



110 West Cliff Avenue  
Spokane, WA 99204

509.755.8600  
800.541.7891

# TEST CHANGE ALERT #351

## September 28, 2009

### Summary Of Changes

TestCode(s)	Test Description
ARCR	ARSENIC CREATININE RATIO RANDOM UA (Method)
BAGP	BACTERIAL ANTIGEN DETECTION PANEL (Delete)
BHCVB	REFLEX TEST FOR HCV GENOTYPING BLOT (New)
BHCVE	REFLEX TEST FOR HCV GENOTYPING EXTRACTION (New)
CAL-R (CAUR)	CALCIUM, RANDOM URINE (Method, Specimen Requirements)
CAL-U (CAUQ)	CALCIUM, URINE, QUANT (Method, Stabilities)
CBDFID	ID ORGANISM BLOOD/FLUID (New)
CBFIDS	ID ORGANISM BLOOD/FLD & SUSCEPTIBILITY (REFLEX) (New)
CHO (CHOL)	CHOLESTEROL (Specimen Requirements)
CRE.FLD (CREFL)	CREATININE, BODY FLUID (Method, Specimen Requirements, Reference Range)
CRID	ID ORGANISM RESPIRATORY (New)
CRIDS	ID ORGANISM RESPIRATORY & SUSCEPTIBILITY (REFLEX) (New)
EEEAB	EAST EQUINE ENCEPHALITIS VIRUS AB (Reference Range Descriptions)
FLUDFA	INFLUENZA A & B VIRUS ANTIGEN BY DFA, REFLEX TO VIRAL CULTURE (New)
FUNG.ID (FUNID)	FUNGUS/YEAST ID (Delete)
FUNID	ID FUNGUS (MOLD) (New)
GAL	GALACTOSIDASE, ALPHA (SERUM) (Delete)
GIAAGM	GIARDIA AB (IGG, IGA & IGM) (Compliance Statement)
GLUC (GLUG)	GLUCAGON (Specimen Requirements)
HCVBGT	HEPATITIS C VIRUS RNA QUANTITATIVE BY BDNA REFLEX TO GENOTYPING (New)
HCVGNT	HCV GENOTYPE BY PCR & PROBE (Delete)
HCVGTY	HEPATITIS C VIRUS GENOTYPING BY PCR & LINE PROBE ASSAY (REFLEXIVE) (New)
HCVPGT	HEPATITIS C VIRUS RNA QUANTITATIVE BY PCR REFLEX TO GENOTYPING (New)
HDL	HDL (Specimen Requirements)
HGB.PLASMA (PHGBQT)	HGB, PLASMA (QUANT) (Specimen Requirements)
HLABTP	HLA-A & B PHENOTYPE (Delete)
HOMOG	HOMOGENITISIC ACID, URINE (REFLEX) (Delete)
LI	LITHIUM ( Method, Specimen Requirements)
LIPID	HDL/LIPID PROFILE (Specimen Requirements)
LIPID2	LIPID PROFILE & LP-PLA2 (PLAC) (Specimen Requirements)
MTINV	MTHFR C677T AND A1298C, INVADER (CPT Code)
MYOGLOBIN (MYO)	MYOGLOBIN (SERUM) (Method, Specimen Requirements)
NIACIN VITAMIN B3 NIACIN (NICOTINIC ACID)	(Description, Method, RR, Specimen Requirements)
PRE-ALB (PAB)	PRE-ALBUMIN (Specimen Requirements)
SLEVAB	ST. LOUIS ENCEPHALITIS VIRUS AB (Reference Range Descriptions)

SPNAGD .....STREPTOCOCCUS PNEUMONIAE AG DETECT (Delete)  
 TES (TESTOT) .....TESTOSTERONE, TOTAL (Specimen Requirements)  
 TES.FR (TESTFR) .....TESTOSTERONE, FREE (Specimen Requirements)  
 TES.FR&T (TESTF) .....TESTOSTERONE, TOTAL AND FREE (Specimen Requirements)  
 TOB (TOBR) .....TOBRAMYCIN (SINGLE) (Specimen Requirements)  
 TOB.PK (TOBRPK) .....TOBRAMYCIN, PEAK (Specimen Requirements)  
 TOB.TR (TOBRTR) .....TOBRAMYCIN, TROUGH (Specimen Requirements)  
 TOB2 (TOBIN) .....TOBRAMYCIN (PAIRED) (Specimen Requirements)  
 TOXGML TOXOPLASMA GONDII AB, G&M (REFLEX) (Correction from PAML Test Change Alert # 349)  
 TOXOML TOXOPLASMA GONDII AB, IGM, REFLEX (Correction from PAML Test Change Alert # 349)  
 TRHA .....THYROTROPIN RELEASING HORMONE (Specimen Requirements)  
 TRIG .....TRIGLYCERIDES (Specimen Requirements)  
 TRPI .....TROPONIN I (Volume and Critical Value)  
 TSIG THYROID STIMULATING IMMUNOGLOBULINS (Reference Range. Stability. Remove Compliance Statement)  
 VAN VANCOMYCIN (Method, Specimen Requirements, Reference Range Critical Value)  
 VAN.PK (VANCPK) .....VANCOMYCIN, PEAK (Method, Specimen Requirements)  
 VAN.TR (VANCTR) VANCOMYCIN, TROUGH (Method, Specimen Requirements, Reference Range, Critical Value)  
 VAN2 (VANIN) VANCOMYCIN (PEAK & TROUGH) (Method, Specimen Requirements, Toxic Critical Value)  
 YID .....ID YEAST (REFLEX) (New)



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# TEST CHANGE ALERT #351

## September 28, 2009

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

### ARCR

order code

### ARCR

flexilab code

ARSENIC CREATININE RATIO RANDOM UA  
(Method)

Effective	10/27/2009
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### BAGP

order code

### BAGP

flexilab code

BACTERIAL ANTIGEN DETECTION PANEL (Delete)

Effective	10/12/2009
Delete	<i>This test is being discontinued.</i>

### BHCVB

order code

### BHCVB

flexilab code

REFLEX TEST FOR HCV GENOTYPING BLOT  
(New)

Effective	10/27/2009
CPT4	<i>87902</i>
Please Note	<i>This order code is used to bill when the HCV Genotyping Blot is done.</i>

### BHCVE

order code

### BHCVE

flexilab code

REFLEX TEST FOR HCV GENOTYPING  
EXTRACTION (New)

Effective	10/27/2009
CPT4	<i>87522</i>
Please Note	<i>This order code is used to bill when the HCV Genotyping Extraction is done.</i>

### CAL-R

order code

### CAUR

flexilab code

CALCIUM, RANDOM URINE (Method, Specimen  
Requirements)

Effective	10/27/2009
Method	<i>Spectrophotometry</i>
Specimen Requirements	10 mL urine, random collection. Adjust to pH 1.0-2.0. See CAL-U for details. <i>Store and transport refrigerated.</i>
Comments	1) Min Amt: 2 mL. 2) <i>Stability: RT-acidified 2 days, Refrigerated- acidified 4 days, Frozen-acidified 3 weeks.</i> 3) SHMC-Chemistry Department.

**CAL-U**  
order code

**CAUQ**  
flexilab code

CALCIUM, URINE, QUANT (Method, Stabilities)

Effective	10/27/2009
Method	<i>Spectrophotometry</i>
Comments	1) Min Amt: 2 mL. 2) Other acceptable specimens: for timed urine samples, add 1 mL 6N HCL/100 mL urine at end of collection as soon as possible. Adjust pH 1.0-2.0 using HCL and let stand one hour before analysis. 3) <i>Stability: RT-acidified 2 days, Refrigerated-acidified 4 days, Frozen- acidified 3 weeks.</i> 4) SHMC-Chemistry Department.

**CBDFID**  
order code

**CBDFID**  
flexilab code

ID ORGANISM BLOOD/FLUID (New)

Effective	10/27/2009																												
Method	<i>Culture</i>																												
CPT4	<i>87077</i>																												
Specimen Requirements	<i>Isolated bacterial colony on a media slant. Select ISOLATED bacterial colony from a primary plate or subculture and inoculate to a slant with a tight fitting, leakproof screw cap lid. Incubate slant overnight. Store and transport at room temperature. Ship 602.</i>																												
Comments	<i>1) Min Amt: visible growth. 2) Unacceptable conditions: agar plate or mixed culture/only pure isolates will be tested. 3) If susceptibility testing is requested, when appropriate, order CBFIDS. 4) PSHMC-Microbiology Department.</i>																												
Reference Ranges	<table border="1"> <tr> <td><i>Source</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>ID Organism</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Blood/Fluid</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Result</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>ID Organism</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Blood/Fluid</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Status</i></td> <td></td> <td></td> <td></td> </tr> </table>	<i>Source</i>				<i>ID Organism</i>				<i>Blood/Fluid</i>				<i>Result</i>				<i>ID Organism</i>				<i>Blood/Fluid</i>				<i>Status</i>			
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**CBFIDS**

**CBFIDS**

ID ORGANISM BLOOD/FLD & SUSCEPTIBILITY (REFLEX) (New)

order code

flexilab code

Effective	10/27/2009								
Method	<i>Culture</i>								
CPT4	<i>87077</i>								
Specimen Requirements	<i>Isolated bacterial colony on a media slant. Select ISOLATED bacterial colony from a primary plate or subculture and inoculate to a slant with a tight fitting, leakproof screw cap lid. Incubate slant overnight. Store and transport at room temperature. Ship 602. This test may reflex to additional tests depending upon the results of this test. Additional fees will be added.</i>								
Comments	<i>1) Min Amt: visible growth. 2) Unacceptable conditions: agar plate or mixed culture/only pure isolates will be tested. 3) Organism identification will reflex to susceptibility testing (CPT code 87186 and/or 87184) if appropriate. 4) PSHMC-Microbiology Department.</i>								
Reference Ranges	<table border="1"> <tr> <td><i>Source</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>ID Organism</i></td> <td></td> <td></td> <td></td> </tr> </table>	<i>Source</i>				<i>ID Organism</i>			
<i>Source</i>									
<i>ID Organism</i>									

<i>Blood/Fluid &amp; Susc Result ID Organism Blood/Fluid &amp; Susc Status</i>			
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**CHO**  
order code

**CHOL**  
flexilab code

CHOLESTEROL (Specimen Requirements)

Effective	Immediately
Comments	1) Min Amt: 0.2 mL. 2) <i>Other acceptable specimens: lithium heparin plasma (green top tube).</i> 3) Unacceptable conditions: oxalate, citrate or fluoride plasma. 4) Stability: Refrigerated-2 weeks.

**CRE.FLD**

**CREFL**

CREATININE, BODY FLUID (Method, Specimen Requirements, Reference Range)

order code

flexilab code

Effective	10/27/2009		
Method	<i>Enzymatic (IDMS Traceable)</i>		
Comments	1) Min Amt: 0.2 mL. 2) Other acceptable specimens: specimens collected in plain ref top tube. 3) <i>Unacceptable conditions: clotted or viscous fluids.</i> 4) SHMC-Chemistry Department.		
Reference Ranges	<i>Creatinine, Fld</i>		<i>No reference range established. Method not validated for this fluid. Clinical correlation necessary.</i> mg/dL

**CRID**  
order code

**CRID**  
flexilab code

ID ORGANISM RESPIRATORY (New)

Effective	10/27/2009		
Method	<i>Culture</i>		
CPT4	<i>87077</i>		
Specimen Requirements	<i>Isolated bacterial colony on a media slant. Select ISOLATED bacterial colony from a primary plate or subculture and inoculate to a slant with a tight fitting, leakproof screw cap lid. Incubate overnight. Store and transport at room temperature. Ship 602.</i>		
Comments	1) <i>Min Amt: visible growth.</i> 2) <i>Unacceptable conditions: agar plate or mixed culture/only pure isolates will be tested.</i> 3) <i>If susceptibility testing is requested, when appropriate, order CRIDS.</i> 4) <i>PSHMC-Microbiology Department.</i>		
Reference Ranges	<i>Source ID Organism Respiratory Result ID Organism Respiratory</i>		

<i>Status</i>					
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## CRIDS

## CRIDS

### ID ORGANISM RESPIRATORY & SUSCEPTIBILITY (REFLEX) (New)

order code

flexilab code

Effective	10/27/2009				
Method	<i>Culture</i>				
CPT4	<i>87077</i>				
Specimen Requirements	<i>Isolated bacterial colony on a media slant. Select ISOLATED bacterial colony from a primary plate or subculture and inoculate to a slant with a tight fitting, leakproof screw cap lid. Incubate slant overnight. Store &amp; transport at room temperature. Ship 602. This test may reflex to additional tests depending upon the results of this test. Additional fees will be added.</i>				
Comments	<i>1) Min Amt: visible growth. 2) Unacceptable conditions: agar plate or mixed culture/only pure isolates will be tested. 3) Organism identification will reflex to susceptibilty testing (CPT code 87186 and/or 87184) if appropriate. 4) PSHMC-Microbiology Department.</i>				
Reference Ranges	<i>Source</i>				
	<i>ID Organism</i>				
	<i>Respiratory &amp; Susc Result</i>				
	<i>ID Organism</i>				
	<i>Respiratory &amp; Susc Status</i>				

## EEEAB

## EEEAB

### EAST EQUINE ENCEPHALITIS VIRUS AB (Reference Range Descriptions)

order code

flexilab code

Effective	10/19/2009				
Reference Ranges	<i>Eastern Equine Encephalitis Virus, IgG</i>		<i>LT 1:16</i>		
	<i>Eastern Equine Encephalitis Virus, IgM</i>		<i>LT 1:20</i>		
	Interpretation		Specimens positive for arbovirus antibody are CDC reportable. Please contact your local public health agency.		
			This highly sensitive test usually detected IgG and/or IgM antibody in acute specimens. Human infections are seasonal, from mid-to late-summer, occurring from New England to Texas. Minimal cross-		

			reactivity with other Group A arboviruses, i.e., Western Equine Encephalitis virus is observed.	
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## FLUDFA

## FLUDFA

INFLUENZA A & B VIRUS ANTIGEN BY DFA,  
REFLEX TO VIRAL CULTURE (New)

order code

flexilab code

Effective	10/27/2009			
Method	<i>DFA reflex to Culture</i>			
CPT4	<i>87015, 87275, 87276</i>			
Specimen Requirements	<i>Nasopharyngeal swab, throat swab, bronchial brush or wash or BAL, submitted in viral transport media (M4 or other). Flocked swab preferred. Identify source. Store &amp; transport refrigerated. Ship 650. This test may reflex to additional tests depending upon the results of this test. An additional fee may be added.</i>			
Comments	<i>1) Other acceptable specimens: polyester swab in viral transport media. 2) Unacceptable conditions: sputum, calcium alginate swab, dry swab, wooden swab, swab in gel media, samples received frozen @ -20C samples GT 3 days old unless received frozen on dry ice. 3) Stability: RT-unacceptable, Refrigerated-3 days, Frozen (-20C)-unacceptable, Frozen (-70C)-indefinitely.</i>			
Reference Ranges	<i>Viral Culture &amp; DFA Stain Report Status</i>		<i>Negative for Influenza A &amp; B. No virus isolated</i>	

## FUNG.ID

order code

## FUNID

flexilab code

FUNGUS/YEAST ID (Delete)

Effective	10/27/2009			
Delete	<i>This test is being discontinued. Use the ordercode YID or FUNID to order this test.</i>			

## FUNID

order code

## FUNID

flexilab code

ID FUNGUS (MOLD) (New)

Effective	10/27/2009			
Method	<i>Culture</i>			
CPT4	<i>87107</i>			
Specimen Requirements	<i>Isolated mold colony on a media slant. Select isolated mold colony from primary plate or subculture and inoculate to a slant with a tight fitting, leakproof screw cap lid. Store and transport at room temperature. Ship 602.</i>			
Comments	<i>1) Min Amt: visible growth. 2) Unacceptable conditions: agar plate or mixed culture/only pure isolates will be tested. 3) PSHMC-Microbiology Department.</i>			
Reference Ranges	<i>Source ID Fungus (Mold) Result ID Fungus</i>			

(Mold) Status

**GAL**  
order code

**GAL**  
flexilab code

GALACTOSIDASE, ALPHA (SERUM) (Delete)

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

**GIAAGM**

**GIAAGM**

GIARDIA AB (IGG, IGA & IGM) (Compliance Statement)

order code

flexilab code

Effective	10/19/2009		
Compliance(IUO)	<i>This test was developed and its performance characteristics have been determined by Focus Diagnostics. It has not been cleared or approved by the U.S. Food &amp; Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of this test.</i>		
Reference Ranges	GIARDIA LAMBLLIA, IGG		LT 1:16
	GIARDIA LAMBLLIA, IGA		LT 1:16
	GIARDIA LAMBLLIA, IGM INTERP		LT 1:20
			Recent or current infection by Giardia lamblia is suggested by either detection of IgM Ab or a four-fold increase in IgG and/or IgA Ab titers between acute & convalescent sera. Positive IgG and/or IgA titers without detectable IgM suggests past infection. <i>This test was developed and its performance characteristics have been determined by Focus Diagnostics. It has not been cleared or approved by the U.S. Food &amp; Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of this test.</i>

**GLUC**  
order code

**GLUG**  
flexilab code

GLUCAGON (Specimen Requirements)

Effective	Immediately
Specimen Requirements	1 mL frozen EDTA-aprotinin added plasma (lavender top tube with aprotinin added). Draw specimen into a prechilled EDTA tube. Immediately add 0.2 mL aprotinin to 5 mL of blood ( <i>0.04 mL aprotinin per mL of whole blood</i> ) & mix. Separate plasma from cells immediately in a refrigerated centrifuge & place in a separate plastic tube & freeze. Store & transport frozen. This is a critical frozen sample. Separate samples must be submitted when multiple tests are ordered. To prevent analyte degradation, aprotinin inhibitor is the required specimen preservative for this assay.

**HCVBGT**

**HCVBGT**

HEPATITIS C VIRUS RNA QUANTITATIVE BY  
BDNA REFLEX TO GENOTYPING (New)

order code

flexilab code

Effective	10/27/2009		
Method	<i>Viral Load by Branched Chain DNA and HCV Genotyping by Line Probe Assay.</i>		
CPT4	<i>87522</i>		
Specimen Requirements	<i>3 mL frozen EDTA plasma (lavender top tube). Separate plasma from cells within 6 hrs of collection &amp; place in a separate polypropylene tube &amp; freeze. If transport is GT 3 days, freeze at -70C. This test cannot be ordered as a reflexive test on serum or plasma samples previously tested for antibodies. A dedicated sample is required for molecular testing. Ship 650. This test may reflex to additional tests depending upon the results of this test. An additional fee will be added.</i>		
Comments	<i>1) Min Amt: 1.5 mL. 2) Other acceptable samples: Serum (SST tube) same as plasma or frozen PPT tube. 3) Unacceptable conditions: whole blood, heparin unfrozen or ACD plasma samples. Do not allow samples to thaw. 4) Stability: RT-unstable, Refrigerated-3 days, Frozen (-70C)-6 weeks.</i>		
Compliance(AS R)	<i>This statement applies only to the genotype portion of this test: Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>		
Reference Ranges	<i>Hepatitis C RNA Quant by bDNA 3.0</i>		<i>Not Detected</i> <i>Reportable range for Hepatitis C RNA Quantitation by bDNA is 615-7,700,000 IU/mL</i> <i>IU/mL</i>
	<i>Hepatitis C RNA Quant by bDNA 3.0</i>		<i>Not Detected</i> <i>Reportable range for Hepatitis C RNA Quantitation by bDNA is 2.8-6.9 log10</i> <i>Log10</i> <i>A patient value of Not Detected indicates that the patient viral load is below the quantitative limit of the assay.</i> <i>This test is useful to establish baseline viral load, predict therapeutic response, and guide duration of therapy. Quantitative HCV RNA tests are recommended only if active HCV infection has been confirmed, and should not be used to diagnose HCV infection. A negative result does not exclude</i>

	<i>HCV Genotype by PCR &amp; Line Probe Assay</i>		<i>low-level viremia.</i>  <i>Specimen HCV RNA level is below the limit of detection of this assay. Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food &amp; Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food &amp; Drug Administration. This test should not be regarded as investigational or for research use.</i>

### HCVGNT

order code

### HCVGNT

flexilab code

HCV GENOTYPE BY PCR & PROBE (Delete)

Effective	10/27/2009
Delete	<i>This test is being discontinued.</i>

### HCVGTY

order code

### HCVGTY

flexilab code

HEPATITIS C VIRUS GENOTYPING BY PCR & LINE PROBE ASSAY (REFLEXIVE) (New)

Effective	10/27/2009		
Method	<i>PCR &amp; Line Probe Genotyping (LiPA)</i>		
CPT4	<i>87522</i>		
Specimen Requirements	<i>3 mL EDTA frozen plasma (lavender top tube). Separate plasma from the cells within 6 hrs of collection &amp; put in separate polypropylene tube. Store &amp; transport frozen. If transport GT 3 days, freeze at -70C. This test cannot be ordered as a reflexive test on serum or plasma samples previously tested for antibodies. A dedicated sample is required for molecular testing. Ship 650. This test may reflex to additional tests depending on the results of this test. An additional fee will be added.</i>		
Comments	<i>1) Min Amt: 1.5 mL. 2) Other acceptable conditions: serum (SST tube) same as plasma or frozen PPT tube. 3) Unacceptable conditions: whole blood, heparin, unfrozen or ACD plasma samples. Do not allow samples to thaw. 4) Stability: RT-unstable, Refrigerated-3 days, Frozen (-70C)-6 weeks.</i>		
Compliance(ASR)	<i>Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>		
Reference Ranges	<i>HCV Genotype by PCR &amp; Line Probe Assay</i>		<i>Specimen HCV RNA level is below the limit of detection of this assay. Analyte Specific Reagents (ASR) are used in many laboratory tests</i>

			<p><i>necessary for standard medical care and generally do not require U.S. Food &amp; Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/ PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food &amp; Drug Administration. This test should not be regarded as investigational or for research use.</i></p>	
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# HCVPGT

# HCVPGT

## HEPATITIS C VIRUS RNA QUANTITATIVE BY PCR REFLEX TO GENOTYPING (New)

order code

flexilab code

Effective	10/27/2009			
Method	<i>PCR :Ampliprep/TaqMan HCV Test &amp; PCR/LiPA</i>			
Specimen Requirements	<i>3 mL frozen EDTA plasma (lavender top tube). Separate plasma from cells within 6 hrs of collection &amp; place in separate polypropylene tube &amp; freeze. If transport GT 3 days, freeze at -70C. This test cannot be ordered as a reflexive test on serum or plasma samples previously tested for antibodies. A dedicated sample is required for molecular testing. Ship 650. This test may reflex to additional tests depending upon the results of this test. An additional fee will be added.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: serum (SST tube) same as plasma. 3) Unacceptable conditions: whole blood, heparin, unfrozen or ACD plasma samples. Do not allow samples to thaw. 4) Stability: RT- unstable, Refrigerated-3 days, Frozen (-70C)-6 weeks. .</i>			
Compliance(AS R)	<i>This statement applies only to the genotype portion of this test. Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>			
Reference Ranges	<p><i>HCV RNA Viral Load Result</i></p> <p><i>HCV RNA Viral Load Result</i></p> <p><i>HCV Genotype by PCR &amp; Line Probe Assay</i></p>		<p><i>Not detected LogIU/mL</i></p> <p><i>Not detected</i></p> <p><i>Reportable range HCV RNA 1.6 to 7.8 Log IU/mL (43-69,000,000 IU/mL). This test is intended for use as an aid in management of HCV-infected individuals undergoing anti-viral therapy. The COBAS Ampliprep/COBAS TaqMan HCV Test is not intended for use as a screening test for the presence of HCV in blood or blood products or as a diagnostic test to confirm the presence of HCV infection.</i></p> <p><i>Specimen HCV RNA level is below the limit of detection of this assay. Analyte Specific Reagents (ASR) are</i></p>	<p><i>IU/mL</i></p>

			<p><i>used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food &amp; Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/ PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food &amp; Drug Administration. This test should not be regarded as investigational or for research use.</i></p>
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**HDL**  
order code

**HDL**  
flexilab code

HDL (Specimen Requirements)

Effective	Immediately
Comments	1) Min Amt: 0.2 mL. 2) <i>Other acceptable specimens: lithium heparin plasma (green top tube).</i> 3) Stability: Refrigerated-2 weeks.

**HGB.PLASMA**  
order code

**PHGBQT**  
flexilab code

HGB, PLASMA (QUANT) (Specimen Requirements)

Effective	10/27/09
Specimen Requirements	<i>3 mL frozen lithium or sodium heparin plasma (green top tube).</i> Separate plasma from cells & respin plasma for 10 minutes at 1600g. Separate supernatant plasma carefully into a separate plastic tube & freeze. Store & transport frozen.

**HLABTP**  
order code

**HLABTP**  
flexilab code

HLA-A & B PHENOTYPE (Delete)

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

**HOMOG**  
order code

**HOMOG**  
flexilab code

HOMOGENITISIC ACID, URINE (REFLEX) (Delete)

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

LI  
order code

LI  
flexilab code

LITHIUM ( Method, Specimen Requirements)

Effective	10/27/2009
Method	<i>Spectrophotometric</i>
Comments	1) Min Amt: 0.2 mL. 2) Unacceptable conditions: do not ship on Suresep. 3) <i>Other acceptable specimens: Plain red top is preferred, but SST serum, sodium heparin or EDTA plasma is acceptable.</i> 4) Stability: RT-1 day, Refrigerated-1 week, <i>Frozen-6 months.</i> 5) SHMC-Chemistry Department.

LIPID  
order code

LIPID  
flexilab code

HDL/LIPID PROFILE (Specimen Requirements)

Effective	Immediately
Comments	1) Min Amt: 1 mL. 2) <i>Other acceptable specimens: lithium heparin plasma (green top tube).</i> 3) Stability: Refrigerated-2 weeks. 4) This panel includes: cholesterol, triglycerides, HDL and calculated LDL.

LIPID2

LIPID2

LIPID PROFILE & LP-PLA2 (PLAC) (Specimen Requirements)

order code

flexilab code

Effective	Immediately
Comments	1) Min Amt: 1.5 mL refrigerated. 2) <i>Other acceptable specimens: lithium heparin plasma (green top tube).</i> 3) Unacceptable conditions: ambient or unprocessed blood samples. 4) Stability: RT-4 hours, Refrigerated-1 week, Frozen (-20)-1 day, (-70)-3 months

MTINV

MTINV

MTHFR C677T AND A1298C, INVADER (CPT Code)

order code

flexilab code

Effective	10/27/2009
CPT4	<i>83891, 83892 x 4, 83896 x 11, 83903 x 2, 83912</i>

MYOGLOBIN

MYO

MYOGLOBIN (SERUM) (Method, Specimen Requirements)

order code

flexilab code

Effective	10/27/2009
Method	<i>Chemiluminescence Assay</i>
Specimen Requirements	0.5 mL serum (red top tube). <i>Separate serum from cells within 8 hours and put in separate plastic tube. Store &amp; transport refrigerated.</i>
Comments	<i>1) Min Amt: 0.3 mL. 2) Unacceptable conditions: Marked hemolysis. Urine or fluid samples and any freeze/thaw cycles. 3) Other acceptable specimens: Heparin plasma-same sample type should be used for serial samples. 4) Stability: Refrigerated-3 days, Frozen-1 month. 5) SHMC- Chemistry Department.</i>

# NIACIN

# NIACIN

VITAMIN B3 NIACIN (NICOTINIC ACID) (Description, Method, RR, Specimen Requirements)

order code

flexilab code

Effective	10/05/2009		
Method	HPLC & <i>LC-MS/MS</i>		
Specimen Requirements	<i>1 mL EDTA plasma (lavender top tube). Promptly separate plasma from cells &amp; put in separate amber plastic tube. Store &amp; transport at room temperature. Protect from light.</i>		
Comments	<i>1) Min Amt: 0.4 mL. 2) Nichols sends to NMS. 3) Unacceptable conditions: SST or PST tube. 4) Other acceptable specimens: serum (plain red top tube). 5) Stability: RT-15 days, Refrigerated-15 days, Frozen-unestablished. 6) Nichols# 1735X.</i>		
Reference Ranges	<i>Niacin</i>		<i>After oral administration, peak plasma concentrations are achieved in 30-60 minutes. The plasma half-life after administration of 1000 mg nicotinic acid is around 1 hour. Following extended release niacin therapy, the following plasma levels of niacin have been measured: a 1000 mg nighttime dose results in a peak concentration of 0.6 mcg/mL, 1500 mg nighttime dose results in a peak concentration of 4.9 mcg/mL, and 2000 mg nighttime dose results in a peak concentration of 15.5 mcg/mL. Another study (Pfuhl et al, 2005) has reported that the administration of a 1000 mg extended release tablet, resulted in concentrations of niacin of less than 0.05 mcg/mL.</i>
			<i>mcg/mL</i>

# PRE-ALB

# PAB

PRE-ALBUMIN (Specimen Requirements)

order code

flexilab code

Effective	10/27/2009		
Specimen Requirements	<i>1 mL serum (red top tube). Fasting sample is preferred to avoid lipemia. Separate serum from cells within 2 hours and place in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.3 mL. 2) Unacceptable conditions: Gross lipemia or gross hemolysis and samples that have been ultracentrifuged. Frozen samples should be thawed only once. 3) Stability: RT-8 hours, Refrigerated-3 days, Frozen- 3 months. 4) SHMC-Chemistry Department.</i>		

# SLEVAB

# SLEVAB

ST. LOUIS ENCEPHALITIS VIRUS AB (Reference Range Descriptions)

order code

flexilab code

Effective	10/19/2009		
Reference Ranges	<i>St. Louis Encephalitis Virus, IgG</i>		<i>LT 1:16</i>
	<i>St. Louis Encephalitis Virus, IgM</i>		<i>LT 1:20</i>
Interpretation	<p>Specimens positive for arbovirus antibody are CDC reportable. Please contact your local public health agency.</p> <p>This highly sensitive test usually detects IgG and/or IgM antibody in acute specimens. Human infections are seasonal, from mid-summer to late summer, occurring throughout the southern, southwestern, and west central states. Cross-reactivity can occur with other Group B arboviruses (Flavivirus), including Dengue, Japanese Encephalitis, Rio Bravo, Powassan, and Yellow Fever.</p>		

# SPNAGD

# SPNAGD

STREPTOCOCCUS PNEUMONIAE AG DETECT (Delete)

order code

flexilab code

Effective	10/12/09		
Delete	<i>This test is being discontinued.</i>		

# TES

# TESTOT

TESTOSTERONE, TOTAL (Specimen Requirements)

order code

flexilab code

Effective	10/27/2009		
Comments	1) Min Amt 0.5 mL. 2) Stability: RT-8 hours, Refrigerated-8 days, Frozen-2 months. <i>3) Unacceptable conditions: freeze/thaw no more than 2 times.</i> 4) SHMC-Immunology Department.		

# TES.FR

# TESTFR

TESTOSTERONE, FREE (Specimen Requirements)

order code

flexilab code

Effective	10/27/2009		
Comments	1) Min Amt: 0.5 mL. 2) Stability: Refrigerated-3 days, Frozen-2 months. <i>3) Unacceptable conditions: gross lipemia. Avoid repeat freeze/thaw cycles.</i> 4) SHMC-Immunology Department.		

## TES.FR&amp;T

## TESTF

TESTOSTERONE, TOTAL AND FREE (Specimen Requirements)

order code

flexilab code

Effective	10/27/2009
Comments	1) Min Amt: 0.5 mL. 2) <i>Unacceptable conditions: gross lipemia. Avoid repeat freeze/thaw cycles.</i> 3) Stability: RT-8 hours, Refrigerated-3 days, Frozen-2 months. 4) SHMC-Immunology Department.

## TOB

order code

## TOBR

flexilab code

TOBRAMYCIN (SINGLE) (Specimen Requirements)

Effective	Immediately
Specimen Requirements	1 mL frozen serum (red top tube). Trough-draw within 1hr prior to next dose; Peak-draw 1hr after IM dose or 1/2hr after IV infusion completed. Label specimen clearly. Freeze in separate plastic tube. Store & transport frozen. Note time of dose & drawing. <i>Samples containing other antibiotics should be promptly frozen to minimize interference.</i>
Comments	1) Min Amt: 0.5 mL. 2) <i>Other acceptable samples: plain green top or PST (heparin) or SST. However, if gel separator is used, sample must be promptly separated. Also acceptable: Citrate, EDTA or oxalate plasma separated from cells or one microtainer.</i> 3) <i>Other information on limitations please check the PAML website.</i> 4) Stability: Refrigerated-1 day, Frozen-1 month. 5) SHMC-Chemistry Department.

## TOB.PK

order code

## TOBRPK

flexilab code

TOBRAMYCIN, PEAK (Specimen Requirements)

Effective	Immediately
Specimen Requirements	1 mL frozen serum (red top tube). Draw peak 1 hour after IM dose or 1/2 hour after IV infusion completed. Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen. Clearly label specimen. Note time of dose and drawing. <i>Samples containing other antibiotics should be promptly frozen to minimize interference.</i>
Comments	1) Min Amt: 0.3 mL. 2) <i>Other acceptable samples: plain green top or PST (heparin) or SST. However, if gel separator is used, sample must be promptly separated. Also acceptable: Citrate, EDTA or oxalate plasma separated from cells or one microtainer.</i> 3) <i>Other information on limitations please check the PAML website.</i> 4) Stability: Refrigerated- 1 day, Frozen-1 month. 5) SHMC-Chemistry Department.

## TOB.TR

order code

## TOBRTR

flexilab code

TOBRAMYCIN, TROUGH (Specimen Requirements)

Effective	Immediately
Specimen Requirements	1 mL frozen serum (red top tube). Draw trough 15 minutes prior to next dose (no more than 1 hr prior to next dose). Separate serum from cells and put in separate plastic tube & freeze. Store & transport frozen. Clearly label specimen. Note time of dose and drawing. <i>Samples containing other antibiotics should be frozen to minimize interference.</i>
Comments	1) Min Amt: 0.3 mL. 2) <i>Other acceptable samples. plain green top or PST (heparin) or SST. However, if gel separator is used, sample must be promptly separated. Also acceptable: Citrate, EDTA or oxalate plasma separated from cells or one microtainer.</i> 3) <i>Other information on limitations please check the PAML website.</i> 4) Stability: Refrigerated- 1 day, Frozen-1 month. 5) SHMC-Chemistry Department.

**TOB2**  
order code

**TOBIN**  
flexilab code

TOBRAMYCIN (PAIRED) (Specimen Requirements)

Effective	Immediately
Specimen Requirements	1 mL frozen serum (red top tube). Trough-draw 15 min prior to next dose( no more than 1 hr prior); Peak-draw 1 hr after IM dose or 1/2 hr after IV infusion completed. Separate serum from cells and put in separate plastic tubes & freeze. Label specimens clearly. Store & transport frozen. Note time and dose of drawing. <i>Samples containing other antibiotics should be promptly frozen to minimize interference.</i>
Comments	1) Min Amt: 0.3 mL each specimen. 2) <i>Other acceptable samples: plain green top or PST (heparin) or SST. However, if gel separator is used, sample must be promptly separated. Also acceptable: Citrate, EDTA or oxalate plasma separated from cells or one microtainer.</i> 3) <i>Other information on limitations please check the PAML website.</i> 4) Stability: Refrigerated- 1 day, Frozen-1 month. 5) SHMC-Chemistry Department.

**TOXGML**

**TOXGML**

TOXOPLASMA GONDII AB, G&M (REFLEX)  
(Correction from PAML Test Change Alert # 349)

order code

flexilab code

Effective	Immediately
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 CPT code <i>86778</i> . If Toxo IgM is equivocal or positive result will be held, and specimen reflexed to TXMCF for confirmation.

**TOXOML**

**TOXOML**

TOXOPLASMA GONDII AB, IGM, REFLEX  
(Correction from PAML Test Change Alert # 349)

order code

flexilab code

Effective	Immediately
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 CPT Code <i>86778</i> . If Toxo IgM Ab is equivocal or positive, result will be held and specimen will be reflexed to TXMCF for confirmation.

**TRHA**

**TRHA**

THYROTROPIN RELEASING HORMONE (Specimen Requirements)

order code

flexilab code

Effective	10/19/2009
Specimen Requirements	<i>2 mL frozen sodium heparin plasma (green top tubes). Immediately separate the plasma from the cells in a refrigerated centrifuge &amp; put in a separate plastic tube and freeze.</i> Store and transport frozen. Do not thaw.
Comments	1) 0.6 mL. 2) <i>Unacceptable conditions: PTH-related protein (special collection tube) or sample not received frozen.</i> 4) Stability: RT- unacceptable, Refrigerated-unacceptable, Frozen-1 month. 5) QUEST# 30189P.

**TRIG**  
order code

**TRIG**  
flexilab code

TRIGLYCERIDES (Specimen Requirements)

Effective	Immediately
Comments	1) Min Amt: 0.2 mL. 2) <i>Other acceptable specimens: lithium heparin plasma (green top tube).</i> 3) Unacceptable conditions: sodium fluoride-potassium oxalate plasma (grey top tube) and icteric samples. 4) Stability: Refrigerated-2 weeks.

**TRPI**  
order code

**TRPI**  
flexilab code

TROPONIN I (Volume and Critical Value)

Effective	10/27/2009		
Comments	1) <i>Min Amt: 0.3 mL.</i> 2) Other acceptable specimens: PST tube, serum or SST tube. 3) Unacceptable conditions: samples containing fibrin & all other fluid specimens, marked hemolysis or icterus. 4) Stability: RT-8 hrs, Refrigerated-3 days, Frozen-3 months. 5) SHMC-Chemistry Department.		
Reference Ranges	Troponin I	0.00-0.29	ng/mL
		<i>Critical value GT 0.29</i>	

**TSIG**

**TSIG**

THYROID STIMULATING IMMUNOGLOBULINS  
(Reference Range. Stability. Remove Compliance Statement)

order code

flexilab code

Effective	10/27/2009		
Comments	1) Min Amt: 0.3 mL. 2) Other acceptable specimens: lipemic, hemolyzed and icteric serum samples are acceptable. 3) Unacceptable conditions: plasma. 4) <i>Stability: Refrigerated-3 days, Frozen-2 months.</i>		
Reference Ranges	<i>Thyroid Stimulating Immuno-globulins</i>	<i>0-139 % Basal Activity</i>	<i>Thyroid stimulation immunoglobulins (TSI) are autoantibodies that recognize the thyroid stimulating hormone receptor, leading to activation of adenylate cyclase. TSI activity is measured by the ability of serum immuno-globulins to stimulate cyclic adenosine monophosphate (cAMP) production by a thyroid cell line expressing TSH receptors. Results are expressed as the % of basal activity, defined as the response to immunoglobulins from healthy controls. TSI are responsible for hyperthyroidism associated with Graves disease.</i>

# VAN

order code

# VAN

flexilab code

VANCOMYCIN (Method, Specimen Requirements, Reference Range Critical Value)

Effective	10/27/2009		
Method	<i>Turbidimetric</i>		
Comments	1) Min Amt: 0.2 mL. 2) <i>Other acceptable specimens: SST, serum &amp; sodium or lithium heparin or EDTA plasma.</i> 3) <i>Unacceptable conditions: severe hemolysis.</i> 4) <i>Stability: RT-1 week, Refrigerated-1 week, Frozen-2 weeks.</i> 5) SHMC-Chemistry Department.		
Reference Ranges	<i>Vancomycin</i>	<i>Trough</i> Peak	<i>5.0-15.0 Toxic GT 25.0</i> <i>25.0-40.0 Toxic GT 50.0</i>
			<i>ug/mL</i>

# VAN.PK

order code

# VANCPK

flexilab code

VANCOMYCIN, PEAK (Method, Specimen Requirements)

Effective	10/27/2009		
Method	<i>Turbidimetric</i>		
Comments	1) Min Amt: 0.2 mL. 2) <i>Other acceptable specimens: SST serum &amp; sodium or lithium heparin or EDTA plasma.</i> 3) <i>Unacceptable conditions: severe hemolysis.</i> 4) <i>Stability: RT-1 week, Refrigerated-1 week, Frozen-2 weeks.</i> 5) SHMC-Chemistry Department.		

# VAN.TR

order code

# VANCTR

flexilab code

VANCOMYCIN, TROUGH (Method, Specimen Requirements, Reference Range, Critical Value)

Effective	10/27/2009		
Method	<i>Turbidimetric</i>		
Comments	1) Min Amt: 0.3 mL. 2) <i>Other acceptable specimens: SST, serum, sodium or lithium heparin or EDTA plasma.</i> 3) <i>Unacceptable conditions: severe hemolysis.</i> 4) <i>Stability: RT-1 week, Refrigerated-1 week, Frozen-2 weeks.</i> 5) SHMC-Chemistry Department.		
Reference Ranges	<i>Vancomycin</i> Trough		<i>5.0-15.0 Toxic GT 25.0</i>
			<i>ug/mL</i>

# VAN2

order code

# VANIN

flexilab code

VANCOMYCIN (PEAK & TROUGH) (Method, Specimen Requirements, Toxic Critical Value)

Effective	10/27/2009		
Method	<i>Turbidimetric</i>		
Comments	1) Min Amt: 0.2 mL. 2) <i>Other acceptable specimens: SST serum, sodium or lithium heparin or EDTA plasma.</i> 3) <i>Unacceptable conditions: severe hemolysis.</i> 4) <i>Stability: RT-1 week, Refrigerated-1 week, Frozen-2 weeks.</i> 5) SHMC-Chemistry Department		

Reference Ranges	Vancomycin, Trough Time, Trough		5.0-15.0 Toxic GT 25.0	ug/mL
	Vancomycin, Peak Time, Peak		25.0-40.0 Toxic GT 50.0	ug/mL

**YID**  
order code

**YID**  
flexilab code

ID YEAST (REFLEX) (New)

Effective	10/27/2009			
Method	<i>Culture</i>			
CPT4	<i>87106</i>			
Specimen Requirements	<i>Isolated yeast colony on media slant. Select isolated yeast colony from primary plate or subculture and inoculate to a slant with a tight fitting, leakproof screw cap lid. Store and transport at room temperature. Ship 602. This test may reflex to additional tests depending upon the results of this test. An additional fee will be added.</i>			
Comments	<i>1) Min Amt: visible growth. 2) Unacceptable conditions: agar plate or mixed culture/only pure isolates will be tested. 3) Identification will reflex to susceptibility only if requested. 4) PSHMC-Microbiology Department.</i>			
Reference Ranges	Source			
	Yeast ID Report Yeast ID Status			

[PAML Web Test Directory](#)