



110 West Cliff Avenue
Spokane, WA 99204

509.755.8600
800.541.7891

TEST CHANGE ALERT #345

May 25, 2009

Summary Of Changes

TestCode(s)	Test Description
ADFP22	ALLERGENS, ADULT FOOD PROFILE 22 (New)
ADFP23	ALLERGENS, ADULT FOOD PROFILE 23 (Delete)
AMIK (AMIKR) AMIKACIN (SINGLE)	(Description, Specimen Requirements, Reference Range, Method, CPT Code)
AMIK.PK (AMIKPK) AMIKACIN, PEAK	(Method, Specimen Requirements, Reference Range)
AMIK.TR (AMIKTR) AMIKACIN, TROUGH	(Method, Specimen Requirements, Reference Range)
AMPPAN	AMPHETAMINES, SERUM/PLASMA (Delete)
AMY-CL (AMYCL)	AMYLASE/CREATININE CLEARANCE (Method)
AMY-U (AMYCUR)	AMYLASE+CREAT, URINE (RANDOM) (Method)
BABMIC	BABESIA MICROTI AB, IGG & IGM (CPT Coding)
BMPA	BASIC METABOLIC PANEL+ CALCULATIONS (Method)
BRU (BRUC)	BRUCELLA (Delete)
BUN/CRE (BUNCRE)	BUN/CREATININE RATIO (Method)
CIDS	ID ORGANISM WITH SUSCEPTIBILITY (REFLEXIVE) (New)
CMPA	COMPREHENSIVE METABOLIC PNL W CALC (Method)
CURIDS	ID ORGANISM URINE WITH SUSCEPTIBILITY(REFLEXIVE) (New)
FEB (FEBR)	FEBRILE AGGLUTININ PROFILE (Delete)
GENT (GENR) GENTAMICIN (SINGLE)	(Description, Method, Specimen Requirements, Reference Range, CPT Coding)
GENT.PK (GENPK) GENTAMICIN, PEAK	(Method, Specimen Requirements, Reference Range)
GENT.TR (GENTR) GENTAMICIN, TROUGH	(Method, Specimen Requirements, Reference Range)
GENT2 (GENTIN) GENTAMICIN (PAIRED)	(Description, Method, Specimen Requirements, Reference Range, CPT Coding)
GFP.12 (GFP12)	GLOMERULAR FILTRATION PROF-12HR Method)
GFP24 (GFP)	GLOMERULAR FILTRATION PROFILE (Method)
HAMM (HAM)	ACID HEMOLYSIS (HAM TEST) (Delete)
HEINZ	HEINZ BODY STAIN (Delete)
HPVDG	HUMAN PAPILLOMAVIRUS DNA PROBE HIGH RISK (New)
HPVHC	HPV DNA PROBE HIGH & LOW RISK (Delete)
HPVHR	HPV DNA PROBE HIGH RISK (Delete)
HPVLRC	HPV DNA PROBE LOW RISK (Delete)
ICFCI	ALLERGEN, CINNAMON IGE (Delete)
ICFMD	ALLERGEN, MACADAMIA NUT IGE (Delete)
IPHAL	IMMUNOPHENOTYPING, ACUTE LEUKEMIA (CPT Code Change)
IPHNE	IMMUNOPHENOTYPING, NEUROBLASTOMA (CPT Code Change)

LISABLISTERIA ANTIBODY (New)
 LIST (LISTAB)LISTERIA ANTIBODY (Delete)
 MALBCR (MCUC)MICROALBUMIN CREATININE RATIO (Method)
 MHPGUQMHPG, URINE (QUANT) (Delete)
 MYOGLOBIN.SCR (MYOGUR)MYOGLOBIN SCREEN, URINE (Delete)
 O19 (OX19)PROTEUS OX-19 (Delete)
 OX2PROTEUS OX-2 (Delete)
 OXKPROTEUS OX-K (Delete)
 PRO-RU (PRCR)PROTEIN/CREATININE, URINE (RANDOM) (Method)
 PTAPARATYPHOID A (Delete)
 PTBPARATYPHOID B (Delete)
 RABABRABIES AB (VACCINE RESPONSE) (Delete)
 RENALARENAL FUNCTION PANEL (Method)
 SS.PAS (CSPAS)PERIODIC ACID SCHIFF (Delete)
 SS.SBB (CSSBB)SUDAN BLACK B (Delete)
 SUC (SUCLYS)SUCROSE LYSIS TEST, REFLEXIVE (Delete)
 THEOTHEOPHYLLINE (Method, Stability)
 TOB (TOBR) TOBRAMYCIN (SINGLE) (Description, Method, Specimen Requirements,
 Reference Range, CPT Code)
 TOB.PK (TOBRPK) TOBRAMYCIN, PEAK (Method, Specimen Requirements, Reference Range)
 TOB.TR (TOBRTR) TOBRAMYCIN, TROUGH (Method, Specimen Requirements, Reference
 Range)
 TOB2 (TOBIN) TOBRAMYCIN (PAIRED) (Description, CPT Code, Specimen Requirements,
 Reference Range, Method)
 TYHTYPHOID H (Delete)
 TYOTYPHOID O (Delete)
 VANVANCOMYCIN (Method, Stability)
 VAN.PK (VANCPK)VANCOMYCIN, PEAK (Method, Stability)
 VAN.TR (VANCTR)VANCOMYCIN, TROUGH (Method, Stability)
 VAN2 (VANIN)VANCOMYCIN (PEAK & TROUGH) (Method, Stabiity)
 WEILWEIL FELIX AGGLUTININS (Delete)



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May 25, 2009

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

ADFP22
order code

ADFP22
flexilab code

ALLERGENS, ADULT FOOD PROFILE 22 (New)

Effective	06/23/09		
Method	<i>FEIA</i>		
CPT4	<i>86003 x 22</i>		
Specimen Requirements	<i>3 mL serum (SST tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 1.5 mL. 2) Other acceptable specimens: EDTA or heparin plasma. 3) Unacceptable conditions: oxalate or citrate plasma. 4) Stability: RT-24 hours, Refrigerated-1 week, Frozen-1 year. 5) SHMC-Immunology Department.</i>		
Reference Ranges	<i>Beef, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Yeast (Bakers/Brewers, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Codfish (White fish), IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Chocolate/Cacao, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Clam, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Cows Milk, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Corn (Maize), IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Egg White, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Garlic, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Pea, Green, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Mustard, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Orange, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Pork, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Peanut, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Potato (White) IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Rice, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Soybean, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Shrimp, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Tomato, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Tuna, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Walnut, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Wheat, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>

ADFP23
order code

ADFP23
flexilab code

ALLERGENS, ADULT FOOD PROFILE 23 (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued. Use the ordercode ADFP22 to order this test.</i>

AMIK

AMIKR

AMIKACIN (SINGLE) (Description, Specimen Requirements, Reference Range, Method, CPT Code)

order code

flexilab code

Effective	06/23/09		
Method	<i>FPIA</i>		
CPT4	<i>80150</i>		
Other	<i>Creatinine is no longer reported with this test.</i>		
Reference Ranges	AMIKACIN		TROUGH: 4.0-8.0 TOXIC: GT 8.0 ug/mL
	<i>Creatinine</i>		<i>PEAK: 10.0-30.0 TOXIC: GT 35.0 No longer reported</i>

AMIK.PK

AMIKPK

AMIKACIN, PEAK (Method, Specimen Requirements, Reference Range)

order code

flexilab code

Effective	06/23/09		
Method	<i>FPIA</i>		
Other	<i>Creatinine is no longer reported with this test.</i>		
Reference Ranges	Amikacin, Peak		10.0-30.0 ug/mL
	<i>Creatinine</i>		<i>TOXIC: GT 35.0 No longer reported</i>

AMIK.TR

AMIKTR

AMIKACIN, TROUGH (Method, Specimen Requirements, Reference Range)

order code

flexilab code

Effective	06/23/09		
Method	<i>FPIA</i>		
Other	<i>Creatinine is no longer reported with this test.</i>		
Reference Ranges	Amikacin, Trough		4.0-8.0 ug/mL
	<i>Creatinine</i>		<i>TOXIC: GT 8.0 No longer reported</i>

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AMPPAN
order code

AMPPAN
flexilab code

AMPHETAMINES, SERUM/PLASMA (Delete)

Effective	07/13/09
Delete	<i>This test is being discontinued.</i>

AMY-CL
order code

AMYCL
flexilab code

AMYLASE/CREATININE CLEARANCE (Method)

Effective	Immediately
Method	<i>Enzymatic, Enzymatic (IDMS Traceable), Calculation</i>

AMY-U
order code

AMYCUR
flexilab code

AMYLASE+CREAT, URINE (RANDOM) (Method)

Effective	Immediately
Method	<i>Enzymatic, Enz(y)matic (IDMS Traceable), Calculation</i>

BABMIC
order code

BABMIC
flexilab code

BABESIA MICROTI AB, IGG & IGM (CPT Coding)

Effective	Immediately
CPT4	<i>86753 x 2</i>

BMPA
order code

BMPA
flexilab code

BASIC METABOLIC PANEL+ CALCULATIONS
(Method)

Effective	Immediately
Method	<i>Colorimetric, Enzymatic, ISE, Hexokinase, Enzymatic (IDMS Traceable)</i>

BRU
order code

BRUC
flexilab code

BRUCELLA (Delete)

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

BUN/CRE

order code

BUNCRE

flexilab code

BUN/CREATININE RATIO (Method)

Effective	Immediately
Method	<i>Enzymatic, Enzymatic (IDMS Traceable), Calculation</i>

CIDS

order code

CIDS

flexilab code

ID ORGANISM WITH SUSCEPTIBILITY
(REFLEXIVE) (New)

Effective	06/23/09			
Method	<i>Culture/Susceptibility</i>			
CPT4	<i>87077</i>			
Specimen Requirements	<i>Freshly ISOLATED colonies on appropriate type of media in a screw cap primary receptacle with a leak proof seal from culture. Ship 650. Store and transport at room temperature. This test may reflex to additional tests depending upon the results of this test. Additional fees will be added.</i>			
Comments	<i>1) Unacceptable conditions: mixed organisms. 2) Stability: RT-3 days, Refrigerated-3 days, Frozen-unacceptable. 3) SHMC-Microbiology Department.</i>			
Reference Ranges	<i>Source</i>			
	<i>ID Organism</i>			
	<i>with Susc</i>			
	<i>Result</i>			
	<i>ID Organism</i>			
	<i>with Susc</i>			
	<i>Status</i>			

CMPA

order code

CMPA

flexilab code

COMPREHENSIVE METABOLIC PNL W CALC
(Method)

Effective	Immediately
Method	<i>Colorimetric, Enzymatic, ISE, Hexokinase, Enzymatic (IDMS Traceable)</i>

CURIDS

order code

CURIDS

flexilab code

ID ORGANISM URINE WITH
SUSCEPTIBILITY(REFLEXIVE) (New)

Effective	06/23/09			
Method	<i>Culture/Susceptibility</i>			
CPT4	<i>87088</i>			
Specimen Requirements	<i>Freshly ISOLATED colonies on appropriate type of media in a screw cap primary receptacle with a leak proof seal from urine culture. Ship 650. Store and transport at room temperature. This test may reflex to additional tests depending upon the results of this test. An additional fee will be added.</i>			
Comments	<i>1) Unacceptable conditions: mixed organisms. 2) Stability: RT-3 days, Refrigerated-3 days, Frozen-unacceptable. 3) SHMC-Microbiology Department.</i>			
Reference				

Ranges	<i>Source</i>			
	<i>ID Organism</i>			
	<i>Urine with</i>			
	<i>Susc Result</i>			
	<i>ID Organism</i>			
	<i>Urine with</i>			
	<i>Susc Status</i>			

FEB
order code

FEBR
flexilab code

FEBRILE AGGLUTININ PROFILE (Delete)

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

GENT

GENR

GENTAMICIN (SINGLE) (Description, Method, Specimen Requirements, Reference Range, CPT Coding)

order code

flexilab code

Effective	06/23/09			
Method	<i>Immunoturbid, Colorimetric</i>			
CPT4	<i>80170</i>			
Please Note	<i>Creatinine is no longer reported with this test.</i>			
Reference Ranges	Gentamicin	Trough	1.0-2.0 Toxic: GT 2.0	ug/mL
		Peak	5.0-10.0 Toxic: GT 12.0	
	<i>Creatinine</i>		<i>No longer reported</i>	

GENT.PK

GENPK

GENTAMICIN, PEAK (Method, Specimen Requirements, Reference Range)

order code

flexilab code

Effective	06/23/09			
Method	<i>Immunoturbid, Colorimetric</i>			
Other	<i>Creatinine is no longer reported with this test.</i>			
Reference Ranges	Gentamicin		5.0-10.0	ug/mL
	Peak	Toxic	GT 12.0	
	<i>Creatinine</i>		<i>No longer reported</i>	

GENT.TR

GENTR

GENTAMICIN, TROUGH (Method, Specimen Requirements, Reference Range)

order code

flexilab code

Effective	06/23/09			
Method	<i>Immunoturbidimetric, Colorimetric</i>			
Reference Ranges	Gentamicin Trough	Toxic	1.0-2.0 GT 2.0	ug/mL
	<i>Creatinine</i>		<i>No longer reported</i>	

GENT2

GENTIN

GENTAMICIN (PAIRED) (Description, Method, Specimen Requirements, Reference Range, CPT Coding)

order code

flexilab code

Effective	06/23/09			
Method	<i>Immunoturbid, Colorimetric</i>			
CPT4	<i>80170 x 2</i>			
Other	<i>Creatinine is no longer reported with this test.</i>			
Reference Ranges	Gentamicin Trough		1.0-2.0 Toxic: GT 2.0	ug/mL
	Gentamicin Peak		5.0-10.0 Toxic: GT 12.0	
	<i>Creatinine</i>		<i>No longer reported</i>	

GFP.12

GFP12

GLOMERULAR FILTRATION PROF-12HR Method)

order code

flexilab code

Effective	Immediately		
Method	<i>Enzymatic (IDMS Traceable), Colorimetric, Calculation</i>		

GFP24

GFP

GLOMERULAR FILTRATION PROFILE (Method)

order code

flexilab code

Effective	Immediately		
Method	<i>Enzymatic (IDMS Traceable), Colorimetric, Calculation</i>		

HAMM
order code

HAM
flexilab code

ACID HEMOLYSIS (HAM TEST) (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued.</i>

HEINZ
order code

HEINZ
flexilab code

HEINZ BODY STAIN (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued.</i>

HPVDG

HPVDG

HUMAN PAPILLOMAVIRUS DNA PROBE HIGH RISK (New)

order code

flexilab code

Effective	06/23/09		
Method	<i>Nucleic Acid Probe</i>		
CPT4	<i>87621</i>		
Specimen Requirements	<i>Cervical specimens collected and transported using Digene cervical sampler (brush) & specimen transport medium, or cervical & endocervical samples collected using the ThinPrep or SurePath Pap Test specimen transport media. Specimens must be transported in the proper transport media. Store and transport refrigerated. Indicate source. GT/GC testing cannot be performed with HC Cervical Sampler specimens. Stability: RT-Digene 2 weeks, ThinPrep 3 months, Surepath- 3 weeks; Refrig-Digene 3 weeks, ThinPrep 3 months, Surepath-3 weeks. TAT: 2- 4 days if HPV only. Add 5-7 days if HPV ordered with pap or reflex. SHMC-Molecular Diagnostics.</i>		
Comments	<i>1) Min Amt: ThinPrep Pap Test-4 mL after Pap test; SurePath Pap Test-2 mL after Pap test. 2) Other acceptable samples: Cervical brushes collected in a Digene Cervical Sample for HPV testing, cervical biopsies between 2-5 mm store in specimen transport medium @ -20C or Cytoc PreservCyt (Thinprep solution. 3) Unacceptable conditions: samples in EIA transport media, wooden swabs and male samples, ThinPrep samples that have been frozen.</i>		
Other	<i>This test is FDA approved and is intended for in vitro diagnostic use on ThinPrep collections, Digene Cervical Samplers, Cervical Biopsies in STM, or brushes in PreservCyt Solution. The testing of SurePath samples has been developed and its performance characteristics determined by Providence Sacred Heart Medical Center & Childrens 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>HPV High Risk Result</i>		<i>Negative for High Risk Human Papillomavirus. A negative test for the HPV high risk probe on a cervical specimen indicates a low probability of infection with HPV types 16,18,31,33,35,39,45,51,52, 56,58,59 and 68. A negative result does not exclude infection with a genotype not included in the Qiagen digene HPV test panel, a level of infection below the limit of detection of this test, or a sampling error.</i>

<p><i>Comment</i></p>			<p><i>The Qiagen digene HPV Hybrid Capture II Assay has not been validated for non-cervical specimens, and although positive results may be accurate, false negative test results may occur. THIS TEST IS FDA APPROVED AND IS INTENDED FOR IN VITRO DIAGNOSTIC USE on ThinPrep collections, Digene Cervical Samplers, Cervical Biopsies in STM, or brushes in PreservCyt Solution. The testing of SurePath samples has been developed and its performance characteristics determined by Providence Sacred Heart Medical Center & Childrens 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>	
<p><i>Comment</i></p>				

HPVHC
order code

HPVHC
flexilab code

HPV DNA PROBE HIGH & LOW RISK (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued.</i>

HPVHR
order code

HPVHR
flexilab code

HPV DNA PROBE HIGH RISK (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued. Use the ordercode HPVVG to order this test.</i>

HPVLRC
order code

HPVLRC
flexilab code

HPV DNA PROBE LOW RISK (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued.</i>

ICFCI
order code

ICFCI
flexilab code

ALLERGEN, CINNAMON IGE (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued.</i>

ICFMD
order code

ICFMD
flexilab code

ALLERGEN, MACADAMIA NUT IGE (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued.</i>

IPHAL

IPHAL

IMMUNOPHENOTYPING, ACUTE LEUKEMIA (CPT Code Change)

order code

flexilab code

Effective	06/02/09
CPT4	<i>88189, 88184, 88185 x 28</i>

IPHNE

IPHNE

IMMUNOPHENOTYPING, NEUROBLASTOMA (CPT Code Change)

order code

flexilab code

Effective	06/02/09
CPT4	<i>88189, 88184, 88185 x 19</i>

LISAB
order code

LISAB
flexilab code

LISTERIA ANTIBODY (New)

Effective	06/23/09		
Method	<i>CF</i>		
CPT4	<i>86609</i>		
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Stability: RT-5 days, Refrigerated-2 weeks, Frozen-1 month. 3) FOCUS# 10022.</i>		
Reference Ranges	<i>Listeria Ab</i>		<i>LT 1:8 LT 1:8 No antibody detected 1:8 or more Antibody detected. Single titers of 1:8 or greater are suggestive of listeria infection. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis.</i>

LIST
order code

LISTAB
flexilab code

LISTERIA ANTIBODY (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued. Use the ordercode LISAB to order this test.</i>

MALBCR
order code

MCUC
flexilab code

MICROALBUMIN CREATININE RATIO (Method)

Effective	Immediately
Method	<i>Immunoturbidmetric, Enzymatic (IDMS Traceable), Calculation</i>

MHPGUQ
order code

MHPGUQ
flexilab code

MHPG, URINE (QUANT) (Delete)

Effective	06/16/09
Delete	<i>This test is being discontinued.</i>

MYOGLOBIN.S CR
order code

MYOGUR
flexilab code

MYOGLOBIN SCREEN, URINE (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued. Use the ordercode MYOGLOBIN-U/ MGNPUR to order this test.</i>

O19
order code

OX19
flexilab code

PROTEUS OX-19 (Delete)

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

OX2
order code

OX2
flexilab code

PROTEUS OX-2 (Delete)

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

OXK
order code

OXK
flexilab code

PROTEUS OX-K (Delete)

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

PRO-RU

order code

PRCR

flexilab code

PROTEIN/CREATININE, URINE (RANDOM)
(Method)

Effective	Immediately
Method	<i>Colorimetric, Enzymatic (IDMS Traceable), Calculation</i>

PTA

order code

PTA

flexilab code

PARATYPHOID A (Delete)

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

PTB

order code

PTB

flexilab code

PARATYPHOID B (Delete)

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

RABAB

order code

RABAB

flexilab code

RABIES AB (VACCINE RESPONSE) (Delete)

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

RENALA

order code

RENALA

flexilab code

RENAL FUNCTION PANEL (Method)

Effective	Immediately
Method	<i>Colorimetric, Enzymatic, ISE, Enzymatic (IDMS Traceable)</i>

SS.PAS

order code

CSPAS

flexilab code

PERIODIC ACID SCHIFF (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued.</i>

SS.SBB

order code

CSSBB

flexilab code

SUDAN BLACK B (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued.</i>

SUC
order code

SUCLYS
flexilab code

SUCROSE LYSIS TEST, REFLEXIVE (Delete)

Effective	06/23/09
Delete	<i>This test is being discontinued.</i>

THEO
order code

THEO
flexilab code

THEOPHYLLINE (Method, Stability)

Effective	06/23/09
Method	<i>CMIA (Chemiluminescence)</i>
Comments	1) Min Amt: 0.2 mL. 2) Other acceptable specimens: SST & other gel-type tubes, however, they may artifactually, randomly lower results if they are not promptly centrifuged and separated. <i>3) Stability: RT-2 days, Refrigerated-8 days, Frozen-3 months.</i> 4) SHMC-Chemistry Department.

TOB

TOBR

TOBRAMYCIN (SINGLE) (Description, Method, Specimen Requirements, Reference Range, CPT Code)

order code

flexilab code

Effective	06/23/09												
Method	<i>FPIA</i>												
CPT4	<i>80200</i>												
Other	<i>Creatinine is no longer reported with this test.</i>												
Reference Ranges	<table border="1"> <tr> <td>Tobramycin</td> <td></td> <td>TROUGH: 1.0-2.0 TOXIC: GT 2.0</td> <td>ug/mL</td> </tr> <tr> <td><i>Creatinine</i></td> <td></td> <td>PEAK: 5.0-10.0 TOXIC: GT 12.0</td> <td></td> </tr> <tr> <td></td> <td></td> <td><i>No longer reported</i></td> <td></td> </tr> </table>	Tobramycin		TROUGH: 1.0-2.0 TOXIC: GT 2.0	ug/mL	<i>Creatinine</i>		PEAK: 5.0-10.0 TOXIC: GT 12.0				<i>No longer reported</i>	
Tobramycin		TROUGH: 1.0-2.0 TOXIC: GT 2.0	ug/mL										
<i>Creatinine</i>		PEAK: 5.0-10.0 TOXIC: GT 12.0											
		<i>No longer reported</i>											

TOB.PK

TOBRPK

TOBRAMYCIN, PEAK (Method, Specimen Requirements, Reference Range)

order code

flexilab code

Effective	06/23/09												
Method	<i>FPIA</i>												
Other	<i>Creatinine is no longer reported with this test.</i>												
Reference Ranges	<table border="1"> <tr> <td>Tobramycin Peak</td> <td></td> <td>5.0-10.0</td> <td>ug/mL</td> </tr> <tr> <td><i>Creatinine</i></td> <td></td> <td>TOXIC: GT 12.0</td> <td></td> </tr> <tr> <td></td> <td></td> <td><i>No longer reported</i></td> <td></td> </tr> </table>	Tobramycin Peak		5.0-10.0	ug/mL	<i>Creatinine</i>		TOXIC: GT 12.0				<i>No longer reported</i>	
Tobramycin Peak		5.0-10.0	ug/mL										
<i>Creatinine</i>		TOXIC: GT 12.0											
		<i>No longer reported</i>											

TOB.TR

TOBRTR

TOBRAMYCIN, TROUGH (Method, Specimen Requirements, Reference Range)

order code

flexilab code

Effective	06/23/09			
Method	<i>FPIA</i>			
Other	<i>Creatinine is no longer reported with this test.</i>			
Reference Ranges	Tobramycin		1.0-2.0	ug/mL
	Trough		TOXIC: GT 2.0	
	<i>Creatinine</i>		<i>No longer reported</i>	

TOB2

TOBIN

TOBRAMYCIN (PAIRED) (Description, CPT Code, Specimen Requirements, Reference Range, Method)

order code

flexilab code

Effective	06/23/09			
Method	<i>FPIA</i>			
CPT4	<i>80200 x 2</i>			
Other	<i>Creatinine is no longer reported with this test.</i>			
Reference Ranges	Tobramycin Infusion, Start			
	Tobramycin Infusion, End			
	Tobramycin, Trough		1.0-2.0 Toxic GT 2.0	ug/mL
	Tobramycin, Peak		5.0-10.0 Toxic GT 12.0	ug/mL
	<i>Creatinine</i>		<i>No longer reported</i>	

TYH

order code

TYH

flexilab code

TYPHOID H (Delete)

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

TYO

order code

TYO

flexilab code

TYPHOID O (Delete)

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

VAN
order code

VAN
flexilab code

VANCOMYCIN (Method, Stability)

Effective	06/23/09
Method	<i>CMIA (Chemiluminescence)</i>
Comments	1) Min Amt: 0.2 mL. 2) Other acceptable specimens: heparin plasma 3) Unacceptable conditions: Severe hemolysis. 4) <i>Stability: RT-3 days, Refrigerated-8 days, Frozen-1 month.</i> 5) SHMC-Chemistry Department.

VAN.PK
order code

VANCPK
flexilab code

VANCOMYCIN, PEAK (Method, Stability)

Effective	06/23/09
Method	<i>CMIA (Chemiluminescence)</i>
Comments	1) Min Amt: 0.2 mL. 2) Other acceptable specimens: heparin plasma 3) Unacceptable conditions: severe hemolysis. 4) <i>Stability: RT-3 days, Refrigerated-8 days, Frozen-1 month.</i> 5) SHMC-Chemistry Department.

VAN.TR
order code

VANCTR
flexilab code

VANCOMYCIN, TROUGH (Method, Stability)

Effective	06/23/09
Method	<i>CMIA (Chemiluminescence)</i>
Comments	1) Min Amt: 0.3 mL. 2) Other acceptable specimens: heparin plasma. 3) Unacceptable conditions: severe hemolysis. 4) <i>Stability: RT-3 days, Refrigerated-8 days, Frozen-1 month.</i> 5) SHMC-Chemistry Department.

VAN2

VANIN

VANCOMYCIN (PEAK & TROUGH) (Method, Stability)

order code

flexilab code

Effective	06/23/09
Method	<i>CMIA (Chemiluminescence)</i>
Comments	1) Min Amt: 0.2 mL. 2) Other acceptable specimens: heparin plasma. 3) Unacceptable conditions: severe hemolysis. 4) <i>Stability: RT-3 day, Refrigerated-8 days, Frozen-1 month.</i> 5) SHMC-Chemistry Department.

WEIL
order code

WEIL
flexilab code

WEIL FELIX AGGLUTININS (Delete)

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

[PAML Web Test Directory](#)