO		LT 1.2 Negative for Lupus Inhibitor screen.

CARD.AB

CARD

ANTICARDIOLIPIN AB PANEL, IGG & IGM
(Description)

order code

flexilab code

Effective	08/18/09
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CARDS

CARDS

ANTICARDIOLIPIN AB, IGG, IGM, & IGA (New)

order code

flexilab code

Effective	08/19/09			
Method	<i>EIA</i>			
CPT4	<i>86147 x 3</i>			
Specimen Requirements	<i>2 mL 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: heat inactivated samples may give false positive results. Avoid repeated freeze/thaw cycles. 3) Stability: Refrigerated-2 days, Frozen-1 month.</i>			
Reference Ranges	<i>Cardiolipin Ab IgG</i>	<i>Negative Indeterminate Low-Med Positive Strong Positive</i>	<i>LT 10 10-19 20-80 GT 80</i>	<i>GPL U/mL</i>
	<i>Cardiolipin Ab IgM</i>	<i>Negative Indeterminate Low-Med Positive Strong Positive</i>	<i>LT 10 10-19 20-80 GT 80</i>	<i>MPL U/mL</i>
	<i>Cardiolipin Ab IgA</i>	<i>Negative Positive</i>	<i>LT 13 13 or more</i>	<i>APL U/mL</i>

CASIG4

CASIG4

ALLERGEN, CASEIN IGG4 (Delete)

order code

flexilab code

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

CASIGG
order code

CASIGG
flexilab code

ALLERGEN, CASEIN IGG (Delete)

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

CRNIG4
order code

CRNIG4
flexilab code

ALLERGEN, CORN IGG4 (Delete)

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

CRNIGG
order code

CRNIGG
flexilab code

ALLERGEN, CORN IGG (Delete)

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

CUFAR
order code

CUFAR
flexilab code

CORTISOL URINE FREE BY LC-MS/MS (New)

Effective	08/18/09		
Method	<i>Tandem MS (LC-MS/MS)</i>		
CPT4	<i>82530</i>		
Specimen Requirements	<i>5 mL aliquot from a well-mixed 24 hour urine collection in a leak-proof plastic container. Refrigerate during collection. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 1.5 mL. 2) Other acceptable specimens: random urine samples. 3) Unacceptable conditions: samples with preservatives or acidified. 4) Stability: RT-2 days, Refrigerated-2 weeks, Frozen-6 months. 5) Note: The urine cortisol to creatinine ratio will be reported when the urine collection is random, less than 20 hours, or the urine volume is less than 400 mL/24 hours. 6) ARUP# 97222.</i>		
Reference Ranges	<i>Collection</i>		<i>hrs</i>
	<i>Time</i>		
	<i>Volume</i>		<i>mL</i>
	<i>Creatinine, Ur</i>		<i>mg/dl</i>
	<i>Creatinine, Ur</i>	<i>M 0-2 yrs</i>	<i>Not established</i>
		<i>3-8 yrs</i>	<i>140-700</i>
		<i>9-12 yrs</i>	<i>300-1300</i>
		<i>13-17 yrs</i>	<i>500-2300</i>
		<i>18-50 yrs</i>	<i>1000-2500</i>
		<i>51-80 yrs</i>	<i>800-2100</i>
		<i>81 yrs+</i>	<i>600-2000</i>
		<i>F 0-2 yrs</i>	<i>Not established</i>
		<i>3-8 yrs</i>	<i>140-700</i>
		<i>8-12 yrs</i>	<i>300-1300</i>
		<i>13-17 yrs</i>	<i>400-1600</i>
		<i>18-50 yrs</i>	<i>700-1600</i>
		<i>51-80 yrs</i>	<i>500-1400</i>
		<i>81 yrs+</i>	<i>400-1300</i>
	<i>Cortisol, Ur</i>	<i>F Prepubertal</i>	<i>LT 25</i>
			<i>ug/gCR</i>

<i>Free</i> <i>Cortisol, Ur</i> <i>Free</i> <i>Cortisol, Ur</i>	<i>M</i>	<i>18 yrs+</i> <i>Pregnancy</i> <i>Prepubertal</i> <i>18 yrs+</i>	<i>LT 25</i> <i>LT 59</i> <i>LT 25</i> <i>LT 32</i>	<i>ug/L</i> <i>u/d</i>		
		<i>F</i>	<i>3-8 yrs</i> <i>9-12 yrs</i> <i>13-17 yrs</i> <i>18 yrs+</i>		<i>LT 18</i> <i>LT 37</i> <i>LT 56</i> <i>LT 45</i>	
			<i>M</i>		<i>3-8 yrs</i> <i>9-12 yrs</i> <i>13-17 yrs</i> <i>18 yrs+</i>	<i>LT 18</i> <i>LT 37</i> <i>LT 56</i> <i>LT 60</i>

GLNIG4
order code

GLNIG4
flexilab code

ALLERGEN, GLUTEN IGG4 (Delete)

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

GLNIGG
order code

GLNIGG
flexilab code

ALLERGEN, GLUTEN IGG (Delete)

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

HCVRQT
order code

HCVRQT
flexilab code

HEPATITIS C VIRUS RNA QUANT BY PCR
(Reference Range)

Effective	7/21/09			
Reference Ranges	<i>HCV RNA Viral</i> <i>Load Result</i> HCV RNA Viral Load Result		<i>Not detected</i> Not detected 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>LogIU/mL</i> IU/mL

ICAFAR

order code

ICAFAR

flexilab code

ALLERGEN, ALFALFA, IGE [ARUP] (New)

Effective	08/18/09		
Method	<i>Immunocap</i>		
CPT4	<i>86003</i>		
Specimen Requirements	<i>0.25 mL serum (SST tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.25 mL. 2) Unacceptable conditions: hemolyzed, icteric, or lipemic samples. 3) Stability: RT-2 days, Refrigerated- 2 weeks, Frozen- 1 year. 4) ARUP# 99901.</i>		
Reference Ranges	<i>Alfalfa, IgE</i>		<i>LT 0.35</i> <i>kU/L</i>

ICSWAR

order code

ICSWAR

flexilab code

ALLERGENS, SW INHALENTS COMP2 [ARUP] (New)

Effective	08/18/09		
Method	<i>Immunocap</i>		
CPT4	<i>86003 x 24</i>		
Specimen Requirements	<i>3 mL serum (SST tube). Separate serum from cells ASAP & put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 1.6 mL. 2) Unacceptable conditions: hemolyzed, icteric or lipemic samples. 3) Stability: RT-2 days, Refrigerated-2 weeks, Frozen- 1 year. 4) ARUP# 55367.</i>		
Compliance(AS R)	<i>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 (FDA) approval or clearance. This test was developed and its performance characteristics determined by ARUP laboratories, Inc. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>		
Reference Ranges	<i>Cat Epi/Dander IgE</i>		<i>LT 0.35</i> <i>kU/L</i>
	<i>Dog Dander, IgE</i>		<i>LT 0.35</i> <i>kU/L</i>
	<i>A. alternata, IgE</i>		<i>LT 0.35</i> <i>kU/L</i>
	<i>A. fumigatus, IgE</i>		<i>LT 0.35</i> <i>kU/L</i>
	<i>Helmintho-sporium, IgE</i>		<i>LT 0.35</i> <i>kU/L</i>
	<i>Hormodendrum, IgE</i>		<i>LT 0.35</i> <i>kU/L</i>
	<i>Bahia, IgE</i>		<i>LT 0.35</i> <i>kU/L</i>
	<i>Bermuda Grass, IgE</i>		<i>LT 0.35</i> <i>kU/L</i>

IEP
order code

IEP
flexilab code

IMMUNOFIXATION, SERUM (Description Change)

Effective	Immediately
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IEP-RU
order code

IEPUR
flexilab code

IMMUNOFIXATION, URINE, RANDOM (Description)

Effective	Immediately
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IEP-U
order code

IEPUQ
flexilab code

IMMUNOFIXATION, URINE (Description)

Effective	Immediately
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IEP.SU
order code

IEPSUQ
flexilab code

IMMUNOFIXATION, SERUM/URINE (Description)

Effective	Immediately
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IEP.SU-R
order code

IEPSUR
flexilab code

IMMUNOFIXATION, URINE/SERU, (RANDOM)
(Descriptionj)

Effective	Immediately
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MRSPCA
order code

MRSPCR
flexilab code

MRSA NASAL SCREEN BY PCR (New)

Effective	Immediately			
Method	<i>PCR</i>			
CPT4	<i>87641</i>			
Specimen Requirements	<i>Obtain nasal swab using BD Culturette Plus swab. Insert swab into the nares. Rotate swab in each two to five times clockwise and counter clockwise, about three-fourths of an inch into the nasal passage (adult) so that squamous epithelial cells from the inside of the nose are obtained. Place swab in culturette. Store and transport refrigerated.</i>			
Comments	<i>1) Indicate source of specimen. 2) Only nares specimens are acceptable for the PCR assay. 3) PSHMC-Microbiology Department.</i>			
Reference Ranges	<i>MRSA PCR Result</i>			
	<i>MRSA PCR Report Status</i>			

MRSPCR
order code

MRSPCR
flexilab code

MRSA NASAL SCREEN (BY PCR) (Delete)

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

MS.SPEC
order code

MSSPEC
flexilab code

MULTIPLE SCLEROSIS EVALUATION (Delete)

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

PNHPAN
order code

PNHPAN
flexilab code

PNH PANEL (New)

Effective	08/19/09			
Method	<i>Flow Cytometry</i>			
CPT4	<i>88184, 88185 x 5</i>			
Specimen Requirements	<i>5 mL EDTA whole blood (lavender top tube). Store and transport at room temperature. RBC's tested with CD59 and WBC's tested with FLAER, CD14, CD24, CD33 and CD45.</i>			
Comments	<i>1) Min Amt: 2 mL. 2) Unacceptable conditions: hemolyzed or clotted samples. 3) Stability: RT-2 days. 4) SHMC-Hematology Cellular Immunology.</i>			
Reference Ranges	<i>PNH Panel</i>			
	<i>Result</i>			

PNHSCR
order code

PNHSCR
flexilab code

PNH SCREENING TEST (Delete)

Effective	08/19/09
Delete	<i>This test is being discontinued. Use the ordercode PNHPAN to order this test.</i>

TETG
order code

TETG
flexilab code

TETANUS TOXOID IGG AB (Delete)

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

TNFAL

TNFAL

TUMOR NECROSIS FACTOR-ALPHA [SPEC]

(Delete)

order code

flexilab code

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

TOXO.INDEX

TOXIDX

TOXOPLASMA AB INDEX (Delete)

order code

flexilab code

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

UMB12

UMB12

CORDSTAT 12 DRUG SCREEN (REFLEXIVE)

(New)

order code

flexilab code

Effective	08/18/09		
Method	<i>LCMSMS. GC/MS</i>		
CPT4	<i>80101 x 12, 80103</i>		
Specimen Requirements	<i>6-8 inches of umbilical cord. Drain cord and discard any cord blood. Rinse exterior with normal saline and place in the umbilical cord container & sign the requisition form. Store and transport refrigerated. This test may reflex to additional tests depending upon the results of this test. Additional fees may be added.</i>		
Comments	<i>1) USDTL.</i>		
Reference Ranges	<i>CordStat 12</i>		<i>Negative</i>
	<i>Result</i>		
	<i>Amphetamines</i>		<i>Negative</i>
	<i>Amphetamines</i>		<i>LT 1.0 ng/g</i>
	<i>Methamphetamine</i>		<i>LT 1.0 ng/g</i>
	<i>MDA</i>		<i>LT 1.0 ng/g</i>
	<i>MDMA</i>		<i>LT 1.0 ng/g</i>
	<i>MDEA</i>		<i>LT 1.0 ng/g</i>
	<i>Barbituates</i>		<i>Negative</i>
	<i>Butalbital</i>		<i>LT 1.0 ng/g</i>
	<i>Amobarbital</i>		<i>LT 1.0 ng/g</i>
	<i>Pentobarbital</i>		<i>LT 1.0 ng/g</i>
	<i>Secobarbital</i>		<i>LT 1.0 ng/g</i>
	<i>Phenobarbital</i>		<i>LT 1.0 ng/g</i>
	<i>Benzodiazepine</i>		<i>Negative</i>
	<i>Midazolam</i>		<i>LT 2.0 ng/g</i>
	<i>Oxazepam</i>		<i>LT 2.0 ng/g</i>
	<i>Alprazolam</i>		<i>LT 2.0 ng/g</i>
	<i>Temazepam</i>		<i>LT 2.0 ng/g</i>
	<i>Nordiazepam</i>		<i>LT 2.0 ng/g</i>
	<i>Diazepam</i>		<i>LT 2.0 ng/g</i>
	<i>Cocaine</i>		<i>Negative</i>
	<i>Benzoyl- gonine</i>		<i>LT 1.0 ng/g</i>
	<i>Methadones</i>		<i>Negative</i>
	<i>Methadone</i>		<i>LT 2.0 ng/g</i>

<i>EDDP</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Meperidine</i>		<i>Negative</i>	
<i>Meperidine</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Normeperidine</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Opiates</i>		<i>Negative</i>	
<i>Codeine</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Morphine</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Hydrocodone</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Hydromorphone</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>6-MAM</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>PCP</i>		<i>Negative</i>	
<i>Phencyclidine</i>		<i>LT 1.0</i>	<i>ng/g</i>
<i>Oxycodone</i>		<i>Negative</i>	
<i>Oxycodone</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Oxymorphone</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Propoxyphene</i>		<i>Negative</i>	
<i>Propoxyphene</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Norpropoxyphene</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Cannabinoids</i>		<i>Negative</i>	
<i>Carboxy-THC</i>		<i>LT 50</i>	<i>pg/g</i>
<i>Tramadol</i>		<i>Negative</i>	
<i>Tramadol</i>		<i>LT 2.0</i>	<i>ng/g</i>
<i>Certification</i>			

UMB5

UMB5

CORDSTAT 5 DRUG SCREEN PNL (REFLEX)
(New)

order code

flexilab code

Effective	<i>08/18/09</i>		
Method	<i>LCMSMS, GC/MS</i>		
CPT4	<i>80101 x 5, 80103</i>		
Specimen Requirements	<i>6-8 inches of umbilical cord. Drain cord and discard any cord blood. Rinse exterior with normal saline and place in the umbilical cord container & sign the requisition form. Store and transport refrigerated. This test may reflex to additional tests depending upon the results of this test. Additional fees may be added.</i>		
Comments	<i>1) USDTL.</i>		
Reference Ranges	<i>CordStat 5</i>		<i>Negative</i>
	<i>Result</i>		
	<i>Amphetamines</i>		<i>Negative</i>
	<i>Amphetamine</i>	<i>LT 1.0</i>	<i>ng/g</i>
	<i>Methamphetamine</i>	<i>LT 1.0</i>	<i>ng/g</i>
	<i>MDA</i>	<i>LT 1.0</i>	<i>ng/g</i>
	<i>MDMA</i>	<i>LT 1.0</i>	<i>ng/g</i>
	<i>MDEA</i>	<i>LT 1.0</i>	<i>ng/g</i>
	<i>Cocaine</i>	<i>Negative</i>	
	<i>Benzoylcegonine</i>	<i>LT 1.0</i>	<i>ng/g</i>
	<i>Opiates</i>	<i>Negative</i>	
	<i>Codeine</i>	<i>LT 2.0</i>	<i>ng/g</i>
	<i>Morphine</i>	<i>LT 2.0</i>	<i>ng/g</i>
	<i>Hydrocodone</i>	<i>LT 2.0</i>	<i>ng/g</i>

Hydromorphone		LT 2.0	ng/g
PCP		Negative	
Phencyclidine		LT 1.0	ng/g
Cannabinoids		Negative	
Carboxy-THC		LT 50	pg/g
Certification			

UMB7

UMB7

CORDSTAT 7 DRUG SCREEN PNL (REFLEX)
(New)

order code

flexilab code

Effective	08/18/09
Method	LCMSMS, GC/MS
CPT4	80101 x 7, 80103
Specimen Requirements	6-8 inches of umbilical cord. Drain cord and discard any cord blood. Rinse exterior with normal saline and place in the umbilical cord container & sign the requisition form. Store and transport refrigerated. This test may reflex to additional tests depending upon the results of this test. Additional fees may be added.
Comments	1) USDTL.

Reference Ranges			
CordStat 7 Result		Negative	
Amphetamines		Negative	
Amphetamine		LT 1.0	ng/g
Methamphetamine		LT 1.0	ng/g
MDA		LT 1.0	ng/g
MDMA		LT 1.0	ng/g
MDEA		LT 1.0	ng/g
Barbiturates		Negative	
Butalbital		LT 1.0	ng/g
Amobarbital		LT 1.0	ng/g
Pentobarbital		LT 1.0	ng/g
Secobarbital		LT 1.0	ng/g
Phenobarbital		LT 1.0	ng/g
Cocaine		Negative	
Benzoylcegonine		LT 1.0	ng/g
Methadones		Negative	
Methadone		LT 2.0	ng/g
EDDP		LT 2.0	ng/g
Opiates		Negative	
Codeine		LT 2.0	ng/g
Morphine		LT 2.0	ng/g
Hydrocodone		LT 2.0	ng/g
Hydromorphone		LT 2.0	ng/g
6-MAM		LT 2.0	ng/g
PCP		Negative	
Phencyclidine		LT 1.0	ng/g
Cannabinoids		Negative	
Carboxy-THC		LT 50	pg/g
Certification			

UMB9

UMB9

CORDSTAT 9 DRUG SCREEN PNL (REFLEX)
(New)

order code

flexilab code

Effective	08/18/09
Method	LCMSMS, GC/MS
CPT4	80101x 9, 80103
Specimen Requirements	6-8 inches of umbilical cord. Drain cord and discard any cord blood. Rinse exterior with normal saline and place in the umbilical cord container & sign the requisition form. Store and transport refrigerated. This test may reflex to additional tests depending upon the results of this test. Additional fees may be added.
Comments	1) USDTL.

Reference Ranges	CordStat 9	Negative	
	Result		
	Amphetamines	Negative	
	Amphetamine	LT 1.0	ng/g
	Methamphetamine	LT 1.0	ng/g
	MDA	LT 1.0	ng/g
	MDMA	LT 1.0	ng/g
	MDEA	LT 1.0	ng/g
	Barbiturates	Negative	
	Butalbital	LT 1.0	ng/g
	Amobarbital	LT 1.0	ng/g
	Pentobarbital	LT 1.0	ng/g
	Secobarbital	LT 1.0	ng/g
	Phenobarbital	LT 1.0	ng/g
	Benzodiazepines	Negative	
	Midazolam	LT 2.0	ng/g
	Oxazepam	LT 2.0	ng/g
	Alprazolam	LT 2.0	ng/g
	Temazepam	LT 2.0	ng/g
	Nordiazepam	LT 2.0	ng/g
	Diazepam	LT 2.0	ng/g
	Cocaine	Negative	
	Benzoylcegonine	LT 1.0	ng/g
	Methadones	Negative	
	Methadone	LT 2.0	ng/g
	EDDP	LT 2.0	ng/g
	Opiates	Negative	
	Codeine	LT 2.0	ng/g
	Morphine	LT 2.0	ng/g
	Hydrocodone	LT 2.0	ng/g
	Hydromorphone	LT 2.0	ng/g
	6-MAM	LT 2.0	ng/g
	PCP	Negative	
	Phencyclidine	LT 1.0	ng/g
	Propoxyphene	Negative	
	Propoxyphene	LT 2.0	ng/g

<i>Norpropoxy- phene Cannabinoids Carboxy-THC Certification</i>		<i>LT 2.0 Negative LT 50</i>	<i>ng/g pg/g</i>
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WBPAMH

WBPAMH

PLATELET AGGREGATION, WB MECH HEART
(Delete)

order code

flexilab code

Effective	08/18/09
Delete	<i>This test is being discontinued.</i>

WEIG4

WEIG4

ALLERGEN, EGG WHOLE IGG4 (Delete)

order code

flexilab code

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

WEIGG

WEIGG

ALLERGEN, EGG WHOLE IGG (Delete)

order code

flexilab code

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

[PAML Web Test Directory](#)