



110 West Cliff Avenue
Spokane, WA 99204

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TEST CHANGE ALERT #354

December 03, 2009

Summary Of Changes

TestCode(s)	Test Description
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ACHRMO ACETYLCHOLINE RECEPTOR MODULATING AB (Specimen Requirements, Interpretation)	
ACHRPN	ACETYLCHOLINE RECEPTOR AB PANEL (Delete)
AMY.ISO (AMYISO)	AMYLASE ISOENZYMES (Reference Range)
ANDSDE	ANDROSTENEDIONE (Reference Range)
AR-AB (ACETYL)	ACETYLCHOLINE RECEPTOR BINDING AB (Intrepretation)
AR.AB.BLOCK (ARAB)	ACETYLCHOLINE RECEPTOR BLOCKING AB (Interpretation)
CLON	CLONAZEPAM (CLONOPIN) (Method)
FAT (FFAT)	FECAL FAT EXCRETION (72 HR) (Delete)
FATQNT	FAT, FECAL QUANTITATIVE (New)
GM1.AB (GM1AB)	GM 1 ANTIBODY PANEL (Interpretation)
HCRIBA	HEPATITIS C AB BY RIBA (Specimen Requirements)
I2MAFD (I2MAFD)	INTERLEUKIN 2 RECEPTOR SOLUBLE BY MAFD (New)
I6MAFD	INTERLEUKIN 6 BY MAFD (New)
IBDD	INFLAMMATORY BOWEL DISEASE DIFF PN (Reference Range)
IGFB3A	IGF BINDING PROTEIN 3 (Reference Range)
IL6	INTERLEUKIN 6 (Delete)
INT2R (INTR2)	INTERLEUKIN 2 RECEPTOR BY CIA (Delete)
KREAT	CREATINE (Delete)
KREATS	CREATINE, SERUM OR PLASMA (New)
LACSTL	LACTOFERRIN, FECAL BY ELISA (Description)
LDISO	LD ISOENZYMES BY ELP (Specimen Requirements)
METPL	METANEPHRINES, PLASMA FREE (Specimen Requirements)
MICROSPORIDIA (MCSPR) MICROSPORIDIA BY MODIFIED TRICHROME STAIN (Description, Specimen Requirements, Method)	
MM2AB	MITOCHONDRIAL M2 AB, IGG (Reference Range)
PHOSPHO (PHOSPH)	PHOSPHOLIPIDS, SERUM OR PLASMA (Reference Range)
POLIO.AB (POLIOV)	POLIO VIRUS AB (Delete)
POLIOA	POLIOVIRUS ANTIBODIES (New)
SCABP	SACCHAROMYCES CEREVISIAE AB, G & A (Reference Range)
TEBSHB	TESTOSTERONE, BIOAVAILABLE & TOTAL+SHBG, MALE (Reference Range)
TESBFC	TESTOSTERONE, BIOAVAILABLE & TOTAL+SHBG, CHILD+FEMALE (Reference Range)
TESBFM	TESTOSTERONE, FREE & TOTAL+SHBG, MALE (Reference Range)
TRYPSN (TRYP)	TRYPSIN-LIKE IMMUNOREACTIVITY (Reference Range)
XANAX (ALPRAZ)	ALPRAZOLAM (XANAX) (Method)
ZOLOFT (SERT)	SERTRALINE (ZOLOFT) (Method)



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

ACHRMO

ACHRMO

ACETYLCHOLINE RECEPTOR MODULATING AB (Specimen Requirements, Interpretation)

order code

flexilab code

Effective	Immediately			
Comments	1) Min Amt: 0.3 mL. 2) Unacceptable conditions: severely lipemic, contaminated, or hemolyzed samples. 3) Stability: RT-2 hours, Refrigerated-1 week, <i>Frozen-12 weeks</i> . Avoid multiple freeze/thaw cycles. 4) ARUP# 99521.			
Reference Ranges	ACHR Modulating Ab	Negative Indeterminate Positive	0-20 21-25 26 or greater <i>Approximately 85-90% of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15% of individuals with confirmed myasthenia gravis have no measurable binding, blocking or modulating antibodies.</i>	%

ACHRPN

ACHRPN

ACETYLCHOLINE RECEPTOR AB PANEL (Delete)

order code

flexilab code

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

AMY.ISO
order code

AMYISO
flexilab code

AMYLASE ISOENZYMES (Reference Range)

Effective	Immediately			
Reference Ranges	<i>Amylase, Panc</i>	<i>6-35 mo</i> <i>3-6 yrs</i> 7-17 yrs 18 yrs & more	<i>2-28</i> <i>8-34</i> 9-39 12-52	<i>U/L</i>
	<i>Amylase, Saliv</i> Amylase, Total	<i>18 mo & more</i> 3-90 days 3-6 months 7-8 months 9-11 months 12-17 months 18-35 months 3-4 yrs 5-12 yrs 13 yrs & more	<i>9-86</i> 0-30 7-40 7-57 11-70 11-79 19-92 26-106 30-119 30-110	<i>U/L</i> <i>U/L</i>

ANDSDE
order code

ANDSDE
flexilab code

ANDROSTENEDIONE (Reference Range)

Effective	Immediately				
Reference Ranges	Androstene- dione	F	Pre26-28wks-day4 Pre31-35wks-day4 Full-term 1-7 d <i>8-30 days</i> 1 mo-11 mo 1-6 yrs 7-9 yrs 10-11 yrs 12-13 yrs 14-15 yrs 16-17 yrs 18-40 yrs 41 yrs+	0.920-2.820 0.800-4.460 0.200-2.900 <i>0.180-0.800</i> 0.060-0.680 0.080-0.500 0.038-0.490 0.094-1.270 0.190-2.090 0.430-2.090 0.390-2.150 Pre-menopausal: 0.260-2.140 Postmenopausal: 0.130-0.820	ng/mL
	Tanner Stage I Tanner StageII Tanner Stage III Tanner Stage IV-V	F		0.039-0.760 0.170-1.530 0.400-2.350 0.390-2.090	ng/mL
		M	Pre26-28wks-day4 Pre31-35wks-day4 Full-term 1-7 d <i>8-30 days</i> 1 mo-11 mo 1-6 yrs 7-9 yrs 10-11 yrs 12-13 yrs	0.920-2.820 0.800-4.460 0.200-2.900 <i>0.180-0.800</i> 0.600-0.680 0.080-0.500 0.031-0.310 0.072-0.410 0.110-0.640	ng/mL

		14-15 yrs	0.180-1.010	
		16-17 yrs	0.310-1.140	
		18-40 yrs	0.330-1.340	
		41 yrs+	0.230-0.890	
Tanner Stage I	M		0.037-0.330	ng/mL
Tanner StageII			0.078-0.480	
Tanner Stage III			0.160-1.000	
Tanner Stage IV-V			0.280-1.070	

AR-AB

ACETYL

ACETYLCHOLINE RECEPTOR BINDING AB (Intpretation)

order code

flexilab code

Effective	Immediately			
Reference Ranges	Acetylcholine Receptor <i>Binding Ab</i>		Negative: 0.0-0.4 Positive: 0.5 or greater <i>Approximately 85-90% of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15% of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.</i>	nmol/L

AR.AB.BLOCK

ARAB

ACETYLCHOLINE RECEPTOR BLOCKING AB (Interpretation)

order code

flexilab code

Effective	Immediately			
Reference Ranges	Acetylcholine Receptor		0-15 Interpretive Criteria:	%

Blocking Ab			<p>Negative 0-15% blocking Indeterminate 16-24% blocking Positive 25% or more blocking</p> <p><i>Approximately 85-90% of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease.</i></p> <p><i>Approximately 10-15% of individuals confirmed myasthenia gravis have no measurable binding, blocking or modulating antibodies.</i></p>
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CLON
order code

CLON
flexilab code

CLONAZEPAM (CLONOPIN) (Method)

Effective	Immediately
Method	<i>Liquid Chromatography/Tandem Mass Spectrophotometry</i>

FAT
order code

FFAT
flexilab code

FECAL FAT EXCRETION (72 HR) (Delete)

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

FATQNT
order code

FATQNT
flexilab code

FAT, FECAL QUANTITATIVE (New)

Effective	Immediately
Method	<i>Nuclear Magnetic Resonance Spectrophotometry</i>
CPT4	<i>82710</i>
Specimen Requirements	<i>20 mL frozen homogenized aliquot from a 24-, 48- or 72 hour stool collection. Collect in a pre-weighed stool container. Refrigerate during collection. Homogenate the specimen and indicate any amount of deionized water added to make the homogenate. Store and transport frozen. Indicate hours of collection and sample total weight. A dietary intake of 50-150 grams of fat should be maintained for at least 2 days before and during the collection period.</i>
Comments	<i>1) Unacceptable conditions: specimens containing media or preservative. Containers larger than 500 mL (500 g) will be rejected and discarded as well as random collections. 2) Stability: RT-1 hour, Refrigerated-</i>

	<i>96 hrs, Frozen-2 weeks. 3) ARUP# 2350.</i>			
Compliance(IU O)	<i>This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. 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>Collection Time</i>			<i>hrs</i>
	<i>Weight</i>			<i>grams</i>
	<i>Fecal Fats</i>	<i>0-5 yrs</i> <i>6 yrs & more</i>	<i>0.0-2.0</i> <i>0.0-6.0</i> <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>	<i>g/24h</i>

GM1.AB

order code

GM1AB

flexilab code

GM 1 ANTIBODY PANEL (Interpretation)

Effective	Immediately			
Reference Ranges				
	GM1 Ab IgG	29 or less 30-50 51-150 151 or more	Negative Weak positive Positive Strong positive	IV
	GM1 Ab IgM	29 or less 30-50 51-150 151 or more	Negative Weak positive Positive Strong positive	IV
	Asialo GM1 Ab IgG	29 or less 30-50 51-150 151 or more	Negative Weak positive Positive Strong positive	IV
	Asialo GM1 Ab IgM	29 or less 30-50 51-150 151 or more	Negative Weak positive Positive Strong positive <i>Elevated antibody levels to ganglioside-monosialic acid (GM1), and the neutral glycolipid, asialo GM1 are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as</i>	IV

			<p><i>IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.</i></p> <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</p> <p>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>
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HCRIBA

order code

HCRIBA

flexilab code

HEPATITIS C AB BY RIBA (Specimen Requirements)

Effective	Immediately
Specimen Requirements	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube and refrigerate. Store and transport refrigerated. Ship 650. ARUP intends use of this assay for clinical diagnosis. This assay should not be used for blood donor screening, associated re-entry protocols, or for screening Human Cell, Tissues and Cellular and Tissue-Based Products. RIBA is recommended for samples with <i>prior</i> low positive anti-HCV screen results. For high positive anti-HCV screening results, ARUP recommends collecting a new specimen & testing for Hep C RNA by PCR or BDNA.
Comments	1) Min Amt: 0.5 mL. 2) <i>Other acceptable specimens: Potassium EDTA plasma- separate ASAP. 3) Unacceptable conditions: specimens containing particulate material. Severely hemolyzed or lipemic samples. Heat-inactivated samples. 4) Stability: RT-unacceptable, Refrigerated-1 week, Frozen-indefinitely (avoid repeated freeze/thaw cycles). 5) ARUP# 20104.</i>

I2MAFD

order code

12MAFD

flexilab code

INTERLEUKIN 2 RECEPTOR SOLUBLE BY MAFD (New)

Effective	Immediately
Method	<i>Multi-Analyte Fluorescence Detection</i>
CPT4	<i>83520</i>
Specimen Requirements	<i>1 mL frozen serum (SST tube). Separate serum from the cells ASAP and put in separate plastic tube. Store and transport frozen. This is a CRITICAL FROZEN specimen. Separate specimens must be submitted when multiple tests are ordered.</i>
Comments	<i>1) Min Amt: 0.3 mL. 2) Other acceptable specimens: serum (plain red top tube) or lithium heparin plasma</i>

	<i>(green top tube). 3) Unacceptable conditions: heat-inactivated, refrigerated or contaminated samples. 4) Stability: RT-30 min after separation, Refrigerated-unacceptable, Frozen-1 year. 5) ARUP# 51529.</i>			
Compliance(IU O)	<i>This test was developed and its performance characteristics determined by ARUP Laboratories, Inc.. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance or approval or clearance 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>Interleukin 2 Receptor by MAFD</i>		<i>0-1033</i> <i>Results are to be used for research purposes or in attempts to understand the pathophysiology of immune infectious or inflammatory disorders.</i> <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>	<i>pg/mL</i>

I6MAFD

order code

I6MAFD

flexilab code

INTERLEUKIN 6 BY MAFD (New)

Effective	Immediately			
Method	<i>Multi-Analyte Fluorescence Detection</i>			
CPT4	<i>83520</i>			
Specimen Requirements	<i>1 mL frozen serum (SST tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport frozen. THIS IS A CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</i>			
Comments	<i>1) Min Amt: 0.3 mL. 2) Other acceptable specimens: serum (plain red top tube) or lithium heparin plasma (green top tube). 3) Unacceptable conditions: heat-inactivated, refrigerated or contaminated specimens. 4) Stability: RT-30 minutes after separation, Refrigerated-unacceptable. Frozen-1 year. 5) ARUP# 51537.</i>			
Compliance(IU O)	<i>This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. 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>			
Reference Ranges	<i>Interleukin 6 by MAFD</i>		<i>0-5</i> <i>Results are to be used for research purposes or in attempts to understand the pathophysiology of immune infectious or inflammatory disorders.</i> <i>This test was developed and its performance characteristics determined by ARUP Lab. The U.S.</i>	<i>pg/mL</i>

			<i>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>	
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IBDD

IBDD

INFLAMMATORY BOWEL DISEASE DIFF PN (Reference Range)

order code

flexilab code

Effective	Immediately			
Reference Ranges	<i>S. cerevisiae IgG</i>		<i>20.0 or less - Negative 20.1-24.9 - Equivocal 25.0 or more - Positive</i>	<i>Units</i>
	<i>S. cerevisiae IgA</i>		<i>20.0 or less - Negative 20.1-24.9 - Equivocal 25.0 or more - Positive</i>	<i>Units</i>
	ANCA, Atypical Pattern		LT 1:20 Not significant	

IGFB3A

IGFB3A

IGF BINDING PROTEIN 3 (Reference Range)

order code

flexilab code

Effective	Immediately			
Reference Ranges	<i>IGF Binding Protein 3</i>	<i>M</i>	<i>0-12 mo 1-3 yrs 4-5 yr 6-7 yr 8-9 yrs 10-11 yrs 12-13 yrs 14-15 yrs 16-17 yrs 18-19 yrs 20-24 yrs 25-29 yrs 30-34 yrs 35-39 yrs 40-44 yrs 45-49 yrs 50-54 yrs 55-59 yrs 60-64 yrs 65 yrs +</i>	<i>1039-3169 972-4123 1706-5082 1838-4468 1932-5858 1828-6592 2134-6598 2330-6550 2380-6400 2340-6632 2404-5948 2614-5792 2500-5806 2474-5208 2360-5560 2314-5700 2528-5050 2482-5460 2592-4770 2698-5688</i>
				<i>ng/mL</i>

		Tanner Stage I	1878-6190	
		Tanner Stage II	2112-6208	
		Tanner Stage III	2372-6602	
		Tanner Stage IV-	2336-6414	
		V		
		<i>F 0-12 mo</i>	<i>1039-3169</i>	
		<i>1-3 yrs</i>	<i>1500-4225</i>	
		4-5 yrs	2092-4936	
		6-7 yrs	2188-4996	
		8-9 yrs	2072-5504	
		10-11 yrs	2456-6992	
		12-13 yrs	2838-6846	
		14-15 yrs	2654-6680	
		16-17 yrs	2756-6908	
		18-19 yrs	2700-6492	
		20-24 yrs	3032-5992	
		25-29 yrs	2926-5858	
		30-34 yrs	2878-6650	
		35-39 yrs	2786-6084	
		40-44 yrs	2514-6014	
		45-49 yrs	2838-4954	
		50-54 yrs	2562-5596	
		55-59 yrs	2574-5914	
		60-64 yrs	2684-5130	
		65 yrs +	2462-5274	
		Tanner Stage I	2314-6086	
		Tanner Stage II	2732-6738	
		Tanner Stage III	2870-7068	
		Tanner Stage IV-	2756-7232	
		V		

IL6
order code

IL6
flexilab code

INTERLEUKIN 6 (Delete)

Effective	Immediately
Delete	<i>This test is being discontinued. Use the ordercode I6MAFD to order this test.</i>

INT2R
order code

INTR2
flexilab code

INTERLEUKIN 2 RECEPTOR BY CIA (Delete)

Effective	Immediately
Delete	<i>This test is being discontinued. Use the ordercode I2MAFD to order this test.</i>

KREAT
order code

KREAT
flexilab code

CREATINE (Delete)

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

KREATS

order code

KREATS

flexilab code

CREATINE, SERUM OR PLASMA (New)

Effective	Immediately		
Method	<i>Liquid Chromatography/Tandem Mass Spectrometry</i>		
CPT4	<i>82540</i>		
Specimen Requirements	<i>1 mL frozen serum (SST tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport frozen.</i>		
Comments	<i>1) Min Amt: 0.2 mL. 2) Other acceptable specimens: serum (plain red top tube), sodium or lithium heparin plasma (green top tube) or EDTA plasma (lavender top tube). 3) Unacceptable conditions: specimens exposed to more than one freeze/thaw cycle. 4) Stability: RT-unacceptable, Refrigerated-1 week, Frozen-2 weeks. 5) ARUP# 2002340.</i>		
Reference Ranges	<i>Creatine, Serum or Plasma</i>	<i>9.0-90.0</i>	<i>umol/L</i>
	<i>Creatine, Serum or Plasma</i>		<i>mg/dL</i>

LACSTL

order code

LACSTL

flexilab code

LACTOFERRIN, FECAL BY ELISA (Description)

Effective	Immediately
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LDISO

order code

LDISO

flexilab code

LD ISOENZYMES BY ELP (Specimen Requirements)

Effective	Immediately
Specimen Requirements	<i>1 mL serum (red top tube). Allow serum to clot completely at room temperature. Separate serum from cells ASAP and put in separate plastic tube. Store and transport at room temperature. This is a CRITICAL AMBIENT SPECIMEN.</i>
Comments	<i>1) Min Amt: 0.6 mL. 2) Unacceptable conditions: frozen, refrigerated, or hemolyzed specimens or those using EDTA, potassium oxalate, or sodium fluoride anticoagulants. 3) Stability: RT-1 week, Refrigerated-unacceptable, Frozen-unacceptable. 4) ARUP# 20413.</i>

METPL

order code

METPL

flexilab code

METANEPHRINES, PLASMA FREE (Specimen Requirements)

Effective	Immediately
Specimen Requirements	<i>4 mL frozen EDTA or K2EDTA plasma (lavender or pink top tube), collect on ice bath. Separate with 1 hr in refrig centrifuge & put plasma in plastic tube & freeze immediately. Store & transport frozen. CRITICAL FROZEN. Separate samples must be submitted when multiple tests are ordered. Collect samples after patient has been resting in supine position for 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.</i>

MICROSPORIDI MCSPR A

MICROSPORIDIA BY MODIFIED TRICHROME STAIN (Description, Specimen Requirements, Method)

order code

flexilab code

Effective	Immediately
Method	<i>Microsporidia Stain by Modified Trichrome Stain</i>
Specimen Requirements	5 grams or 5 mL stool in a clean, leakproof plastic container containing 10% formalin. Send promptly at room temperature. Include pertinent patient history. <i>Ship 650.</i>

MM2AB

order code

MM2AB

flexilab code

MITOCHONDRIAL M2 AB, IGG (Reference Range)

Effective	Immediately			
Reference Ranges	<i>Mitochondrial M2 AB, IgG</i>		<i>20.0 or less - Negative</i> <i>20.1-24.9 - Equivocal</i> <i>25.0 or more - Positive</i>	<i>Units</i>

PHOSPHO

order code

PHOSPH

flexilab code

PHOSPHOLIPIDS, SERUM OR PLASMA (Reference Range)

Effective	Immediately			
Reference Ranges	<i>Phospholipids</i>		<i>160-300</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 Lab, Inc. The U.S. Food and Drug Adm (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.	<i>mg/dL</i>

POLIO.AB
order code

POLIOV
flexilab code

POLIO VIRUS AB (Delete)

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

POLIOA
order code

POLIOA
flexilab code

POLIOVIRUS ANTIBODIES (New)

Effective	Immediately		
Method	<i>Serum Neutralization Assay</i>		
CPT4	<i>86658 x 3</i>		
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from the cells ASAP and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.3 mL. 2) Other acceptable specimens: serum (plain red top tube) or CSF. 3) Unacceptable conditions: plasma. 4) Stability: RT-2 days, Refrigerated-1 week, Frozen-1 year. 5) ARUP# 0060054.</i>		
Reference Ranges	<i>Poliovirus Ab Type 1</i>		<i>The presence of poliovirus antibodies may represent prior immunization or acute infection. The clinical significance of & the criteria for interpretation of results may require consultation with an Infectious Disease Specialist.</i> <i>In immunized individuals, the significance of a low antibody titer to poliovirus 3 (the least immunogenic vaccine serotype) is unclear.</i>
	<i>Poliovirus Ab Type 2</i>		
	<i>Poliovirus Ab Type 3</i>		

SCABP
order code

SCABP
flexilab code

SACCHAROMYCES CEREVISIAE AB, G & A
(Reference Range)

Effective	Immediately		
Reference Ranges	<i>S. cerevisiae Ab, IgG</i>		<i>20.0 or less - Negative</i> <i>20.1-24.9 - Equivocal</i> <i>25.0 or more - Positive</i> <i>Units</i>
	<i>S. cerevisiae Ab, IgA</i>		<i>20.0 or less - Negative</i> <i>20.1-24.9 - Equivocal</i> <i>25.0 or more - Positive</i> <i>Units</i>

TEBSHB

TEBSHB

TESTOSTERONE, BIOAVAILABLE
&TOTAL+SHBG, MALE (Reference Range)

order code

flexilab code

Effective	Immediately						
Reference Ranges							
Testosterone, Bioavailable Adult Male		14-15 yrs	10-337	ng/dL			
		16-17 yrs	35-509				
		18 yrs +	131-682				
		Tanner Stage IV	40-485				
		Tanner Stage V	124-596				
		Testosterone Free, Adult Male			14-15 yrs	3-138	pg/mL
					16-17 yrs	38-173	
					18 yrs +	47-244	
					Tanner Stage IV	35-169	
					Tanner Stage V	41-239	
Testosterone, Percentage Free, Adult Male		1.6-2.9	%				
Testosterone, Adult Male		14-15 yrs	33-585	ng/dL			
		16-17 yrs	185-886				
		<i>18-39 yrs</i>	<i>300-1080</i>				
		<i>40-59 yrs</i>	<i>300-890</i>				
		<i>60 yrs +</i>	<i>300-720</i>				
		Tanner Stage IV	165-854				
		Tanner Stage V	194-783				
Sex Hormone Binding Globulin	M	1-30 days	13-85	nmol/L			
		31-364 days	70-250				
		1-3 yrs	50-180				
		4-6 yrs	45-175				
		7-9 yrs	28-190				
		10-12 yrs	23-160				
		13-15 yrs	13-140				
		16-17 yrs	10-60				
		18 yrs +	11-80				
		Tanner Stage I	26-286		nmol/L		
		Tanner Stage II	22-169				
		Tanner Stage III	13-104				
		Tanner Stage IV	11-60				
Tanner Stage V	11-71						

order code

flexilab code

Effective	Immediately				
Reference					
Ranges	Testosterone, LC-MS, Bioavailable	F	1-6 yrs	LT 1.3	ng/dL
			7-9 yrs	0.3-5.0	
			10-11 yrs	0.4-9.6	
			12-13 yrs	1.7-18.8	
			14-15 yrs	3.0-22.6	
			16-17 yrs	3.3-28.6	
			18-30 yrs	2.2-20.6	
			31-40 yrs	4.1-25.5	
			41-51 yrs	2.8-16.5	
			Postmenopausal	1.5-9.4	
			Tanner Stage I	0.3-5.5	
			Tanner StageII	1.2-15.0	
			Tanner Stage III	3.8-28.0	
			Tanner Stage IV	2.8-39.0	
			Tanner Stage V	2.5-23.0	
		M	1-6 yrs	LT 1.3	
			7-9 yrs	0.3-2.8	
			10-11 yrs	0.1-17.9	
			12-13 yrs	1.4-288.0	
			14-15 yrs	9.5-337.0	
			16-17 yrs	35.0-509.0	
			18 yrs +	130-680	
			Tanner Stage I	0.3-13.0	
			Tanner Stage II	0.3-59.0	
			Tanner Stage III	1.9-296.0	
			Tanner Stage IV	40.0-485.0	
			Tanner Stage V	124.0-596.0	
	Testosterone, Free	F	1-6 yrs	LT 0.6	pg/mL
			7-9 yrs	0.6-1.8	
			10-11 yrs	0.1-3.5	
			12-13 yrs	0.9-6.8	
			14-15 yrs	1.2-7.5	
			16-17 yrs	1.2-9.9	
			18-30 yrs	0.8-7.4	
			31-40 yrs	1.3-9.2	
			41-51 yrs	1.1-5.8	
			Postmenopausal	0.6-3.8	
			Tanner Stage I	LT 2.2	pg/mL
			Tanner Stage II	0.4-4.5	
			Tanner Stage III	1.3-7.5	
			Tanner Stage IV	1.1-15.5	
			Tanner Stage V	0.8-9.2	
		M	1-6 yrs	LT 0.6	
			7-9 yrs	0.1-0.9	
			10-11 yrs	0.1-6.3	
			12-13 yrs	0.5-98.0	
			14-15 yrs	3-138.0	
			16-17 yrs	38.0-173.0	
			18 yrs +	47-244	
			Tanner Stage I	3.7 or less	

Testosterone, Total	F	Tanner Stage II	0.3-21	ng/dL		
		Tanner Stage III	1.0-98.0			
		Tanner Stage IV	35.0-169.0			
		Tanner Stage V	41.0-239.0			
		Premature (26-28 weeks)	5-16			
		(31-35 weeks)	5-22			
		Newborn	20-64			
			1-7 months: Levels decrease during the first month to LT 10 ng/dL & remain at this level until puberty.			
		7-9 yrs	LT 15			
		10-11 yrs	2-42			
		12-13 yrs	6-64			
	14-15 yrs	9-49				
	16-17 yrs	8-63				
	18-30 yrs	11-59				
	31-40 yrs	11-56				
	41-51 yrs	9-55				
	Postmenopausal	6-25				
	Tanner Stage I	LT 17				
	Tanner Stage II	4-39				
	Tanner Stage III	10-60				
	Tanner Stage IV	8-63				
	Tanner Stage V	10-60				
	M	Premature26-28w	59-125		ng/dL	
Premature32-35w		37-198				
Newborn		75-400				
1-7 mo		Levels decrease rapidly the first week to 20-50, and then increase to 60-400 between 20-60 days. Levels then decline to prepubertal range levels of 3-10 by seven months.				
7-9 yrs		LT 9				
10-11 yrs		2-57				
12-13 yrs		7-747				
14-15 yrs		33-585				
16-17 yrs		185-886				
<i>18-39 yrs</i>		<i>300-1080</i>				
<i>40-59 yrs</i>		<i>300-890</i>				
<i>60 yrs +</i>		<i>300-720</i>				
Tanner Stage 1		LT 20				
Tanner Stage II		2-149				
Tanner Stage III		7-762				
Tanner Stage IV		164-854				
Tanner Stage V		194-783				
Sex Hormone Binding Globulin		F	1-30 days	14-60		nmol/L
			31-364 days	60-215		
	1-3 yrs		60-190			
	4-6 yrs		55-170			
	7-9 yrs		35-170			
	10-12 yrs		17-155			
	13-15 yrs		11-120			
	16-17 yrs		19-145			
	18 yrs+		30-135			
	Tanner Stage I		30-173	nmol/L		
	Tanner Stage II		16-127			

		Tanner Stage III	12-98	
		Tanner Stage IV	14-151	
		Tanner Stage V	23-165	
	M	1-30 days	13-85	
		31-364 days	70-250	
		1-3 yrs	50-180	
		4-6 yrs	45-175	
		7-9 yrs	28-190	
		10-12 yrs	23-160	
		13-15 yrs	13-140	
		16-17 yrs	10-60	
		18 yrs +	11-80	
		Tanner Stage I	26-286	
		Tanner Stage II	22-169	
		Tanner Stage III	13-104	
		Tanner Stage IV	11-60	
		Tanner Stage V	11-71	

TESBFM

TESBFM

TESTOSTERONE, FREE & TOTAL+SHBG, MALE (Reference Range)

order code

flexilab code

Effective	Immediately			
Reference Ranges				
Testosterone, Free	M	14-15 yrs 16-17 yrs 18 yrs+	3-138 38-173 47-244	pg/mL
		Tanner Stage IV Tanner Stage V	35-169 41-239	pg/mL
			To convert to pmol/L, multiply pg/mL by 3.47. The concentration of Free Testosterone is derived from a mathematical expression based on the constant for the binding of testosterone to sex hormone binding globulin.	
Testosterone, Percentage Free	M	18 yrs +	1.6-2.9	%
Testosterone, Adult, Male	M	14-15 yrs 16-17 yrs <i>18-39 yrs</i> <i>40-59 yrs</i> <i>60 yrs +</i>	33-585 185-886 <i>300-1080</i> <i>300-890</i> <i>300-720</i>	ng/dL
		Tanner Stage IV Tanner Stage V	165-854 194-783	ng/dL
Sex Hormone Binding Globulin	M	1-30 days 31-364 days 1-3 yrs 4-6 yrs 7-9 yrs 10-12 yrs	13-85 70-250 50-180 45-175 28-190 23-160	nmol/L

		13-15 yrs	13-140	nmol/L
		16-17 yrs	10-60	
		18 yrs+	11-80	
		Tanner Stage I	26-286	
		Tanner Stage II	22-169	
		Tanner Stage III	13-104	
		Tanner Stage IV	11-60	
		Tanner Stage V	11-71	

TRYPSEN

TRYP

TRYPSEN-LIKE IMMUNOREACTIVITY (Reference Range)

order code

flexilab code

Effective	Immediately			
Reference Ranges	<i>Trypsin-like Immuno-reactivity</i>		<i>10-57</i> <i>Trypsinogen expected values for:</i> <i>Chronic Pancreatitis LT 47.0</i> <i>Acute Pancreatitis 92.0-850.0</i> <i>Total Pancreatectomy 1.4 or les</i>	<i>ng/mL</i>

XANAX

order code

ALPRAZ

flexilab code

ALPRAZOLAM (XANAX) (Method)

Effective	Immediately			
Method	<i>Liquid Chromotography/Tandem Mass Spectrophotometry</i>			

ZOLOFT

order code

SERT

flexilab code

SERTRALINE (ZOLOFT) (Method)

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

[PAML Web Test Directory](#)