



110 West Cliff Avenue
Spokane, WA 99204

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TEST CHANGE ALERT #349

August 24, 2009

Summary Of Changes

| TestCode(s) | Test Description |
|---|--|
| AR-AB (ACETYL) | ACETYLCHOL RECEPT BINDING AB (Specimen Requirements) |
| ARS | ARSENIC (Specimen Requirements) |
| ARTISU | ARSENIC TOT INORG, UR (SPECIATED) (Method, Specimen Requirements) |
| CARD.AB (CARD) | CARDIOLIPIN AB, IGG & IGM (Description) |
| CDTRAN | CARBOHYDRATE DEFICIENT TRANSFERRIN (Delete) |
| CORSAL | CORTISOL, SALIVA (Reference Range) |
| CRSSYN CRYSTALS, SYNOVIAL FLUID BATTERY | (Deletion of a component and CPT Coding) |
| CRYQ | CRYOGLOBULIN, QUANT, REFLEX AGM (Delete) |
| CYCLO.WB.TDX (CYCTDX) | CYCLOSPORINE, TDX (HEART TRANSPLANT) (Method, Specimen Requirements) |
| DHYA | DEHYDROEPIANDROSTERONE (Reference Range) |
| EBVPCR | EBV BY PCR (Reference Range Notes) |
| ENTPCR | ENTEROVIRUS DETECTION BY RT-PCR (Reference Range Notes) |
| FLUA.AG (FLUAAG) | INFLUENZA A ANTIGEN, EIA (Delete) |
| FLUBAG | INFLUENZA B ANITGEN, EIA (Delete) |
| FLUOR.EXP.U (FLUUR) | FLUORIDE, URINE (Description, Specimen Requirements) |
| FONDAP (FOND) | FONDAPARINUX (New) |
| FTA.ARUP (FTA) | FLUORESCENT TREPONEMAL AB (REFLEX) (Add Reflexive Statement) |
| HEPTI | HEPTIMAX (Specimen Requirements, Compliance, Reference Range) |
| HER6AB | HERPESVIRUS 6 AB IGG (New) |
| HHV6 | HERPESVIRUS 6 (HHV6) AB, IGG (Delete) |
| HPVPCR | PARVOVIRUS B19 BY PCR (Reference Range Notes) |
| IMMUKN | IMMUKNOW CELL FUNCTION ASSAY (CPT Coding) |
| INS.F&T (INSFT) | INSULIN, FREE & TOTAL (Specimen Requirements) |
| KSRPU | KIDNEY STONE RISK PANEL, UR [ARUP] (Specimen Requirements) |
| KSRPU2 | KIDNEY STONE RISK PANEL II,UR[ARUP] (Specimen Requirements) |
| LEGPCR (LEGPCA) | LEGIONELLA SPECIES BY PCR (Reference Range Notes) |
| LSDSCO | LSD, REFLEXIVE (Specimen Requirements) |
| LSDUCO | LSD, URINE (REFLEXIVE) (Specimen Requirements) |
| LYMPER | BORRELIA SPECIES DNA DETECTION BY PCR (Reference Range Notes) |
| MAN.BLD (MANBLD) | MANGANESE (BLOOD) (Specimen Requirements) |
| MCPA | MYCOPHENOLIC ACID (Specimen Requirements) |
| MYCPCR | MYCOPLASMA PNEUMONIAE BY PCR (Reference Range Notes) |
| NARC | NARCOLEPSY PANEL (CPT Coding) |
| NORPCR | NOROVIRUS GROUP 1 & 2 RT-PCR (Reference Range Notes) |
| NSEN | NEURON SPECIFIC ENOLASE (Reference Range Notes) |
| P2Y12 | PLATELET P2Y12 FUNCTION (New) |

PHEXPUPHENOL EXPOSURE QUANT(Specimen Requirements)
 PNHGRAPNH TESTING ON GRANULOCYTES (Delete)
 PROPTTPROLONGED APTT EVALUATION (REFLEX) (New)
 RAPAMYSIROLIMUS (RAPAMYCIN) (Delete)
 ROCKY MT (RMSFEV) RICKETTSIA RICKETTSII (RMSF) IGG & IGM (Description and Method)
 SIRSIROLIMUS (New)
 SIROLSIROLIMUS (Delete)
 SYNFLSYNOVIAL FLUID PROFILE (Reference Range, CPT Coding)
 TAYSACHS.SERUM (HEXAS)HEXOSAMINIDASE A & TOTAL, SERUM (Delete)
 THYRO .THYROGLOBULIN REFLEX (Specimen Requirements, Method, Reference Range)
 TMTRTHIOPURINE METHYLTRANSFERASE, RBC (New)
 TOXGMLTOXOPLASMA GONDII AB, G&M (REFLEX) (Specimen Requirements)
 TOXOMLTOXOPLASMA GONDII AB, IGM, REFLEX (Specimen Requirements)
 TOXPCRTOXOPLASMA GONDII BY PCR (Reference Range Notes)
 VIRCULVIRAL CULTURE, REFLEXIVE (Specimen Requirements)



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

AR-AB

order code

ACETYL

flexilab code

ACETYLCHOL RECEPT BINDING AB (Specimen Requirements)

| | |
|-----------|---|
| Effective | Immediately |
| Comments | 1) Min Amt: 0.3 mL. 2) Unacceptable conditions: severely lipemic, contaminated or hemolyzed samples or <i>plasma</i> . 3) Stability, RT-2 days, Refrigerated-7 days, Frozen-1 month. Avoid multiple freeze/thaw cycles. 4) Note: Approximately 10% of individuals with confirmed myasthenia gravis have no measurable binding, blocking or modulating antibody. 5) ARUP# 80009. |

ARS

order code

ARS

flexilab code

ARSENIC (Specimen Requirements)

| | |
|-----------------------|---|
| Effective | Immediately |
| Specimen Requirements | 7 mL K2EDTA whole blood (K2EDTA royal blue top tube). <i>Store and transport in original collection tube at room temperature.</i> |

ARTISU

order code

ARTISU

flexilab code

ARSENIC TOT INORG, UR (SPECIATED) (Method, Specimen Requirements)

| | |
|-----------------------|--|
| Effective | 11/02/09 |
| Method | ICP/MS, <i>Colorimetric</i> |
| Specimen Requirements | <i>4 mL</i> urine, collected at the end of shift end of work week in a trace metal free or acid washed plastic container. <i>Store and transport refrigerated.</i> |
| Comments | 1) Min Amt: 2 mL. 2) <i>Stability: RT-1 week, Refrigerated-1 week, Frozen-28 days.</i> 3) NMS# 0468U. |

CARD.AB

order code

CARD

flexilab code

CARDIOLIPIN AB, IGG & IGM (Description)

| | |
|-----------|----------|
| Effective | 09/22/09 |
|-----------|----------|

CDTRAN

order code

CDTRAN

flexilab code

CARBOHYDRATE DEFICIENT TRANSFERRIN (Delete)

| | |
|-----------|---|
| Effective | 08/25/09 |
| Delete | <i>This test is being discontinued.</i> |

CORSAL

order code

CORSAL

flexilab code

CORTISOL, SALIVA (Reference Range)

| | | | | |
|------------------|----------------------------|---|---|-------|
| Effective | 09/15/09 | | | |
| Reference Ranges | Cortisol, <i>Saliva</i> | 8:00 AM <i>Noon</i> 4:00 PM Midnight | 0.025-0.600 <i>LT 0.010-0.330</i> 0.010-0.200 LT 0.010-0.090 | ug/dL |

CRSSYN

order code

CRSSYN

flexilab code

CRYSTALS, SYNOVIAL FLUID BATTERY (Deletion of a component and CPT Coding)

| | | | | |
|------------------|---|-----------------------|--|--|
| Effective | 09/22/09 | | | |
| CPT4 | <i>89060, 84315</i> | | | |
| Reference Ranges | Crystals Crystal ID Specific Gravity <i>Fibrin</i> | Exudate Transudate | None seen 1.015 or greater LT 1.015 <i>This will no longer be reported.</i> | |

CRYQ

order code

CRYQ

flexilab code

CRYOGLOBULIN, QUANT, REFLEX AGM (Delete)

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

CYCLO.WB.TD CYCTDX**X**
order code

flexilab code

CYCLOSPORINE, TDX (HEART TRANSPLANT)
(Method, Specimen Requirements)

| | | | | |
|-----------------------|---|--|--|--|
| Effective | 09/01/09 | | | |
| Method | <i>CMIA</i> | | | |
| Specimen Requirements | 5 mL EDTA whole blood (lavender top tube). Trough sample is preferable, draw just prior to next dose. <i>Store and transport on ice packs or on dry ice.</i> Note amount, date, time or dose and drawing and type of transplant. | | | |

DHYA

order code

DHYA

flexilab code

DEHYDROEPIANDROSTERONE (Reference Range)

| | | | | | |
|------------------|-----------------------------|---|----------------------|------------------------|-------|
| Effective | 09/22/09 | | | | |
| Reference Ranges | Dehydroepi- androsterone | F | Premature 0-1 day | LT 40.000 LT 11.000 | ng/mL |

| | | | | | |
|-------------------|---|----------------|-------------|--------------------|-------|
| | | | 2-6 days | LT 8.700 | |
| | | | 7 days-1 mo | LT 5.800 | |
| | | | 1-23 mo | LT 2.900 | |
| | | | 2-5 yrs | LT 2.300 | |
| | | | 6-7 yrs | LT 3.400 | |
| | | | 8-9 yrs | 0.120-2.700 | |
| | | | 10-11 yrs | 0.130-3.690 | |
| | | | 12-13 yrs | 0.810-6.340 | |
| | | | 14-15 yrs | 1.230-7.630 | |
| | | | 16-17 yrs | 1.460-9.510 | |
| | | | 18-40 yrs | 1.330-7.780 | |
| | | | 41 yrs+ | 0.630-4.700 | |
| Tanner Stage I | F | | | 0.130-2.740 | ng/mL |
| Tanner StageII | | | | 0.600-5.380 | |
| Tanner Stage III | | | | 1.140-8.540 | |
| Tanner Stage IV-V | | | | 1.190-9.130 | |
| | M | Premature | | LT 40.000 | ng/mL |
| | | 0-1 day | | LT 11.000 | |
| | | 2-6 days | | LT 8.700 | |
| | | 7 days-1 mo | | LT 5.800 | |
| | | 1-23 mo | | LT 2.900 | |
| | | 2-5 yrs | | LT 2.300 | |
| | | 6-7 yrs | | LT 3.400 | |
| | | 8-9 yrs | | 0.092-2.460 | |
| | | 10-11 yrs | | 0.300-3.810 | |
| | | 12-13 yrs | | 0.580-4.110 | |
| | | 14-15 yrs | | 0.870-6.640 | |
| | | 16-17 yrs | | 1.210-7.630 | |
| | | 18-40 yrs | | 1.330-7.780 | |
| | | <i>41 yrs+</i> | | <i>0.630-4.700</i> | |
| Tanner Stage I | M | | | 0.100-2.540 | ng/mL |
| Tanner StageII | | | | 0.320-3.960 | |
| Tanner Stage III | | | | 0.790-4.940 | |
| Tanner Stage IV-V | | | | 1.210-6.450 | |

EBVPCR

order code

EBVPCR

flexilab code

EBV BY PCR (Reference Range Notes)

| | | | | |
|------------------|-------------------|--|--|--|
| Effective | Immediately | | | |
| Reference Ranges | <i>EBV BY PCR</i> | | | <p><i>Negative</i></p> <p><i>Negative: EBV DNA not detected by PCR.</i></p> <p><i>Positive: EBV DNA detected by PCR.</i></p> <p>This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.</p> |

ENTPCR

ENTPCR

ENTEROVIRUS DETECTION BY RT-PCR (Reference Range Notes)

order code

flexilab code

| | | | |
|------------------|--|--|---|
| Effective | Immediately | | |
| Reference Ranges | <i>Enterovirus Detection by PT/PCR</i> | | <i>Negative</i> <i>Negative-Enterovirus nucleic acid not detected by RT-PCR.</i> <i>Positive-Enterovirus nucleic acid detected by RT-PCR.</i> This test is performed pursuant to an agreement with Roche Molecular Systems, Inc. |

FLUA.AG

FLUAAG

INFLUENZA A ANTIGEN, EIA (Delete)

order code

flexilab code

| | | | |
|-----------|--|--|--|
| Effective | 09/22/09 | | |
| Delete | <i>This test is being discontinued. Use the ordercode FLABAG to order this test.</i> | | |

FLUBAG

FLUBAG

INFLUENZA B ANITGEN, EIA (Delete)

order code

flexilab code

| | | | |
|-----------|--|--|--|
| Effective | 09/22/09 | | |
| Delete | <i>This test is being discontinued. Use the ordercode FLABAG to order this test.</i> | | |

FLUOR.EXP.U

FLUUR

FLUORIDE, URINE (Description, Specimen Requirements)

order code

flexilab code

| | | | |
|-----------------------|--|--|--|
| Effective | 11/02/09 | | |
| Specimen Requirements | <i>6 mL pre-shift or end of shift urine. Collect in plastic container. Store and transport refrigerated.</i> | | |
| Comments | <i>1) Stability: RT-1 week, Refrigerated-1 week, Frozen-1 month. 2) NMS# 2090U.</i> | | |

FONDAP

FOND

FONDAPARINUX (New)

order code

flexilab code

| | | | |
|-----------------------|--|--|--|
| Effective | 09/22/09 | | |
| Method | <i>Anti-Xa Chromogenic</i> | | |
| CPT4 | <i>85520</i> | | |
| Specimen Requirements | <i>2 mL frozen sodium citrate plasma (blue top tube). Draw 3-4 hours post Fondaparinux dose. Blood/anticoagulant volume is critical. Double spin & separate the plasma and put into two plastic tubes 1 mL each and freeze. This is a CRITICAL FROZEN. Store and transport frozen.</i> | | |

| | | | |
|------------------|--|--|--|
| Comments | <i>1) Min Amt: 1 mL-two 0.5 mL each. 2) Unacceptable conditions: specimens that are not double spun, clotted or short sample (proper volume is 9 parts blood to 1 part anticoagulant). 3) Stability: RT-2 hours, Refrigerated-2 hours, Frozen-1 month. 4) SHMC-Coagulation Department.</i> | | |
| Compliance(IUO) | <i>This test was developed and its performance characteristics determined by Providence Sacred Heart Medical Center. 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 | <i>Fondaparinux</i> | | <i>Fondaparinux levels have not been validated for therapeutic use. However, at 2.5 mg daily, 0.2 to 0.4 mg/L are expected and at 7.5 mg daily, 0.5-1.5 mg/L are expected. This test was developed and its performance characteristics determined by Providence Sacred Heart Medical Center. 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> |
| | | | <i>mg/L</i> |

FTA.ARUP

FTA

FLUORESCENT TREPONEMAL AB (REFLEX) (Add Reflexive Statement)

order code

flexilab code

| | |
|-----------------------|--|
| Effective | Immediately |
| Specimen Requirements | 1 mL serum (red top tube). Separate serum from cells ASAP and place in plastic tube. Store and transport refrigerated. <i>This test may relex to additional tests depending upon the results of this test. An additional fee will be added. Reflex testing to TP-PA will only happen if the FTA is found to be inconclusive.</i> |

HEPTI

HEPTI

HEPTIMAX (Specimen Requirements, Compliance, Reference Range)

order code

flexilab code

| | | | | | | | | | | |
|-------------------------|---|-------------------------|--------------|--------------|-------------------------|-------------------------|--|--|------------------------------------|--|
| Effective | 10/14/09 | | | | | | | | | |
| Specimen Requirements | <i>3 mL frozen plasma collected in 2 EDTA (lavender top tubes). Separate plasma from cells within 6 hrs of collection and freeze. Store and transport frozen. Avoid repeat freeze/thaw cycles.</i> | | | | | | | | | |
| Comments | <i>1) Min Amt: 1.6 mL. 2) Stability: RT-unacceptable, Refrigerated-2 days, Frozen-6 weeks, 3) QUEST# 10565N.</i> | | | | | | | | | |
| Reference Ranges | <table border="1"> <tr> <td><i>HEPTIMAX HCV RNA</i></td> <td><i>LT 43</i></td> <td><i>IU/mL</i></td> </tr> <tr> <td><i>HEPTIMAX HCV RNA</i></td> <td><i>LT 1.63 LogIU/mL</i></td> <td></td> </tr> <tr> <td></td> <td><i>Reportable range 5 IU/mL to</i></td> <td></td> </tr> </table> | <i>HEPTIMAX HCV RNA</i> | <i>LT 43</i> | <i>IU/mL</i> | <i>HEPTIMAX HCV RNA</i> | <i>LT 1.63 LogIU/mL</i> | | | <i>Reportable range 5 IU/mL to</i> | |
| <i>HEPTIMAX HCV RNA</i> | <i>LT 43</i> | <i>IU/mL</i> | | | | | | | | |
| <i>HEPTIMAX HCV RNA</i> | <i>LT 1.63 LogIU/mL</i> | | | | | | | | | |
| | <i>Reportable range 5 IU/mL to</i> | | | | | | | | | |

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|--|--|--|--|--|
| | | | <p>69,000,000 IU/mL. This test was performed using the COBAS Ampliprep/Cobas TaqMan HCV test kit (Roche Molecular Systems, Inc).</p> | |
|--|--|--|--|--|

HER6AB
order code

HER6AB
flexilab code

HERPESVIRUS 6 AB IGG (New)

| | | | | |
|-----------------------|---|---|--|-----------|
| Effective | 09/22/09 | | | |
| Method | <i>ELISA</i> | | | |
| CPT4 | <i>86790</i> | | | |
| Specimen Requirements | <i>1 mL serum (SST tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. Acute and convalescent samples recommended. Acute & convalescent samples must be labeled as such; parallel testing is preferred & convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimen plainly as acute or convalescent.</i> | | | |
| Comments | <i>1) Min Amt: 0.2 mL. 2) Other acceptable specimens: serum (red top tube). 3) Unacceptable conditions: hemolyzed, lipemic, contaminated or heat-inactivated samples. 4) Stability: RT-2 days, Refrigerated-2 weeks, Frozen-1 year. 5) ARUP# 65288.</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 | <i>Herpesvirus 6 Ab, IgG</i> | <p><i>Negative</i></p> <p><i>Equivocal</i></p> <p><i>Positive</i></p> | <p><i>0.89 or less-No significant level of detectable HHV-6 IgG Ab.</i></p> <p><i>0.90-1.10-Questionable presence of HHV-6 IgG Ab. Repeat testing in 10-14 days may be helpful.</i></p> <p><i>1.11 or greater-IgG Ab to HHV-6 detected, which may indicate current or past infection. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. 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 & Drug Adm 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.</i></p> | <i>IV</i> |

HHV6
order code

HHV6
flexilab code

HERPESVIRUS 6 (HHV6) AB, IGG (Delete)

| | |
|-----------|--|
| Effective | 09/22/09 |
| Delete | <i>This test is being discontinued. Use the ordercode HER6AB to order this test.</i> |

HPVPCR

HPVPCR

PARVOVIRUS B19 BY PCR (Reference Range Notes)

order code

flexilab code

| | | | |
|------------------|------------------------------|--|--|
| Effective | Immediately | | |
| Reference Ranges | <i>Parvovirus B19 by PCR</i> | | <i>Negative</i> <i>Negative-Parvovirus DNA not detected by PCR</i> <i>Positive-Parvovirus DNA detected by PCR</i> The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food & 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 CLIA and by all states to perform high-complexity testing. This test is performed pursuant to an agreement with Roche Molecular Diagnostics, Inc. |

IMMUKN

IMMUKN

IMMUKNOW CELL FUNCTION ASSAY (CPT Coding)

order code

flexilab code

| | |
|-----------|---------------------|
| Effective | Immediately |
| CPT4 | 86353, <i>82397</i> |

INS.F&T
order code

INSFT
flexilab code

INSULIN, FREE & TOTAL (Specimen Requirements)

| | |
|-----------------------|---|
| Effective | Immediately |
| Specimen Requirements | 2 mL frozen serum (red top tube). Fasting specimen preferred. Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen. <i>Separate specimens must be submitted when multiple tests are ordered.</i> |
| Comments | 1) Min Amt: 1.1 mL. 2) Other acceptable specimens: EDTA or K2EDTA or plasma (lavender or pink top tube). 3) Unacceptable conditions: hemolyzed or heparinized specimens. Sodium or fluoride/potassium oxalate plasma. 4) Stability: RT-8 hours, Refrigerated- <i>1 week</i> , Frozen-1 month. 5) ARUP# 70155. |

KSRPU

KSRPU

KIDNEY STONE RISK PANEL, UR [ARUP] (Specimen Requirements)

order code

flexilab code

| | |
|-----------------------|--|
| Effective | Immediately |
| Specimen Requirements | <i>12 mL frozen urine from a 24 hr urine collection, refrigerate during collection. Requires 3 aliquots of 4 mL each. Freeze immediately after aliquoting. Store and transport frozen.</i> |
| Comments | <i>1) Min Amt: 6 mL-2 mL per aliquot. 2) Unacceptable conditions: room temperature samples. 3) Stability: RT-unacceptable, Refrigerated-12 hrs, Frozen-3 weeks. 4) ARUP# 20843.</i> |

KSRPU2

KSRPU2

KIDNEY STONE RISK PANEL II,UR[ARUP] (Specimen Requirements)

order code

flexilab code

| | |
|-----------------------|---|
| Effective | Immediately |
| Specimen Requirements | <i>16 mL frozen urine from a 24 hr urine collection, refrigerate during collection. Requires 4 aliquots from a well mixed collection of 4 mL each. Freeze immediately after aliquoting. Store and transport frozen. This is a CRITICAL FROZEN specimen.</i> |
| Comments | <i>1) Min Amt: 8 mL-2 mL per aliquot. 2) Unacceptable conditions: room temperature samples. 3) Stability: RT-unacceptable, Refrigerated-12 hours, Frozen-3 weeks. 4) ARUP# 20805.</i> |

LEGPCR

LEGPCA

LEGIONELLA SPECIES BY PCR (Reference Range Notes)

order code

flexilab code

| | | | |
|------------------|---|--|---|
| Effective | Immediately | | |
| Reference Ranges | Source Legionella <i>Species by PCR</i> | | Negative <i>Interpretation:</i> <i>Negative-Legionella sp. DNA not detected by PCR.</i> <i>Positive-Legionella sp. DNA detected by PCR.</i> The performance characteristics of this tests were validated by ARUP Laboratories, Inc. The U.S. Food & Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole |

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|--|--|--|--|--|
| | | | means for clinical diagnosis or patient management decisions. ARUP is authorized under CLIA and by all states to perform high-complexity testing. This test is performed pursuant to an agreement with Roche Molecular Systems, Inc. | |
|--|--|--|--|--|

LSDSCO

order code

LSDSCO

flexilab code

LSD, REFLEXIVE (Specimen Requirements)

| | |
|-----------------------|---|
| Effective | 10/05/09 |
| Specimen Requirements | 4 mL frozen serum (red top tube). Separate serum from cells immediately and put in separate plastic tube. Protect from light. Store and transport frozen. This test may reflex to additional tests depending upon the results of this test. Additional fees will be added. |
| Comments | 1) Min Amt: 3.6 mL. 2) Other acceptable specimens: plasma. 3) Unacceptable conditions: SST tubes, not protected from light, in PST tubes or glass tubes, <i>received at RT or refrigerated</i> . 4) <i>Stability: RT-3 days, Refrigerated-3 days</i> , Frozen-7 months. 5) NMS# 2541SP. |

LSDUCO

order code

LSDUCO

flexilab code

LSD, URINE (REFLEXIVE) (Specimen Requirements)

| | |
|-----------------------|--|
| Effective | 10/05/09 |
| Specimen Requirements | 3 mL frozen random urine in a leakproof plastic urine container. Protect from light. Store and transport frozen. This test may reflex to additional tests depending upon the results of this test. Additional fees will be added. |
| Comments | 1) Min Amt: 2.7 mL. 2) Unacceptable conditions: samples not protected from light and avoid glass containers. 3) <i>Stability: RT-1 week, Refrigerated-1 week, Frozen-7 months</i> . 4) NMS# 2541U. |

LYMPCR

order code

LYMPCR

flexilab code

BORRELIA SPECIES DNA DETECTION BY PCR (Reference Range Notes)

| | | | |
|------------------|--------------------------------|--|---|
| Effective | Immediately | | |
| Reference Ranges | Source | | |
| | <i>Borrelia Species by PCR</i> | | <i>Negative-Borrelia species DNA not detected by PCR.</i> |
| | | | This test uses a commercial kit or reagent that has not been approved or cleared by the FDA. Its performance characteristics were determined by ARUP Laboratories. This test is performed pursuant to an agreement with Roche Molecular |

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|--|--|--|---------------|--|
| | | | Systems, Inc. | |
|--|--|--|---------------|--|

MAN.BLD
order code

MANBLD
flexilab code

MANGANESE (BLOOD) (Specimen Requirements)

| | |
|-----------|--|
| Effective | Immediately |
| Comments | 1) <i>Min Amt: 0.5 mL.</i> 2) Unacceptable conditions: heparin anticoagulant. 3) Other acceptable specimens: K2EDTA whole blood (K2EDTA royal blue top tube). 4) <i>Stability: If the specimen is drawn and stored in the appropriate container, the trace element values do not change with time.</i> 5) ARUP# 99272. |

MCPA
order code

MCPA
flexilab code

MYCOPHENOLIC ACID (Specimen Requirements)

| | |
|-----------------------|---|
| Effective | 09/22/09 |
| Specimen Requirements | 2 mL plasma (lavender top tube). Separate plasma from cells and put in separate plastic tube. Store & transport <i>refrigerated</i> . For peak concentrations, draw specimen within 1 hour after administration of the last dose; for trough levels, draw specimen just before the administration of the next dose. |

MYCPCR
order code

MYCPCR
flexilab code

MYCOPLASMA PNEUMONIAE BY PCR (Reference Range Notes)

| | | | |
|------------------|-------------------------------------|--|---|
| Effective | Immediately | | |
| Reference Ranges | Source | | |
| | <i>Mycoplasma pneumoniae by PCR</i> | | <p><i>Negative Interpretation</i> <i>Negative-Mycoplasma pneumoniae DNA not detected.</i></p> <p><i>Positive-Mycoplasma pneumoniae DNA detected.</i></p> <p>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. This test is performed pursuant to license agreement with Roche Molecular Systems, Inc.</p> |

NARC
order code

NARC
flexilab code

NARCOLEPSY PANEL (CPT Coding)

| | |
|-----------|------------------------------------|
| Effective | Immediately |
| CPT4 | 83891, 83894 x 2, 83900 x 2, 83912 |

NORPCR

NORPCR

NOROVIRUS GROUP 1 & 2 RT-PCR (Reference Range Notes)

order code

flexilab code

| | | | |
|------------------|---|---|--|
| Effective | Immediately | | |
| Reference Ranges | <p><i>Norovirus 1 by RT-PCR</i></p> <p><i>Norovirus 2 by RT-PCR</i></p> | <p><i>Negative</i></p> <p><i>Positive</i></p> <p><i>Negative</i></p> <p><i>Positive</i></p> | <p><i>Norovirus Group 1 nucleic acid not detected by RT-PCR.</i></p> <p><i>Norovirus Group 1 nucleic acid detected by RT-PCR.</i></p> <p><i>Norovirus Group 2 nucleic acid not detected by RT-PCR.</i></p> <p><i>Norovirus Group 2 nucleic acid detected by RT-PCR.</i></p> <p>This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.</p> <p>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.</p> |

NSEN

NSEN

NEURON SPECIFIC ENOLASE (Reference Range Notes)

order code

flexilab code

| | | | |
|------------------|--|---|-------------|
| Effective | Immediately | | |
| Reference Ranges | <p>Neuron</p> <p><i>Specific Enolase</i></p> | <p>3.7-8.9</p> <p><i>This assay is performed using the CanAg Neuron Specific Enolase Enzyme Immunoassay.</i></p> <p>Results obtained with different assay methods or kits cannot be used interchangeably.</p> <p>This test uses a kit designated by the manufacturer as "for research</p> | <p>ug/L</p> |

| | | | | |
|--|--|--|--|--|
| | | | use only." 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 CLIA and by all states to perform high-complexity testing. | |
|--|--|--|--|--|

P2Y12
order code

P2Y12
flexilab code

PLATELET P2Y12 FUNCTION (New)

| | | | | |
|-----------------------|---|--|---|------------|
| Effective | 09/22/09 | | | |
| Method | <i>VerifyNow Platelet Aggregation for P2Y12 Inhibition</i> | | | |
| CPT4 | <i>85576 x 2</i> | | | |
| Specimen Requirements | <i>4 mL sodium citrate whole blood which requires a special collection kit. Draw using a 21 gauge or larger needle. Collect a plain red top discard tube (at least 2 mL) or if drawing from a line-draw 5 mL. Then draw blue top tube with 2 mL to the black line. Do NOT underfill. Gently invert 5 times. Fill the second blue top tube with 2 mL to the black line and gently invert 5 times. If drawing for other tests draw these samples last. Do not refrigerate or centrifuge. Transport immediately at RT. Testing must be scheduled with SHMC Coagulation Dept and the sample received within 4 hrs of drawing.</i> | | | |
| Comments | <i>1) Min Amt: 2 mL. 2) Unacceptable conditions: refrigerated, centrifuged, EDTA (lavender top tubes), heparin (green top tubes) & samples GT 4 hours old. 3) Stability: RT-4 hrs. 4) Collection kit available from PAML Supply Department. 5) SHMC-Coagulation Dept.</i> | | | |
| Reference Ranges | <i>Platelet Function P2Y12</i> | | | <i>PRU</i> |
| | <i>Platelet Function Base P2Y12 Inhibition</i> | | <i>194-418</i> | <i>PRU</i> |
| | | | <i>Test results are reported in percent inhibition. Therapeutic: Higher percent inhibition associated with expected antiplatelet effect. Presurgical: less than 20% inhibition.</i> | <i>%</i> |

PHEXPU

PHEXPU

PHENOL EXPOSURE QUANT(Specimen Requirements)

order code

flexilab code

| | |
|-----------------------|---|
| Effective | 11/02/09 |
| Specimen Requirements | 4 mL urine collected at end of shift, no preservative. Transport in a leak-proof plastic container. Store and transport <i>refrigerated</i> . |
| Comments | 1) Unacceptable conditions: urine samples preserved with benzoic acid or <i>at RT</i> . 2) Stability: RT-4 days, Refrigerated-1 week, <i>Frozen-1 year</i> . 3) NMS# 3621U. |

PNHGRA

PNHGRA

PNH TESTING ON GRANULOCYTES (Delete)

order code

flexilab code

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

PROPTT

PROPTT

PROLONGED APTT EVALUATION (REFLEX) (New)

order code

flexilab code

| | | | | |
|-----------------------|--|---|--|------------------------------------|
| Effective | 09/22/09 | | | |
| Method | <i>Electromechanical Clot Detection</i> | | | |
| CPT4 | <i>85730</i> | | | |
| Specimen Requirements | <i>18 mL buffered sodium citrate whole blood (6-3 mL liquid blue top tubes filled to capacity). Must be performed within 4 hours of sample collection. Specimens should be transported uncentrifuged or centrifuged with plasma remaining on top of the cells in an unopened tube kept at 2-4C or 22-24C. Separate samples must be submitted for this test. This test may reflex to additional tests depending upon the results of this test. Additional charges will be added. Stability: RT & Refrigerated-4 hours, Frozen-1 month.</i> | | | |
| Comments | <i>1) Min Amt: 12 mL whole blood (4-3 mL liquid blue top tubes) or 4.5 mL (3-1.5 mL plasma aliquots). If time interval between drawing & testing is GT 4 hours, centrifuge sample, separate plasma, recentrifuge, & put into 4 clean plastic tubes (4-1.5 mL plasma aliquots) & freeze at -20C or less. 2) Unacceptable conditions: severely hemolyzed, clotted samples or inappropriately filled liquid blue top tubes and samples more than 4 hours old that have not been separated & frozen at -20C or less. 3) SHMC-Coagulation Department.</i> | | | |
| Reference Ranges | <i>aPTT, Patient</i> | <i>0-1 mon 2 mon-4 yrs 5+ yrs</i> | <i>40-50 25-40 26-36 26-38</i> | <i>sec sec sec sec</i> |
| | <i>Heparinase aPTT</i> | | | <i>sec</i> |
| | <i>aPTT, Control</i> | | | <i>sec</i> |
| | <i>aPTT, Pt/Clt Mix</i> | | | <i>sec</i> |
| | <i>PT, Patient</i> | <i>0-1 mon 2+ mon</i> | <i>13.0-20.0 10.9-14.8</i> | <i>sec sec</i> |
| | <i>PT, Pt/Clt Mix</i> | | | <i>sec</i> |
| | <i>TT, Patient</i> | | <i>15.6-20.0</i> | <i>sec</i> |
| | <i>TT, Pt/PSO4 Mix</i> | | | <i>sec</i> |
| | <i>PNP</i> | | <i>0-7</i> | <i>sec</i> |
| | <i>dRVVT</i> | | <i>31.8-45.7</i> | <i>sec</i> |
| | <i>dRVVT Mix</i> | | <i>0.0-1.2</i> | <i>sec</i> |

| | | | |
|--|--|---------------|----------|
| <i>dRVVT Confirm Ratio</i> | | <i>LT 1.2</i> | |
| <i>dRVVT Confirm Mix Ratio</i> | | <i>LT 1.2</i> | |
| <i>F VIII Factor VIII Inhibitor, Quant</i> | | <i>55-150</i> | <i>%</i> |
| <i>von Willebrand Factor Ag</i> | | <i>50-165</i> | <i>%</i> |
| <i>von Willebrand Factor Act</i> | | <i>GT 40</i> | <i>%</i> |
| <i>Factor IX</i> | | <i>60-140</i> | <i>%</i> |
| <i>Factor XI</i> | | <i>65-135</i> | <i>%</i> |
| <i>Factor XII</i> | | <i>50-150</i> | <i>%</i> |
| <i>Interpretation Reviewed By</i> | | | |

RAPAMY

order code

RAPAMY

flexilab code

SIROLIMUS (RAPAMYCIN) (Delete)

| | |
|-----------|---|
| Effective | 09/22/09 |
| Delete | <i>This test is being discontinued. Use the ordercode SIR to order this test.</i> |

ROCKY MT

order code

RMSFEV

flexilab code

RICKETTSIA RICKETTSII (RMSF) IGG & IGM
(Description and Method)

| | |
|-----------|-------------|
| Effective | Immediately |
| Method | <i>IFA</i> |

SIR

order code

SIR

flexilab code

SIROLIMUS (New)

| | | | |
|-----------------------|---|---|--------------|
| Effective | 09/22/09 | | |
| Method | <i>Tandem Mass Spectrometry</i> | | |
| CPT4 | <i>80195</i> | | |
| Specimen Requirements | <i>1 mL EDTA whole blood (lavender top tube). DO NOT CENTRIFUGE. Store and transport refrigerated in original container.</i> | | |
| Comments | <i>1) Min Amt: 0.5 mL 2) Unacceptable conditions: serum, plasma or specimens at ambient temperature longer than 24 hours. 3) Stability: RT-1 day, Refrigerated-1 week, Frozen-1 month. 4) PAML-Toxicology</i> | | |
| Reference Ranges | <i>Sirolimus</i> | <i>4.0-12.0</i> <i>A therapeutic range of 4.0-12.0 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. A</i> | <i>ng/mL</i> |

| | | | | |
|--|--|--|---|--|
| | | | <i>range of 12.0-20.0 ng/mL has been suggested for liver transplant. The range may vary with other transplant organs, when used in combination with drugs other than cyclosporine (or sirolimus alone).</i> | |
|--|--|--|---|--|

SIROL
order code

SIROL
flexilab code

SIROLIMUS (Delete)

| | |
|-----------|---|
| Effective | 09/22/09 |
| Delete | <i>This test is being discontinued. Use the ordercode SIR to order this test.</i> |

SYNFL
order code

SYNFL
flexilab code

SYNOVIAL FLUID PROFILE (Reference Range, CPT Coding)

| | | | | |
|----------------------|----------------------------|------------|---|--------|
| Effective | 09/22/09 | | | |
| CPT4 | <i>89051, 89060, 84315</i> | | | |
| Reference Ranges | | | | |
| Color | | | | |
| Clarity | | | | |
| RBC | | | | M/L |
| Nuc Cells | | | | M/L |
| Segs | | | | % |
| Bands | | | | % |
| Lymphs | | | | % |
| Variant Lymphs | | | | % |
| Mono Phags | | | | % |
| Eos | | | | % |
| Basos | | | | % |
| Others | | | | % |
| Non-Heme Cells | | | | % |
| NRBC | | | | /100WB |
| Mesos | | | | /100WB |
| Note | | | | |
| Reviewed by | | | | |
| No. of Cells in Diff | | | | |
| Crystals | | | None seen | |
| Crystal ID | | | | |
| Specific Gravity | | Exudate | 1.015 or greater | |
| <i>Fibrin</i> | | Transudate | LT 1.015 | |
| | | | <i>This will no longer be reported.</i> | |

TAYSACHS.SE HEXAS RUM

order code

flexilab code

HEXOSAMINIDASE A & TOTAL, SERUM (Delete)

| | |
|-----------|---|
| Effective | 08/26/09 |
| Delete | <i>This test is being discontinued.</i> |

THYRO

order code

flexilab code

THYRO

THYROGLOBULIN REFLEX (Specimen Requirements, Method, Reference Range)

| | | | |
|-----------------------|--|--|-----------------------|
| Effective | 09/22/09 | | |
| Method | <i>ICMA-Immulite; ICMA-Beckman Coulter</i> | | |
| Specimen Requirements | 1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. <i>This test may reflex to additional tests depending on the results of this test. If the thyroglobulin autoantibodies are negative, a thyroglobulin will be done. An additional fee will be added.</i> | | |
| Comments | 1) Min Amt: 0.5 mL. 2) <i>Unacceptable conditions: repeat freeze/thaw cycles, lipemic, icteric or grossly hemolyzed samples.</i> 3) Unable to perform if autoantibodies are present. 4) <i>Other acceptable specimens: heparinized plasma.</i> 5) <i>Stability: RT-8 hrs, Refrigerated-Thyroglobulin-7 days, Thyroglobulin Autoantibodies-2 weeks, Frozen-1 mo.</i> 6) SHMC-Immunology Dept. | | |
| Reference Ranges | Thyroglobulin | | 0.0-40.0 IU/mL |
| | Auto Ab | | |
| | <i>Thyroglobulin</i> | | <i>1.2-35.0 ng/mL</i> |

TMTR

order code

TMTR

flexilab code

THIOPURINE METHYLTRANSFERASE, RBC (New)

| | | | |
|-----------------------|--|--|--|
| Effective | 09/22/09 | | |
| Method | <i>Enzymatic/HPLC</i> | | |
| CPT4 | <i>82657</i> | | |
| Specimen Requirements | <i>5 mL EDTA whole blood (lavender top tube). Store & transport refrigerated. Ship 650.</i> | | |
| Comments | <i>1) Min Amt: 3 mL. 2) Other acceptable specimens: K2 EDTA whole blood (pink top tube). 3) Unacceptable conditions: hemolyzed, room temperature or frozen samples. 4) Stability: RT-unacceptable, Refrigerated-3 days, Frozen-unacceptable. 5) ARUP# 92066.</i> | | |
| Reference Ranges | <i>Thiopurine Methyltransferase, RBC</i> | | |

TOXGML

TOXGML

TOXOPLASMA GONDII AB, G&M (REFLEX)
(Specimen Requirements)

order code

flexilab code

| | |
|-----------------------|---|
| Effective | 09/22/09 |
| Specimen Requirements | 1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. Avoid freeze/thaw cycles. This test may reflex to additional tests depending upon the results of this test. An additional fee will be added <i>CPT code 86678. If Toxo IgM is equivocal or positive, result will be held, and specimen reflexed to TXMCF for confirmation.</i> |
| Comments | 1) Min Amt: 0.5 mL. 2) Unacceptable conditions: plasma or whole blood Serum samples that are grossly hemolyzed, icteric, lipemic, contain particulate matter or are contaminated. 3) Stability: <i>Refrigerated-2 weeks, Frozen-1 month, Frozen (-70C)-indefinitely.</i> |

TOXOML

TOXOML

TOXOPLASMA GONDII AB, IGM, REFLEX
(Specimen Requirements)

order code

flexilab code

| | |
|-----------------------|---|
| Effective | 09/22/09 |
| Specimen Requirements | 1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. Avoid freeze/thaw cycles. This test may reflex to additional tests depending upon the results of this test. An additional fee will be added <i>CPT Code 86678. If Toxo IgM Ab is equivocal or positive, result will be held and specimen will be reflexed to TXMCF for confirmation.</i> |
| Comments | 1) Min Amt: 0.5 mL. 2) Unacceptable conditions: plasma or whole blood. Serum samples that are grossly hemolyzed, icteric, lipemic, contain particulate matter or are contaminated. 3) Stability: <i>Refrigerated-2 weeks, Frozen-1 month, Frozen (-70C)-indefinitely.</i> |

TOXPCR

TOXPCR

TOXOPLASMA GONDII BY PCR (Reference Range Notes)

order code

flexilab code

| | | | |
|------------------|--------------------------------------|--|---|
| Effective | Immediately | | |
| Reference Ranges | Source | | |
| | <i>Toxoplasma gondii, PCR Result</i> | | <p><i>Negative-Toxoplasma gondii not detected by PCR.</i></p> <p><i>Positive-Toxoplasma gondii detected by PCR.</i></p> <p>This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.</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> |

VIRCUL

order code

VIRCUL

flexilab code

VIRAL CULTURE, REFLEXIVE (Specimen Requirements)

| | |
|-----------------------|---|
| Effective | 09/22/09 |
| Specimen Requirements | Depends upon Dx & history. NP, throat, rectal swabs (flocked preferred), stool, BAL, bronch brush or wash, eye or skin lesion swab in viral (M4 or other media). Urine (<i>1.5 mL</i>) or CSF (<i>1mL</i>) in sterile container. Send refrigerated. Identify source. Other acceptable specimens: polyester or cotton swabs in M4. This test may reflex to additional tests depending upon the results of this test. Additional fees may be added. Unacceptable conditions: Calcium alginate swabs or swabs in gel media, wooden or dry swabs, <i>samples rec'd frozen @ 20C, samples GT 3 days old unless received frozen on dry ice.</i> |

[PAML Web Test Directory](#)