



110 West Cliff Avenue  
Spokane, WA 99204

509.755.8600  
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# TEST CHANGE ALERT #356

## January 25, 2010

### Summary Of Changes

TestCode(s)	Test Description
AFP3P	PRENATAL RISK ASSESSMENT (New)
AFP4P	PRENATAL RISK QUAD SCREEN (New)
AFPL3	ALPHAFETOPROTEIN, TOTAL/L3 % (New)
ALP2A	ALPHA 2 ANTIPLASMIN ACTIVITY (New)
ANTABUSE (ABUSE)	ANTABUSE (CPT Coding)
B2TRAN	BETA 2 TRANSFERRIN (New)
BACLQT	BACLOFEN, SERUM (CPT Coding)
BLDPAN	BLEEDING DIATHESIS PANEL (REFLEX) (New)
BORONS	BORON, SERUM/PLASMA (New)
CAL-ION (ICAL)	CALCIUM, IONIZED (Specimen Requirements)
CAMPAB	CAMPYLOBACTER JEJUNI ANTIBODY IGG (New)
CEAFL	CARCINOEMBRYONIC ANTIGEN CEA FLUID (New)
CLONIDINE (CLONID)	CLONIDINE [NMS] (CPT Code)
COCAB	COCCIDIODES AB IGG IGM ELISA (New)
CPOP7	OPIATE COMPLIANCE PANEL 7 (New)
DUL	DULOXETINE (CPT Coding)
EBVQNT	EPSTEIN BARR VIRUS, QUANT PCR (New)
EBVQWB	EPSTEIN BARR VIRUS QUANT PCR, WHOLE BLOOD (New)
ENTHA	ENTAMOEBIA HISTOLYTICA ANTIGEN EIA (New)
FCORTS	CORTISOL, SERUM FREE (New)
FLATYP	INFLUENZA A SUBTYPING RT-PCR (New)
FORM-U (FAUQ)	FORMIC ACID, URINE( Method)
FT4TMS	THYROXINE, FREE BY EQUIL DIALY TMS (New)
GLYMAR	1,5 ANHYDROGLUCITOL (GLYCOMARK) (New)
GM1COM	GANGLIOSIDE ASIALO GM1 GM2 GD1 GQ1 (New)
HPAIGA	HELICOBACTER PYLORI ANTIBODY IGA (New)
HYPEXT	HYPERSENS PNEUMONITIS EXT PNL (New)
IA2A	IA-2 ANTIBODY (New)
ITRAC	ITRACONAZOLE, ANTIFUNGAL LEVEL (CPT Code)
LEF	LEFLUNOMIDE AS METABOLITE (CPT Coding)
LYWBCF	BORRELIA BURGDORFERI AB IGG/M BY WESTERN BLOT (New)
MALIGG	MALARIA ANTIBODY IGG (New)
MGFEC	MAGNESIUM, FECAL (New)
MUMPSG	MUMPS VIRUS AB, IGG (Reference Range)
NEUIGG	NEURONAL ANTIBODIES IGG BY IMMUNOBLOT (New)
NIACI	NIACIN (VITAMIN B3) (New)
NIACIN	VITAMIN B3 NIACIN (NICOTINIC ACID) (Delete)

NICMSP .....NICOTINE & METABOLITE SERUM/PLASMA (New)  
 OLIGB .....OLIGOCLONAL BANDS IN CSF, SERUM (New)  
 PREGAS .....PREGABALIN, SERUM/PLASMA (New)  
 PRS .....PRENATAL RISK ASSESSMENT PROFILE (Delete)  
 PRS4 .....PRENATAL RISK QUAD SCREEN (Delete)  
 RESPRX .....FLU A, FLU B, RSV PCR (REFLEXIVE) (New)  
 RETBP .....RETINOL BINDING PROTEIN (New)  
 RIS .....RISPERIDONE (CPT Coding)  
 RIT (RITA) .....METHYLPHENIDATE (RITALIN) (CPT Code)  
 RIT-U (RITAU) .....METHYLPHENIDATE (RITALIN), URINE (CPT Coding)  
 RUFIS .....RUFINAMIDE, SERUM OR PLASMA (New)  
 SILIS .....SILICON, SERUM OR PLASMA (New)  
 SOCN18 .....SOUTH CENTRAL STATES ALLERGY 18 (New)  
 STFRA .....SOLUBLE TRANSFERRIN RECEPTOR (Delete)  
 STFRC .....SOLUBLE TRANSFERRIN RECEPTOR (New)  
 TEGMAP .....TEG MAPPING AND STANDARD TEG WHO PB (New)  
 TIAGA .....TIAGABINE (CPT Coding)  
 TPAB .....TREPONEMA PALLIDUM ANTIBODY (New)  
 URSUL .....SULFATE, URINE (New)  
 VGCCAB .....VOLTAGE GATED CALCIUM CHANNEL AB (New)  
 VZVRT .....VZV BY REAL TIME PCR (Delete)  
 VZVRTP .....VARICELLA ZOSTER VIRUS BY PCR (New)  
 ZIPRA .....ZIPRASIDONE, SERUM OR PLASMA (New)



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# TEST CHANGE ALERT #356

## January 25, 2010

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

**AFP3P**  
order code

**AFP3P**  
flexilab code

PRENATAL RISK ASSESSMENT (New)

Effective	02/23/2010		
Method	<i>Immunometric/ELISA</i>		
CPT4	<i>82105, 82677, 84702</i>		
Specimen Requirements	<i>2 mL frozen serum (SST tube). Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen. The optimum gestational age for prenatal screening is 16 weeks. Include the following information: Gestational Age(weeks), Gestational Age(days), Gestational Method, Ultrasound date, Diabetic status, Maternal Weight(lbs), Race, Date of LMP, Previous Downs, Previous NTD, Multiple Gestation.</i>		
Comments	<i>1) Min Amt: 1 mL. 2) Other acceptable specimens: 2 mL frozen serum drawn at 14-22 weeks gestation. 3) Unacceptable conditions: grossly hemolyzed or lipemic specimens. 4) Stability: Refrigerated-3 days, Frozen-30 days. 5) PSHMC-Immunology Department.</i>		
Reference Ranges	<i>DS Screen Result</i>		<i>Negative</i>
	<i>DS Risk(At Mid-Trimester</i>		
	<i>DS Risk for Maternal Age</i>		
	<i>DS Risk as Equivalent Age</i>		
	<i>DS Risk Interp</i>		
	<i>OSB Screen Result</i>		<i>Negative</i>
	<i>OSB Patient Risk</i>		
	<i>OSB Population Risk</i>		
	<i>OSB Risk Interp</i>		
	<i>Trisomy 18 Screen Result</i>		<i>Negative</i>
	<i>T18 Patient Risk</i>		
	<i>T18 Risk Interp</i>		
	<i>AFP MoM</i>		
	<i>AFP Unconjugated Estriol MoM</i>		
	<i>Estriol, Unconjugated</i>		<i>ng/mL</i>
	<i>HCG MoM</i>		
	<i>HCG</i>		
	<i>Race</i>		



<i>T18 Patient Risk</i> <i>T18 Interp</i> <i>AFP MoM</i> <i>AFP</i> <i>Unconjugated Estriol MoM</i> <i>Estriol, Unconjugated</i> <i>HCG MoM</i> <i>hCG</i> <i>Inhibin A MoM</i> <i>Dimeric Inhibin A</i> <i>Race</i> <i>Gestational Age</i> <i>Weight</i> <i>Diabetic Maternal Age at Term</i> <i>Note</i>				<i>ng/mL</i>  <i>ng/mL</i>  <i>mIU/mL</i>  <i>pg/mL</i>          <i>lbs</i>
			<i>Accuracy of gestational age is essential for valid interpretation. A family history for Down syndrome and/or open spina bifida increases the risk for these fetal abnormalities. If a family history for these fetal abnormalities exists, counseling regarding a level II ultrasound and/or amniocentesis is suggested.</i>	

**AFPL3**  
order code

**AFPL3**  
flexilab code

ALPHAFETOPROTEIN, TOTAL/L3 % (New)

Effective	02/23/2010			
Method	<i>Liquid-phase Binding Immunoassay</i>			
CPT4	<i>82107</i>			
Specimen Requirements	<i>1 mL serum (plain red top tube or SST tube). Separate the serum from the cells ASAP and put in a separate plastic tube. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable Conditions: plasma. 3) Stability: RT- 8 hours, Refrigerated- 1 week, Frozen- 3 months. Avoid repeated freeze/thaw cycles. 4) ARUP#: 0081208.</i>			
Reference Ranges	<i>Alphafeto- protein total</i> <i>Alphafeto- protein L3%</i>		<i>0-15</i>  <i>10% or less</i>  <i>The Wako LiBASSys method is used. Results obtained with different assay methods or kits cannot be used interchangeably. The Wako AFP-L3% assay is intended as a risk</i>	<i>ng/mL</i>  <i>%</i>

			<p><i>assessment test for the development of hepatocellular carcinoma in patients with chronic liver diseases. Elevated AFP-L3% values have been shown to be associated with a seven-fold increase in the risk of developing hepatocellular carcinoma within the next 21 mos. Patients with elevated serum AFP-L3% should be more intensely evaluated for evidence of hepatocellular carcinoma. The result is not interpretable as a tumor marker in pregnant females.</i></p>
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**ALP2A**

order code

**ALP2A**

flexilab code

ALPHA 2 ANTIPLASMIN ACTIVITY (New)

Effective	02/23/2010			
Method	<i>Chromogenic Assay</i>			
CPT4	<i>85410</i>			
Specimen Requirements	<i>1 mL frozen sodium citrate platelet-poor plasma (light blue top tube filled to capacity). Centrifuge specimen, separate plasma, recentrifuge, separate into clean plastic tube and freeze. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Store and transport frozen.</i>			
Comments	<i>1) Min Amt: 1 mL. 2) Unacceptable conditions: Serum, nonfrozen or hemolyzed samples. 3) Stability: RT-2 hrs, Refrigerated-2 hrs, Frozen-2 weeks. 4) ARUP# 0098727.</i>			
Reference Ranges	<i>Alpha 2 Anti-plasmin Activity</i>	<i>1-4 days</i> <i>5-29 days</i> <i>30-89 days</i> <i>90-179 days</i> <i>180-364 days</i> <i>1-5 yrs</i> <i>6 yrs</i> <i>7-9 yrs</i> <i>10-11 yrs</i> <i>12-13 yrs</i> <i>14-15 yrs</i> <i>16-17 yrs</i> <i>18 yrs+</i>	<i>55-115</i> <i>70-130</i> <i>76-124</i> <i>76-140</i> <i>83-139</i> <i>93-117</i> <i>89-110</i> <i>88-147</i> <i>90-144</i> <i>87-142</i> <i>83-136</i> <i>77-134</i> <i>82-133</i>	<i>%</i>

**ANTABUSE**

order code

**ABUSE**

flexilab code

ANTABUSE (CPT Coding)

Effective	Immediately
CPT4	<i>82491</i>

**B2TRAN**

order code

**B2TRAN**

flexilab code

**BETA 2 TRANSFERRIN (New)**

Effective	02/23/2010		
Method	<i>Immunofixation Electrophoresis</i>		
CPT4	<i>86334, 86335</i>		
Specimen Requirements	<i>2 mL serum (SST tube) and 2 mL aural or nasal fluid in a sterile leakproof container without preservative. Separate serum from cells and put in separate plastic tube and transport all specimens refrigerated. DO NOT FREEZE.</i>		
Comments	<i>1) Min Amt: 0.5 mL serum and 1 mL aural or nasal fluid. 2) Unacceptable conditions: Plasma and frozen specimens. 3) Stability: RT- 4 hrs, Refrigerated- 3 days, Frozen- Unacceptable. 4) ARUP#: 0050047.</i>		
Other	<i>The performance characteristics of this test were determined by ARUP Laboratories, Inc. The beta-2 transferrin protein assay by IFE methodology is not a reliable method for detecting human perilymph due to the low sensitivity of the assay.</i>		
Reference Ranges	<i>Beta 2 Transferrin</i>		<i>None Detected Detection of a beta-2 transferrin band by IFE is diagnostic for the presence of cerebrospinal fluid (CSF). This test is a consideration in the differential diagnosis for CSF otorrhea or CSF rhinorrhea. Beta-2 transferrin is not detected in normal serum, tears, saliva, sputum, nasal, aural fluid, or endolymph by this method. The performance characteristics of this test were determined by ARUP Laboratories, Inc. The transferrin protein assay by IFE methodology is not a reliable method for detecting human perilymph due to the low sensitivity of the assay.</i>

**BACLQT**

order code

**BACLQT**

flexilab code

**BACLOFEN, SERUM (CPT Coding)**

Effective	Immediately
CPT4	<i>83789</i>

**BLDPAN**

order code

**BLDPAN**

flexilab code

**BLEEDING DIATHESIS PANEL (REFLEX) (New)**

Effective	02/23/2010
CPT4	<i>85610, 85730, 85670, 85384, 85291, 85379, 85240, 85245, 85246</i>
Specimen Requirements	<i>18 mL frozen plasma (6-3 mL aliquots) (buffered sodium citrate blue top tubes). Specimens should be transported uncentrifuged with plasma remaining on top of the cells in a unopened tube kept at 2-4C or</i>

	<i>22-24C. If the interval between drawing and testing exceeds 4 hours, centrifuge specimen, separate plasma, recentrifuge and put in 6 separate plastic tubes (6 aliquots) and freeze at -20C or less. 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: 12 mL (4-3 mL aliquots). 2) Unacceptable conditions: severely hemolyzed, clotted samples or inappropriately filled liquid blue top tubes. Samples older than 4 hrs that have not be separated &amp; frozen at -20C or less. 3) Stability: RT-4 hrs, Refrigerated-4 hrs, Frozen-1 month. 4) PSHMC- Coagulation Dept. Method: Electromechanical Clot Detection, Urea Solubility Latex Immunoassay, Ristocetin Induced Platelet Aggregation.</i>			
Reference Ranges				
<i>PT, Pt</i>	<i>0-1 mo</i>	<i>13.0-20.0</i>		<i>sec</i>
	<i>2+ mo</i>	<i>10.9-14.8</i>		
<i>PT, Pt/Ctl Mix</i>		<i>A protime that is not within 3 sec of the control plasma may suggest an inhibitor.</i>		<i>sec</i>
<i>PT, Ctl Plasma</i>				<i>sec</i>
<i>APTT, Patient</i>	<i>0-1 mo</i>	<i>40-50</i>		<i>sec</i>
	<i>2 mo-4 yr</i>	<i>25-60</i>		
	<i>5+ yr</i>	<i>26-36</i>		
<i>APTT, Pt/Ctl Mix</i>		<i>A PTT mix that is not within 5 seconds of the control plasma usually suggests an inhibitor.</i>		
<i>APTT, Ctl Plasma</i>				<i>sec</i>
<i>APTT, Pt Post Incubation</i>				<i>sec</i>
<i>Heparinase APTT</i>		<i>26-38</i>		<i>sec</i>
		<i>Neutralization suggests heparin effect.</i>		
<i>TT, Pt</i>		<i>15.6-20.0</i>		<i>sec</i>
<i>TT, Control</i>		<i>15.6-20.0</i>		<i>sec</i>
<i>TT, Pt/Ctl Mix</i>				<i>sec</i>
<i>TT, Pt/PSO4 Mix</i>				<i>sec</i>
<i>Fibrinogen</i>		<i>211-419</i>		<i>mg/dL</i>
<i>Reptilase, Pt</i>		<i>14.8-21.2</i>		<i>sec</i>
<i>Reptilase, Ctl</i>		<i>14.8-21.2</i>		<i>sec</i>
<i>Reptilase, Pt/Ctl Mix</i>				<i>sec</i>
<i>Factor XIII</i>		<i>No clot dissolution.</i>		
<i>D-Dimer, Quant</i>		<i>LT 0.50 ug/mL FEU</i>		
<i>Factor VIII von Willebrand Factor Activity</i>		<i>55-150</i>		<i>%</i>
		<i>GT 40</i>		<i>%</i>
<i>von Willebrand Factor Antigen</i>		<i>50-165</i>		<i>%</i>
<i>Factor II</i>		<i>80-117</i>		<i>%</i>
<i>Factor V</i>		<i>50-150</i>		<i>%</i>
<i>Factor X</i>		<i>45-155</i>		<i>%</i>
<i>Factor VII</i>		<i>65-135</i>		<i>%</i>
<i>Factor IX</i>		<i>60-140</i>		<i>%</i>
<i>Factor XI</i>		<i>65-135</i>		<i>%</i>
<i>PNP</i>		<i>0-7</i>		<i>sec</i>
<i>dRVVT</i>		<i>31.8-45.7</i>		<i>sec</i>

<i>dRVVT Mix Ratio</i>		<i>0.0-1.2</i>	
<i>dRVVT Confirm Ratio</i>		<i>LT 1.2</i>	
<i>dRVVT Confirm Mix Ratio</i>		<i>LT 1.2</i>	
<i>Factor VIII Inhibitor, Qnt</i>		<i>Negative</i>	<i>Bethesda Units</i>
<i>Factor II Inhibitor</i>		<i>Negative</i>	<i>Inhibitor Units</i>
<i>Factor V Inhibitor</i>		<i>Negative</i>	<i>Inhibitor Units</i>
<i>Factor X Inhibitor</i>		<i>Negative</i>	<i>Inhibitor Units</i>
<i>Factor VII Inhibitor</i>		<i>Negative</i>	<i>Inhibitor Units</i>
<i>Factor IX Inhibitor</i>		<i>Negative</i>	<i>Inhibitor Units</i>
<i>Factor XI Inhibitor</i>		<i>Negative</i>	<i>Inhibitor Units</i>
<i>Interpretation Reviewed By</i>			

## BORONS

order code

## BORONS

flexilab code

## BORON, SERUM/PLASMA (New)

Effective	02/23/2010		
Method	<i>ICP/MS</i>		
CPT4	<i>83018</i>		
Specimen Requirements	<i>2 mL Serum (Royal blue top tube, plastic. Trace metal free, no additive) OR Plasma (Royal blue top tube, plastic. Trace metal free, EDTA). Separate the serum or plasma from the cells and put in a separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.7 mL. 2) Unacceptable Conditions: Glass containers, Polymer gel separation tube (SST or PST). 3) Stability: RT- 1 month, Refrigerated- 1 month, Frozen- 1 month. 4) NMS#: 0711SP.</i>		
Reference Ranges	<i>Boron</i>	<i>None Detected</i>	<i>mcg/L</i>
		<i>Normally: Less than 100 mcg/L</i>	

## CAL-ION

order code

## ICAL

flexilab code

## CALCIUM, IONIZED (Specimen Requirements)

Effective	02/23/2010		
Specimen Requirements	2 mL serum (SST tube) collected & handled anaerobically. Draw a separate tube for this test if other tests are also ordered. The tube should be filled completely to limit the loss of CO2. Prefer fasting specimen. Allow the tube to clot 1/2 hr(max of 1 hr), recommend centrifuging at 1000 RCF for 10-15 min. Send centrifuged SST tube refrigerated with no further manipulation. <i>Capped centrifuged samples are stable 8 hrs</i> at RT or 1 week refrigerated. The pH range is critical for specimens with pH values outside the 7.2-7.6 range. Only the ionized calcium will be reported.		
Comments	1) Min Amt: 0.5 mL. 2) Do not transport on dry ice-ship on cold packs, dry ice shipment can cause		

supersaturation of CO2 & lower pH. 3) Stability: RT-2 hrs, Ref-1 week, Frozen-6 mon. 4) *Other acceptable specimens: least preferred full Sursep microtainer ensuring limited exposure when drawn & handled as above.* 5) PSHMC-Chemistry Department.

**CAMPAB**  
order code

**CAMPAB**  
flexilab code

CAMPYLOBACTER JEJUNI ANTIBODY IGG (New)

Effective	02/23/2010		
Method	<i>Indirect Fluorescent Antibody</i>		
CPT4	<i>86625</i>		
Specimen Requirements	<i>1 mL serum (SST tube). Separate the serum from the cells ASAP and put in a separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.15 mL 2) Other acceptable specimens: plasma. 3) Unacceptable conditions: Avoid repeated freeze, thaw cycles. 4) Stability: RT- 2 days, Refrigerated- 2 weeks, Frozen: 1 year. 5) ARUP#: 0098841.</i>		
Compliance(RUO)	<i>This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>		
Reference Ranges	<i>Campylobacter jejuni Ab IgG</i>	<i>LT 1:320  1:320 or higher</i>	<i>Negative - no significant level of C. jejuni IgG antibody detected. Positive - IgG antibody to C.jejuni detected, suggestive of current or past infection. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories. 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 Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>

**CEAFL**  
order code

**CEAFL**  
flexilab code

CARCINOEMBRYONIC ANTIGEN CEA FLUID (New)

Effective	02/23/2010		
Method	<i>Electrochemiluminescent Immunoassay</i>		
CPT4	<i>82378</i>		
Specimen Requirements	<i>1 mL body fluid. Send in a leakproof plastic container. Indicate a source on the test request form. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Stability: RT- 8 hrs, Refrigerated- 1 week, Frozen- 6 months. 3) ARUP#: 0020742.</i>		
Reference Ranges	<i>Source, Fluid Carcinoembry- onic Antigen, Fluid</i>		<i>ng/mL</i>
		<i>The Roche Modular E170 CEA electrochemiluminescent immunoassay is used. Results obtained with different assay methods or kits cannot be used interchangeably. Measurements of CEA have been shown to be clinically relevant in the management of patients with colorectal, breast, lung, prostatic pancreatic, and ovarian carcinomas. Smokers may have slightly elevated levels of CEA. The CEA assay value, regardless of level, should not be interpreted as evidence for the presence or absence of malignant disease and is not recommended for use as a screening procedure to detect the presence of cancer in the general population. This test is FDA cleared but is not labelled for use with body fluids.</i>	

**CLONIDINE**  
order code

**CLONID**  
flexilab code

CLONIDINE [NMS] (CPT Code)

Effective	Immediately
CPT4	<i>83789</i>

**COCAB**  
order code

**COCAB**  
flexilab code

COCCIDIOIDES AB IGG IGM ELISA (New)

Effective	02/23/2010
Method	<i>Enzyme-Linked Immunosorbent Assay</i>
CPT4	<i>86635 x 2</i>
Specimen Requirements	<i>2 mL serum (SST tube). Separate the serum from the cells ASAP and put in a separate plastic tube. Please mark the specimens as "Acute" or "Convalescent". Parallel testing is preferred and convalescent</i>

	<i>specimens must be received within 30 days from the receipt of acute specimens. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: CSF 3) Unacceptable Conditions: Severely lipemic, contaminated, or hemolyzed specimens. 4) Stability: RT-2 days, Refrigerated- 2 weeks, Frozen- 1 year. Avoid repeated freeze/thaw cycles. 5) ARUP#: 0050137.</i>		
Reference Ranges	<i>Coccidioides AB, IgG</i>	<i>0.9 or less 1.0-1.4 1.5 or greater</i>	<i>Negative-No significant level of Coccidioides IgG antibody detected. Equivocal-Questionable presence of Coccidioides IgG antibody detected. Repeat testing in 10-14 days may be helpful. Positive-Presence of IgG antibody to Coccidioides detected, suggestive of current or past infection. IgG antibodies usually appear by the third week of infection and may persist for years. Both tube precipitin (TP) and CF antigens are represented by the ELISA tests.</i>
	<i>Coccidioides AB, IgM</i>	<i>0.9 or less 1.0-1.4 1.5 or greater</i>	<i>Negative-No significant level of Coccidioides IgM antibody detected. Equivocal-Questionable presence of Coccidioides IgM antibody detected. Repeat testing in 10-14 days may be helpful. Positive-Presence of IgM antibody to Coccidioides detected, suggestive of current or past infection. In most symptomatic patients, IgM antibodies usually appear by the second week of infection and disappear by the fourth month. Both tube precipitin (TP) and CF antigens are represented in the ELISA tests. Note: Negative fungal serology does not rule out the possibility of current infection.</i>

**CPOP7**  
order code

**CPOP7**  
flexilab code

OPIATE COMPLIANCE PANEL 7 (New)

Effective	02/23/2010
Method	<i>Tandem Mass Spectrometry</i>
CPT4	<i>83925 x 7</i>
Specimen Requirements	<i>30 mL random urine. Place in a clean leakproof plastic container. Store and transport at room temperature. Indicate the Date and Time of last dose.</i>
Comments	<i>1) Min Amt: 20 mL. 2) Unacceptable conditions: blood, serum, or plasma. 3) Stability: RT- 10 days, Refrigerated- 1 month.</i>

Reference Ranges	Codeine		positive cutoff 20	ng/mL
	Morphine		positive cutoff 20	ng/mL
	Hydrocodone		positive cutoff 20	ng/mL
	Hydromorphone		positive cutoff 20	ng/mL
	Oxycodone		positive cutoff 20	ng/mL
	Oxymorphone		positive cutoff 20	ng/mL
	6 MAM (Heroin metabolite)		positive cutoff 10	ng/mL

**DUL**  
order code

**DUL**  
flexilab code

DULOXETINE (CPT Coding)

Effective	Immediately
CPT4	83789

**EBVQNT**  
order code

**EBVQNT**  
flexilab code

EPSTEIN BARR VIRUS, QUANT PCR (New)

Effective	02/23/2010			
Method	<i>Polymerase Chain Reaction</i>			
CPT4	87799			
Specimen Requirements	<i>1 mL FROZEN serum or plasma (SST tube, Lavender (EDTA), or Pink (K2EDTA) top tubes) OR CSF. Separate the serum or plasma from the cells and place in a separate sterile plastic tube. If sending CSF, place in a separate sterile plastic tube. Specimen source is required. Store and transport frozen. Ship 650.</i>			
Comments	<i>1) Min Amt: 0.25 mL. 2) Unacceptable Conditions: whole blood, heparinized specimens. 3) Stability: RT- 8 hours, Refrigerated- 3 days, Frozen- 1 year. 4) ARUP#: 0051352.</i>			
Compliance(AS R)	<i>Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>			
Reference Ranges	<i>EBV Quant source Epstein Barr virus QNTLOG</i>		<i>LT 2.6</i>  <i>The quantitative range of this assay is 2.6-7.6 log copies/mL (390-39,000,000 copies/mL). A negative result (less than 2.6 log copies/mL or less than 390 copies/mL) does not rule out the presence of PCR inhibitors in the patient specimen or EBV DNA nucleic acid in concentrations below the level of detection of the assay. Inhibition may also lead to underestimation of viral</i>	<i>log</i>

<p><i>EBV DNA Quant. Interp</i></p> <p><i>EBV Quant copies/mL</i></p>		<p><i>quantitation. No international standard is currently available for calibration of this assay. Caution should be taken when interpreting results generated by different assay methodologies. Not Detected</i></p> <p><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 Approval. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use. This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.</i></p>	<p><i>cop/mL</i></p>
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**EBVQWB**

**EBVQWB**

**EPSTEIN BARR VIRUS QUANT PCR, WHOLE BLOOD (New)**

order code

flexilab code

Effective	02/23/2010			
Method	<i>Polymerase Chain Reaction</i>			
CPT4	<i>87799</i>			
Specimen Requirements	<i>5 mL whole blood (lavender-EDTA or pink K2EDTA top tube). Specimen source is required. Store and transport refrigerated. Ship 650.</i>			
Comments	<i>1) Min Amt: 0.25 mL. 2) Unacceptable Conditions: Heparinized or frozen specimens. 3) Stability: RT- 8 hrs, Refrigerated- 3 days, Frozen: Unacceptable. 4) ARUP# 0051353.</i>			
Compliance(AS R)	<i>Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>			
Reference Ranges	<p><i>EBV Quant source, whole blood Epstein Barr virus QNTLOG</i></p>		<p><i>LT 2.6</i></p> <p><i>The quantitative range of this assay is 2.6-7.6 log copies/mL (390-39,000,000 copies/mL).</i></p>	<p><i>log</i></p>

<p><i>EBV DNA, Quant Interp</i></p> <p><i>EBV Quant DNA copies/mL</i></p>		<p><i>A negative result (less than 2.6 log copies/mL or less than 390 copies/mL) does not rule out the presence of PCR inhibitors in the patient specimen or EBV DNA nucleic acid in concentrations below the level of detection of the assay. Inhibition may also lead to underestimation of viral quantitation. No international standard is currently available for calibration of this assay. Caution should be taken when interpreting results generated by different assay methodologies.</i></p> <p><i>Not Detected</i></p> <p><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 approval. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use. This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.</i></p>	<p><i>cop/mL</i></p>
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**ENTHA**

order code

**ENTHA**

flexilab code

ENTAMOEBIA HISTOLYTICA ANTIGEN EIA (New)

Effective	02/23/2010		
Method	<i>Enzyme Immunoassay</i>		
CPT4	<i>87337</i>		
Specimen Requirements	<i>5 g aliquot of random stool, frozen, in a clean leakproof plastic container. Store and transport frozen. Ship 650.</i>		
Comments	<i>1) Unacceptable conditions: Specimens in preservative. 2) Stability: RT- Unacceptable, Refrigerated- 2 days, Frozen- 1 week. 3) ARUP#: 0058001.</i>		
Reference Ranges	<i>Entamoeba histolytica</i>		<i>Negative</i>
	<i>AG EIA</i>		

**FCORTS**  
order code

**FCORTS**  
flexilab code

CORTISOL, SERUM FREE (New)

Effective	02/23/2010		
Method	<i>Equilibrium dialysis/ECL Immuno</i>		
CPT4	<i>82530</i>		
Specimen Requirements	<i>1 mL serum frozen (plain red top tube). Separate the serum from the cells and put in a separate plastic tube. Label plainly with AM or PM collection. Store and transport frozen.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Also acceptable: Lavender (EDTA) or Pink (K2EDTA) top tubes. 3) Unacceptable Conditions: Grossly hemolyzed. 4) ARUP#: 0098391.</i>		
Compliance(RUO)	<i>This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>		
Reference Ranges	<i>Cortisol serum free</i>	<i>8-10 AM collect 4-6 PM collect</i>	<i>0.4 - 1.8 0.2 - 0.9 To convert to nmol/L, multiply ug/dL by 27.6. This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>
			<i>ug/dL</i>

**FLATYP**  
order code

**FLATYP**  
flexilab code

INFLUENZA A SUBTYPING RT-PCR (New )

Effective	Immediately		
Method	<i>Real-Time PCR</i>		
CPT4	<i>87798 x 3</i>		
Specimen Requirements	<i>Nasopharyngeal (NP) swab (flocked preferred) in viral transport media (M4 or M4RT). Store and transport refrigerated. Ship 650.</i>		
Comments	<i>1) Other Acceptable specimens: Polyester, rayon, or nylon tipped swabs in M4, M4RT, M5, M6, Copan, or BD Universal transport media. 2) Stability: RT- unacceptable, Refrigerated-3 days, Frozen (-20)-unacceptable, Frozen (-70) -indefinitely. 3) Virology Department.</i>		
Other	<i>The FDA authorized this test under an Emergency Use Authorization. Fact sheets for Health Care Providers and Patients, along with reports of results from ProFLU-ST documents are available on the</i>		

	<i>assay website since the issuance of the EUA. They can be found at : <a href="http://www.prodesse.com/us/products/proflu-st/instructions">http://www.prodesse.com/us/products/proflu-st/instructions</a> .</i>		
Reference Ranges	<i>2009 H1N1 Seasonal H1 Seasonal H3</i>		<i>Not Detected Not Detected Not Detected A result of Not Detected does not rule out the possibility of influenza infection and should not be used as the sole basis for treatment or management decisions. The FDA authorized this test under an Emergency Use Authorization. Fact sheets for health care providers and patients, along with reports of results from ProFlu-ST documents are available on the assay website since the issuance of the EUA. They can be found at : <a href="http://www.prodesse.com/us/products/proflu-st/instructions">http://www.prodesse.com/us/products/proflu-st/instructions</a> .</i>

**FORM-U**  
order code

**FAUQ**  
flexilab code

FORMIC ACID, URINE( Method)

Effective	Immediately
Method	<i>GC</i>

**FT4TMS**  
order code

**FT4TMS**  
flexilab code

THYROXINE, FREE BY EQUIL DIALY TMS (New)

Effective	02/23/2010		
Method	<i>Equilibrium Dialysis/ HPLC-TMS</i>		
CPT4	<i>84439</i>		
Specimen Requirements	<i>2 mL serum (plain red top tube). Separate serum from cells and put in a separate plastic tube. Store and transport refrigerated. Avoid the use of serum separator tubes and gels.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable Conditions: Avoid the use of serum separator tubes and gels. 3) Stability: RT- 4 days, Refrigerated- 2 wks, Frozen- 1 month. 4) ARUP#: 0093244.</i>		
Reference Ranges	<i>Free T4 Equil Dialysis-TMS</i>	<i>25-30 wks gest 31-36 wks gest birth- 1 wk 2-3 wks 1-11 mos 12 mos - 18 yrs 19 yrs and older Pregnancy: F 1st Trimester F 2nd Trimester</i>	<i>0.5-3.3 1.3-4.7 2.2-5.3 0.9-4.0 1.1-2.2 1.0-2.0 1.1-2.4 Pregnancy: 0.7-2.0 0.7-2.1</i>  <i>ng/dL          ng/dL</i>

	<i>F</i>	<i>3rd Trimester</i>	<i>0.5-1.6</i>	
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**GLYMAR**  
order code

**GLYMAR**  
flexilab code

1,5 ANHYDROGLUCITOL (GLYCOMARK) (New)

Effective	02/23/2010			
Method	<i>Enzymatic</i>			
CPT4	<i>84378</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: 0.2 mL. 2) Other acceptable specimens: EDTA plasma (lavender top tube). 3) Stability: RT-1 week, Refrigerated-1 week, Frozen-1 month. 4) ARUP#0081335.</i>			
Reference Ranges	<i>GlycoMark</i>	<i>M</i>	<i>10.7-32.0</i>	<i>ug/mL</i>
		<i>F</i>	<i>6.8-29.3</i>	

**GM1COM**  
order code

**GM1COM**  
flexilab code

GANGLIOSIDE ASIALO GM1 GM2 GD1 GQ1 (New)

Effective	02/23/2010			
Method	<i>Enzyme-Linked Immunosorbent Assay</i>			
CPT4	<i>83516 x 6</i>			
Specimen Requirements	<i>1 mL serum (SST tube) CRITICAL FROZEN. Separate samples must be submitted when multiple tests are ordered. Separate the serum from the cells ASAP and put in a separate plastic tube. Store and transport frozen.</i>			
Comments	<i>1) Min Amt: 0.1 mL. 2) Unacceptable Conditions: Ambient and refrigerated specimens. Plasma or other body fluids. Heat-inactivated, severely lipemic, contaminated, or hemolyzed specimens. 3) Stability: RT-unacceptable, Refrigerated- unacceptable, Frozen- 1 year. 4) ARUP#: 0051033.</i>			
Compliance(RUO)	<i>This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>			
Reference Ranges	<i>Asialo GM1 Ganglioside GM1 AB IgG/M Ganglioside GM2 AB IgG/M Ganglioside GD1a AB IgG/M Ganglioside GD1b AB IgG/M Ganglioside GQ1b AB IgG/M</i>		<i>29 or less 30-50</i>	<i>IV IV IV IV IV IV IV IV IV IV</i>
			<i>Negative Weak Positive</i>	

		<p>51-150 151 or greater</p>	<p>Positive Strong Positive</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 Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</p>	<p>IV IV</p>
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**HPAIGA**  
order code

**HPAIGA**  
flexilab code

HELICOBACTER PYLORI ANTIBODY IGA (New)

Effective	02/23/2010			
Method	<i>Enzyme Immunoassay</i>			
CPT4	<i>86677</i>			
Specimen Requirements	<i>0.5 mL serum or plasma (SST tube). Separate the serum or plasma from the cells and put in a separate plastic tube. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 0.3 mL. 2) Other acceptable specimens: Lavender (EDTA), pink (K2EDTA), or green (sodium or LiHeparin) separator tubes. 3) Unacceptable Conditions: Severely lipemic, contaminated, heat-inactivated, or hemolyzed specimens. 4) Stability: RT- 2 days, Refrigerated- 2 weeks, Frozen- 1 year (avoid repeated freeze/thaw cycles). 5) ARUP#: 0050995.</i>			
Reference Ranges	<i>Helicobacter pylori AB IgA</i>	<p><i>1.7 EV or less</i></p> <p><i>1.8 - 2.2 EV</i></p> <p><i>2.3 EV - greater</i></p>	<p><i>Negative: no significant level of IgA antibody to H. pylori detected.</i></p> <p><i>Equivocal: Repeat testing in 10-14 days may be helpful.</i></p> <p><i>Positive: IgA antibody to H. pylori detected, suggestive of active infection.</i></p> <p><i>Helicobacter pylori IgG and IgA antibody seroconversion occur together after 60 days. Samples which have a high titer of both IgG and IgA antibodies to H. pylori in symptomatic individuals may be considered to represent an active infection. However, a positive H. pylori IgA result can only infer active infection and should be confirmed by bacterial isolation or other diagnostic testing.</i></p>	<p><i>[[ EV+ ]]</i></p>

**HYPEXT**  
order code

**HYPEXT**  
flexilab code

HYPERSENS PNEUMONITIS EXT PNL (New)

Effective	02/23/2010		
Method	<i>Immunodiffusion/ImmunoCAP</i>		
CPT4	<i>86003 x 4, 86331 x 12</i>		
Specimen Requirements	<i>Send 2 - 2.5 mL aliquots Serum (SST tube). Separate the serum from the cells ASAP and put in separate plastic tubes. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 1 mL. 2) Unacceptable Specimens: Plasma, severely lipemic, contaminated, or hemolyzed. 3) RT- 2 days, Refrigerated- 2 weeks, Frozen- 1 year. Avoid repeated freeze/thaw cycles. 4) ARUP#: 0050157.</i>		
Compliance(AS R)	<i>Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>		
Reference Ranges	<i>Aspergillus fumigatus #1</i>		<i>None Detected</i>
	<i>Aspergillus fumigatus #6</i>		<i>None Detected</i>
	<i>Aureobasidium pullulans</i>		<i>None Detected</i>
	<i>Pigeon serum</i>		<i>None Detected</i>
	<i>Micropolyspora faeni</i>		<i>None Detected</i>
	<i>Thermoactinomyces vulgaris #1</i>		<i>None Detected</i>
	<i>Aspergillus flavus</i>		<i>None Detected</i>
	<i>Aspergillus fumigatus #2</i>		<i>None Detected</i>
	<i>Aspergillus fumigatus #3</i>		<i>None Detected</i>
	<i>Saccharomonospora viridis</i>		<i>None Detected</i>
	<i>Thermoactinomyces candidus</i>		<i>None Detected</i>
	<i>Thermoactinomyces sacchari</i>		<i>None Detected</i>
	<i>Allergen-animal feather mix IgE</i>		<i>Negative</i>
	<i>Allergen-Food Beef IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Allergen-Food Pork IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>
	<i>Allergen-</i>	<i>LT 0.35</i>	<i>kU/L</i>

<p><i>Fungi/Mold Phoma betae IgE Allergen- Interp, ImmunoCAP Score IgE</i></p>		<p><i>See Note</i></p> <p><i>Note: LT 0.10 kU/L = No significant Level detected 0.10-0.34 kU/L = Clinical Relevance Undetermined 0.35-0.70 kU/L = Low 0.71- 3.50 kU/L = Moderate 3.51-17.50 kU/L = High 17.51 kU/L or greater = Very High Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Although increasing ranges are reflective of increasing concentrations of allergen-specific IgE, this may not correlate with the degree of clinical response or skin testing when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis. 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 approval. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i></p>	
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**IA2A**  
order code

**IA2A**  
flexilab code

IA-2 ANTIBODY (New)

Effective	02/23/2010
Method	<i>Radioimmunoassay</i>
CPT4	<i>86341</i>
Specimen Requirements	<i>0.5 mL serum (plain red top tube, or SST tube). Separate the serum from the cells and put in a separate</i>

	<i>plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.1 mL. 2) Unacceptable Conditions: plasma, hemolyzed or lipemic specimens. 3) Stability: RT- 2 days, Refrigerated- 1 week, Frozen- 2 months. 4) ARUP#: 0050202.</i>		
Reference Ranges	<i>IA-2 Antibody</i>	<i>Negative Positive</i>	<i>0.8 or less Kronus Units/mL Greater than 0.8 Kronus Units/mL Kronus Units are arbitrary. Kronus Units/mL = U/mL</i>

**ITRAC**  
order code

**ITRAC**  
flexilab code

ITRACONAZOLE, ANTIFUNGAL LEVEL (CPT Code)

Effective	02/15/2010
CPT4	<i>82492</i>

**LEF**  
order code

**LEF**  
flexilab code

LEFLUNOMIDE AS METABOLITE (CPT Coding)

Effective	Immediately
CPT4	<i>83789</i>

**LYWBCF**  
order code

**LYWBCF**  
flexilab code

BORRELIA BURGDORFERI AB IGG/M BY  
WESTERN BLOT (New)

Effective	02/23/2010		
Method	<i>Western Blot</i>		
CPT4	<i>86617 x 2</i>		
Specimen Requirements	<i>3 mL CSF. Transport in a clean leakproof plastic container. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 2 mL. 2) Unacceptable Conditions: Contaminated or heat-inactivated specimens. 3) Stability: RT- 8 hours, Refrigerated- 2 weeks, Frozen- 1 year. Avoid repeated freeze/thaw cycles. 4) ARUP#: 0055260.</i>		
Other	<i>The manufacturer has not determined the efficacy of this test when performed on CSF specimens. The performance characteristics of this test were determined by ARUP Laboratories, Inc.</i>		
Reference Ranges	<i>Borrelia burgdorferi AB IgG - CSF</i>	<i>Positive Negative</i>	<i>Any five of the following 10 bands: 18, 23, 28, 30, 39, 41, 45, 58, 66 or 93. Any pattern that does not meet the IgG-positive criteria.</i>
	<i>Borrelia burgdorferi AB IgM - CSF</i>	<i>Positive Negative</i>	<i>Any two of the following 3 bands: 23, 39, or 41. Any pattern that does not meet the IgM-positive criteria. The detection of antibodies to Borrelia burgdorferi in cerebro-spinal fluid may indicate central</i>

			<p><i>nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier. The manufacturer has not determined the efficacy of this test when performed on CSF specimens. The performance characteristics of this test were determined by ARUP Laboratories, Inc.</i></p>	
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**MALIGG**

order code

**MALIGG**

flexilab code

MALARIA ANTIBODY IGG (New)

Effective	02/23/2010			
Method	<i>Enzyme Linked Immunosorbent Assay</i>			
CPT4	<i>86750</i>			
Specimen Requirements	<i>1 mL serum (SST Tube). Separate the serum from the cells and put in a separate plastic tube. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 0.1 mL 2) Unacceptable Conditions: heat-inactivated, lipemic, contaminated, hemolyzed, icteric, or turbid specimens. 3) Stability: RT- 2 days after separation from cells, Refrigerated- 2 weeks, Frozen- 1 year. 4) ARUP#: 0051356.</i>			
Compliance(AS R)	<i>Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>			
Reference Ranges	<i>Malaria AB, Total</i>		<i>0.00-1.00</i>	<i>IV</i>
			<i>Analyte Specific Reagents (ASR) are used in many lab tests necessary for standard medical care and generally do not require U.S. Food and Drug Administration approval. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved or cleared by the U.S. Food and Drug Administration. This test should not be regarded as investigational or for research use.</i>	

Effective	02/23/2010			
Method	<i>Spectrophotometry</i>			
CPT4	<i>83735</i>			
Specimen Requirements	<i>5 g aliquot of well mixed 24-hour or random stool. Send in a clean leakproof plastic container. Store and transport refrigerated. Stool must be liquid. Do not add saline or water to liquefy specimen. Indicate collection time and weight.</i>			
Comments	<i>1) Min Amt: 1 g. 2) Unacceptable conditions: Nonliquid stools. 3) Stability: RT- 1 hour, Refrigerated- 1 week, Frozen- 1 month. 4) ARUP#: 0020105.</i>			
Reference Ranges	<i>Fecal Weight Collection Time- Fecal Specimen</i>			<i>g hr</i>
	<i>Fecal Magnesium- mg/dL</i>		<i>0-110</i>	<i>mg/dL</i>
	<i>Fecal Magnesium- mg/d</i>		<i>0-355</i>	<i>mg/d</i>
	<i>Fecal Total Weight Collection Time- Fecal Specimen</i>			<i>g hr</i>

Effective	02/23/2010			
Reference Ranges	<i>Mumps Virus Ab , IgG</i>	<i>Negative</i>	<i>0.90 or less No significant level of detectable mumps virus antibody.</i>	<i>OD</i>
		<i>Equivocal</i>	<i>0.91-1.09 Mumps Virus IgG Ab level equivocal. Repeat testing in 10-14 days may be helpful.</i>	
		<i>Positive</i>	<i>1.10 or greater IgG Ab to mumps virus detected which may indicate a current or previous exposure/ immunization to mumps virus. Positive IgG Ab levels in the absence of current clinical symptoms may indicate immunity.</i>	

# NEUIGG

# NEUIGG

## NEURONAL ANTIBODIES IGG BY IMMUNOBLOT (New)

order code

flexilab code

Effective	02/23/2010		
Method	<i>Immunoblot</i>		
CPT4	<i>83516</i>		
Specimen Requirements	<i>1 mL serum, frozen (SST tube) Separate serum from cells ASAP and place in a separate plastic tube. Store and transport frozen.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable Conditions: lipemic, hemolyzed, contaminated, or heat-inactivated specimens. Plasma. 3) Stability: RT- 2 days, Refrigerated- 5 days, Frozen- 1 year. 4) ARUP#: 0051090.</i>		
Compliance(RUO)	<i>This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>		
Reference Ranges	<i>Neuronal AB (Hu)</i>		<i>Negative</i>
	<i>Neuronal AB (Ri)</i>		<i>Negative</i>
	<i>Neuronal AB (Yo)</i>		<i>Negative</i>
	<i>Neuronal AB (Amphiphysin)</i>		<i>Negative</i>
			<i>This test uses a kit designated by the manufacturer as "for research use, not for clinical use". The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved 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 Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>

# NIACI

order code

# NIACI

flexilab code

## NIACIN (VITAMIN B3) (New)

Effective	Immediately		
Method	<i>HPLC/Solid Phase Extraction</i>		
CPT4	<i>84591</i>		
Specimen Requirements	<i>4 mL frozen EDTA plasma (lavender top tube). Separate plasma from the cells within 15 minutes of collection and put in separate plastic tube and freeze. Protect from light. This is a CRITICAL FROZEN sample. Separate samples must be submitted when multiple tests are ordered. Store and transport frozen.</i>		
Comments	<i>1) Min Amt: 2 mL. 2) Unacceptable conditions: RT or refrigerated samples. Grossly hemolyzed, lipemic or</i>		

	<i>samples not protected from light. 3) Stability: RT-unacceptable, Refrigerated-unacceptable, Frozen-1 month. 4) ARUP sends these to Cambridge Biomedical Research Group. 5) ARUP# 0092168.</i>			
FDA	<i>This test was developed and its performance characteristics determined by Cambridge Biomedical Research Group. It has not been cleared or approved by the U.S. Food and Drug Administration.</i>			
Reference Ranges	<i>Niacin</i>	<i>10 yrs and more</i>	<i>Normal 0.50-8.45 Low LT 0.50 High GT 8.45</i>	<i>ug/mL</i>
		<i>LT 10 yrs</i>	<i>Normal 0.50-8.91 Low LT 0.50 High GT 8.91</i>	
	<i>This test was developed and its performance characteristics determined by Cambridge Biomedical Research Group. It has not been cleared or approved by the U.S. Food and Drug Administration.</i>			

## NIACIN

order code

## NIACIN

flexilab code

VITAMIN B3 NIACIN (NICOTINIC ACID) (Delete)

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

## NICMSP

order code

## NICMSP

flexilab code

NICOTINE & METABOLITE SERUM/PLASMA (New)

Effective	02/23/2010			
Method	<i>LC-Tandem Mass Spectrometry</i>			
CPT4	<i>83887</i>			
Specimen Requirements	<i>4 mL serum or plasma (plain red, green [sodium heparin], lavender [EDTA], or pink [K2EDTA] top tubes). Separate the serum from the cells ASAP and put in a separate plastic tube. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 2 mL. 2) Other Acceptable Specimens: plasma. 3) Unacceptable Conditions: separator tubes, plasma/whole blood from lt blue (sodium citrate) top tubes, specimens exposed to repeated freeze thaw cycles. 4) Stability: RT- 1 week, Refrigerated: 2 weeks, Frozen- 3 years. 5) ARUP#: 0092361.</i>			
Reference Ranges	<i>Nicotine serum/plasma</i>	<i>Unexposed Passive Abstinent Active</i>	<i>LT 2 LT 2 LT 2 30-50</i>	<i>ng/mL</i>
	<i>Cotinine serum/plasma</i>	<i>Unexposed Passive Abstinent Active</i>	<i>LT 2 LT 8 LT 2 200-800</i>	<i>ng/mL</i>
	<i>3-OH-Cotinine serum/plasma</i>	<i>Unexposed Passive Abstinent</i>	<i>LT 2 LT 2 LT 2</i>	<i>ng/mL</i>

		<i>Active</i>	<i>100-500</i> <i>Unexposed = Non tobacco user</i> <i>Passive = Passive Exposure</i> <i>Abstinent = Abstinent user for more than 2 weeks</i> <i>Active = Active tobacco use</i> <i>The absence of expected drug(s) and or drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, or limitations of testing. The concentration value must be greater than or equal to the cutoff to be reported as positive. Interpretive questions should be directed to the lab.</i>	
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## OLIGB

order code

## OLIGB

flexilab code

## OLIGOCLONAL BANDS IN CSF, SERUM (New)

Effective	02/23/2010			
Method	<i>Isoelectric Focusing/Immunofixation</i>			
CPT4	<i>83916</i>			
Specimen Requirements	<i>1.5 mL CSF and 1 mL serum (SST tube). Allow serum to clot completely, then separate the serum from cells and put in a separate plastic tube. Serum should be drawn within 48 hours of the CSF collection. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 0.7 mL CSF and 0.5 mL serum 2) Specimens must be assayed together for interpretation. 3) Stability: RT-8 hours, Refrigerated: 8 days, Frozen: 1 year. 4) ARUP#0081135.</i>			
Reference Ranges	<i>CSF Band Oligob Interpretation</i>		<i>Negative</i>	

## PREGAS

order code

## PREGAS

flexilab code

## PREGABALIN, SERUM/PLASMA (New)

Effective	02/23/2010			
Method	<i>HPLC</i>			
CPT4	<i>83789</i>			
Specimen Requirements	<i>1 mL serum (plain red top tube). Separate the serum from the cells and put in a separate plastic tube. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 0.4 mL. 2) Other Acceptable Specimens: plasma. 3) Unacceptable Conditions: polymer gel separation tubes (SST or PST). 4) Stability: RT- 1 month, Refrigerated- 1 month, Frozen- 1 month. 5) NMS#: 3795SP.</i>			
Reference Ranges	<i>Pregabalin</i>		<i>Not Detected</i>	<i>mcg/mL</i>
			<i>Therapeutic drug concentrations</i>	

			<i>have not been established for any indication at this time. Mean peak plasma concentrations up to 9.5 mcg/mL have been reported approximately 1 hour post-administration of up to 300 mg orally.</i>	
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**PRS**  
order code

**PRS**  
flexilab code

PRENATAL RISK ASSESSMENT PROFILE (Delete)

Effective	02/23/2010
Delete	<i>This test is being discontinued. Use the ordercode AFP3P to order this test.</i>

**PRS4**  
order code

**PRS4**  
flexilab code

PRENATAL RISK QUAD SCREEN (Delete)

Effective	02/23/2010
Delete	<i>This test is being discontinued. Use the ordercode AFP4P to order this test.</i>

**RESPRX**  
order code

**RESPRX**  
flexilab code

FLU A, FLU B, RSV PCR (REFLEXIVE) (New)

Effective	Immediately		
Method	<i>Real-Time PCR</i>		
CPT4	<i>87798</i>		
Specimen Requirements	<i>Nasopharyngeal (NP) swab (flocked preferred) in viral transport media (M4 or M4RT). Store and transport refrigerated. Ship 650. This test will reflex to Influenza A Subtyping assay if Influenza A is detected.</i>		
Comments	<i>1) Other acceptable specimens: Polyester, rayon, nylon, or flocked swabs in M4, M4RT, M5, M6, Copan, or BD Universal transport media. 2) Stability: RT-unacceptable, Refrigerated- 3 days, Frozen (-20)- unacceptable, Frozen (-70)- indefinitely. 3) Reflexive: This test may reflex to additional tests depending upon the results of this test. An additional fee may be added.</i>		
Other	<i>Influenza A Subtyping assay is authorized under an Emergency Use Authorization. Fact sheets for health care providers and patients, along with reports of results from ProFlu-ST documents are available on the assay website since the issuance of the EUA. They can be found at: <a href="http://www.prodesse.com/us/products/proflu-st/instructions">http://www.prodesse.com/us/products/proflu-st/instructions</a>.</i>		
Reflex	<i>This test may reflex to additional tests depending upon the results of this test. An additional fee may be added.</i>		
Reference Ranges	<i>Influenza A</i>		<i>Not Detected</i>
	<i>Influenza B</i>		<i>Not Detected</i>
	<i>Respiratory syncytial virus</i>		<i>Not Detected</i>
	<i>Comment</i>		<i>A result of Not Detected does not rule out the possibility of influenza or RSV infection and should not be used as the sole basis for treatment or management</i>

	<p>2009 H1N1 Seasonal H1 Seasonal H3</p>		<p>decisions. Not Detected Not Detected Not Detected A result of Not Detected does not rule out the possibility of influenza infection and should not be used as the sole basis for treatment or management decisions. Influenza A Subtyping assay is authorized by the FDA under an Emergency Use Authorization. Fact sheets for health care providers and patients, along with reports of results from ProFlu-ST documents are available on the assay website since the issuance of the EUA. They can be found at <a href="http://www.prodesse.com/us/products/proflu-st/instructions">http://www.prodesse.com/us/products/proflu-st/instructions</a>.</p>	
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**RETBP**

order code

**RETBP**

flexilab code

RETINOL BINDING PROTEIN (New)

Effective	02/23/2010			
Method	<i>Nephelometry</i>			
CPT4	<i>83883</i>			
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from cells and put in a separate plastic tube. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable Conditions: Severely lipemic, contaminated or hemolyzed specimens. Plasma specimens are not recommended. 3) Stability: RT- 4 hrs, Refrigerated- 1 week, Frozen- 2 months. 4) ARUP#: 0050467.</i>			
Reference Ranges	<i>Retinol binding protein</i>		<i>3.0 - 6.0</i>	<i>mg/dL</i>

**RIS**

order code

**RIS**

flexilab code

RISPERIDONE (CPT Coding)

Effective	Immediately			
CPT4	<i>83789</i>			

**RIT**  
order code**RITA**  
flexilab code

METHYLPHENIDATE (RITALIN) (CPT Code)

Effective	Immediately
CPT4	83789

**RIT-U****RITAUUR**

METHYLPHENIDATE (RITALIN), URINE (CPT Coding)

order code

flexilab code

Effective	Immediately
CPT4	83789

**RUFIS****RUFIS**

RUFINAMIDE, SERUM OR PLASMA (New)

order code

flexilab code

Effective	02/23/2010		
Method	<i>HPLC</i>		
CPT4	<i>82491</i>		
Specimen Requirements	<i>2 mL serum or plasma (SST or PST tube). Separate the serum or plasma from the cells and put in a separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.4 mL 2) Stability: RT- 2 weeks, Refrigerated- 2 weeks, Frozen- 2 weeks. 3) NMS#: 4125SP</i>		
Reference Ranges	<i>Rufinamide Serum/Plasma</i>		<i>None detected  Maintenance therapy with 45 mg/kg/day rufinamide resulted in plasma rufinamide concentrations ranging from 4.95 to 48.15 mcg/mL.</i>
			<i>mcg/mL</i>

**SILIS****SILIS**

SILICON, SERUM OR PLASMA (New)

order code

flexilab code

Effective	02/23/2010		
Method	<i>ICP/MS</i>		
CPT4	<i>84285</i>		
Specimen Requirements	<i>2 mL serum (royal blue top tube-trace metal free, no additive). Separate serum from cells ASAP and put in separate plastic tube or acid-washed plastic screw capped vial. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.7 mL. 2) Other acceptable specimens: plasma (Royal blue top tube trace metal free, EDTA) 3) Unacceptable conditions: glass container and polymer gel separation tube (SST or PST). 4) Stability: RT-2 weeks, Refrigerated-2 weeks, Frozen-2 weeks. 5) NMS# 4190SP.</i>		
Reference Ranges	<i>Silicon</i>		<i>Generally: LT 0.05 Silicon concentrations are influenced by diet, especially vegetable intake.</i>
			<i>mg/dL</i>

**SOCN18**  
order code

**SOCN18**  
flexilab code

SOUTH CENTRAL STATES ALLERGY 18 (New)

Effective	02/23/2010			
Method	<i>FEIA</i>			
CPT4	<i>86003 x 18</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 mL. 2) Other acceptable specimens: EDTA or heparin plasma (lavender or green top tube). 3) Unacceptable specimens: Oxalate or citrate plasma. 4) Stability: RT-1 day, Refrigerated-1 week, Frozen-1 year. 5) Immunochemistry Department.</i>			
Reference Ranges	<i>Allergen,</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>Alternaria</i>			
	<i>tenuis, IgE</i>			
	<i>Aspergillus</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>fumigatus,</i>			
	<i>IgE</i>			
	<i>Bermuda Grass</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>IgE</i>			
	<i>Cat dander,</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>IgE</i>			
	<i>Cockroach, IgE</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>Short(common)</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>Ragweed, IgE</i>			
	<i>D. farinae</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>(mite), IgE</i>			
	<i>D. pterony-</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>ssinus(mite),</i>			
	<i>IgE</i>			
	<i>Dog dander, IgE</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>Elm Tree, IgE</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>Cladosporium</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>herbarum, IgE</i>			
	<i>Johnson grass,</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>IgE</i>			
	<i>Meadow (Ktky</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>Blue) grass,</i>			
	<i>IgE</i>			
	<i>Oak Tree, IgE</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>Pecan(white</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>hickory) tree</i>			
	<i>IgE</i>			
	<i>Penicillium</i>		<i>LT 0.35</i>	<i>kU/L</i>
	<i>chrysogenum/</i>			
	<i>notatum, IgE</i>			
	<i>Rough Marsh</i>		<i>LT 0.35</i>	<i>kU/L</i>

<i>elder, IgE Walnut Tree, IgE</i>		<i>LT 0.35</i>	<i>kU/L</i>
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## STFRA

order code

## STFRA

flexilab code

SOLUBLE TRANSFERRIN RECEPTOR (Delete)

Effective	02/23/2010
Delete	<i>This test is being discontinued. Use the ordercode STFRC to order this test.</i>

## STFRC

order code

## STFRC

flexilab code

SOLUBLE TRANSFERRIN RECEPTOR (New)

Effective	02/23/2010		
Method	<i>EIA</i>		
CPT4	<i>84238</i>		
Specimen Requirements	<i>1 mL serum (SST tube). Keep tubes stoppered and upright at all times. Allow serum to clot completely at room temperature. Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: heparinized plasma. 3) Unacceptable conditions: grossly hemolyzed, and frozen samples that have been thawed more than 3 times. 4) Stability: RT-8 hours, Refrigerated- 1 week, Frozen-1 month. 5) PSHMC-Immunology Department.</i>		
Reference Ranges	<i>Soluble Transferrin Receptor</i>	<i>Equal to or LT 1.6</i>	<i>mg/L</i>
		<i>Patients with levels equal to or greater than 1.6 may have iron deficiency anemia (IDA) and/or anemia of chronic disease (ACD); sensitivity 86.4%, specificity 49.1%.</i>	

## TEGMAP

order code

## TEGMAP

flexilab code

TEG MAPPING AND STANDARD TEG WHO PB (New)

Effective	02/23/2010		
Method	<i>Clot Detection, TEG Analyzer</i>		
CPT4	<i>85576 x 5, 85384, 85347, 85390</i>		
Specimen Requirements	<i>2 mL sodium heparin whole blood (green top tube) AND 3 mL citrate whole blood (blue top tube). Deliver immediately to laboratory. Transport immediately at room temperature. Test must be scheduled in advance. Call (509) 474-4111.</i>		
Comments	<i>1) Min Amt: 2 mL NaHep and 3 mL Citrate. 2) Stability: RT-2 hours, Refrigerated- unacceptable, Frozen-unacceptable. 3) SHMC Hematology Department.</i>		
Reference Ranges	<i>CK R</i>	<i>2-8</i>	
	<i>CK Angle</i>	<i>55-78</i>	

<i>CK MA</i> <i>CK CI</i> <i>CK EPL</i> <i>CK LY30</i> <i>CKH R</i> <i>CKH Angle</i> <i>CKH MA</i> <i>CKH CI</i> <i>CKH EPL</i> <i>CKH LY30</i> <i>% Inhibition</i> <i>ADP</i> <i>ADP MA</i> <i>ADP G</i> <i>% Inhibition</i> <i>AA</i> <i>AA MA</i> <i>AA G</i> <i>Interpretation</i> <i>Note</i>		<i>51-69</i>  <i>0-15</i> <i>0-8</i> <i>2-8</i> <i>55-78</i> <i>51-69</i>  <i>0-15</i> <i>0-8</i> <i>0</i>  <i>Greater than 10</i> <i>0</i>  <i>Greater than 10</i>	
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## TIAGA

order code

## TIAGA

flexilab code

## TIAGABINE (CPT Coding)

Effective	Immediately
CPT4	<i>83789</i>

## TPAB

order code

## TPAB

flexilab code

## TREPONEMA PALLIDUM ANTIBODY (New)

Effective	02/23/2010		
Method	<i>Indirect Fluorescent Antibody</i>		
CPT4	<i>86781</i>		
Specimen Requirements	<i>1 mL CSF. Send in a leakproof plastic container. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable Conditions: serum, heat-inactivated, hemolyzed, or contaminated specimens. 3) Stability: RT- 2 days, Refrigerated- 5 days, Frozen- 1 year. 4) ARUP#: 0055273.</i>		
Other	<i>The manufacturer has not determined the efficacy of this test when performed on CSF specimens. The performance characteristics of this test were determined by ARUP Laboratories.</i>		
Reference Ranges	<i>Fluorescent Treponema Antibody CSF</i>		<i>Non-Reactive</i>  <i>The significance of a reactive result in the FTA-ABS CSF test is unknown. The CSF from persons treated in the secondary or latent stage of syphilis and without signs of neurosyphilis may be reactive. A nonreactive result in the FTA-ABS CSF test suggests the absence of</i>

			<p><i>neurosyphilis. The FTA test is not recommended for cerebrospinal fluid specimens. For CSF specimens, the Treponema pallidum (VDRL), Cerebrospinal Fluid with Reflex to Titer (ARUP#: 0050206) is recommended. The manufacturer has not determined the efficacy of this test when performed on CSF specimens. The performance characteristics of this test were determined by ARUP Laboratories, Inc. Inconclusive final reports indicate the initial specimen submitted has been tested twice and cannot be interpreted as either reactive or nonreactive. If it is the second specimen submitted on a patient and the report is again inconclusive, it is impossible to state definitively that the patient does or does not have syphilitic infection.</i></p>	
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**URSUL**  
order code

**URSUL**  
flexilab code

SULFATE, URINE (New)

Effective	02/23/2010			
Method	<i>Spectrophotometric</i>			
CPT4	<i>84392</i>			
Specimen Requirements	<i>5 mL urine, CRITICAL FROZEN. Send in a leakproof plastic container. Record total volume and collection time on test request form. Acceptable to refrigerate during collection. After collection, store and transport frozen. Separate specimens must be sent when multiple tests are ordered.</i>			
Comments	<i>1) Min Amt: 2 mL 2) Unacceptable Conditions: Room Temp specimens. 3) Stability: RT- Unacceptable, Refrigerated- Unacceptable, Frozen- 1 month. 4) ARUP#0081102.</i>			
Reference Ranges	<i>Collection time</i>			<i>Hrs</i>
	<i>Total volume</i>			<i>mL</i>
	<i>Creatinine, urine mg/dL</i>			<i>mg/dL</i>
	<i>Creatinine, urine mg/day</i>	<i>500-2300</i>		<i>mg/day</i>
	<i>Sulfate, urine -mmol/L</i>			<i>mmol/L</i>
	<i>Sulfate, urine -mmol/d</i>	<i>6-30</i>		<i>mmol/d</i>

**VGCCAB**  
order code

**VGCCAB**  
flexilab code

VOLTAGE GATED CALCIUM CHANNEL AB (New)

Effective	02/23/2010		
Method	<i>Radiobinding Assay</i>		
CPT4	<i>83519</i>		
Specimen Requirements	<i>1 mL serum, frozen (plain red top tube). Separate serum from cells ASAP and put in separate plastic tube and freeze. Store and transport frozen.</i>		
Comments	<i>1) Min Amt: 0.2 mL 2) Unacceptable Conditions: grossly lipemic or hemolyzed specimens, plasma. 3) Stability: RT:-8 hrs after separating cells, Refrigerated- 2 weeks, Frozen- indefinitely. 4) ARUP#: 0092628.</i>		
Compliance(RUO)	<i>This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>		
Reference Ranges	<i>Voltage-gated Calcium Channel AB</i>		<i>23000 or less fmol/L</i>
			<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 Labs. 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 Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>

**VZVRT**  
order code

**VZVRT**  
flexilab code

VZV BY REAL TIME PCR (Delete)

Effective	02/23/2010
Delete	<i>This test is being discontinued. Use the ordercode VZVRTP to order this test.</i>

**VZVRTP**  
order code

**VZVRTP**  
flexilab code

VARICELLA ZOSTER VIRUS BY PCR (New)

Effective	02/23/2010
Method	<i>Real-Time PCR</i>
CPT4	<i>87798</i>
Specimen Requirements	<i>1 mL frozen CSF in sterile plastic container. Store and transport frozen. Separate specimens must be submitted when multiple tests are ordered. A dedicated sample is required for molecular testing. This test</i>

	<i>cannot be ordered as an add-on test on samples previously tested.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: vesicle fluid or ocular fluid in viral transport media frozen (flocked swab preferred for lesion collection but polyester or cotton swabs are also acceptable). 3) Unacceptable conditions: non-sterile or leaking containers or calcium alginate swabs. 4) Stability: RT-8 hrs, Refrigerated-1 day, Frozen-3 months. 5) PSHMC- Molecular Diagnostics.</i>			
Compliance(LD TB) PAML/SHMC	<i>This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. However, FDA approval or clearance is currently not required for clinical use of this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. PAML/PSHMC is authorized under Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.</i>			
Reference Ranges	<i>VZV Source</i>			<i>Negative for VZV DNA</i>
	<i>VZV Result</i>			<i>A negative result does not rule out the presence of a PCR inhibitor in the specimen or a VZV DNA concentration below the limit of detection of this assay. The limit of detection of this assay is 5 copies per microliter of patient specimen.</i>
	<i>VZV Comment</i>			<i>This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. However, FDA approval or clearance is currently not required for clinical use of this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. PAML/PSHMC is authorized under Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.</i>

**ZIPRA**  
order code

**ZIPRA**  
flexilab code

ZIPRASIDONE, SERUM OR PLASMA (New)

Effective	02/23/2010
Method	<i>HPLC/LC-MS/MS</i>
CPT4	<i>82542</i>
Specimen Requirements	<i>1 mL serum (red top tube) or plasma. Separate serum or plasma ASAP from cells and put in separate plastic tube. Store and transport refrigerated. NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test.</i>
Comments	<i>1) Min Amt: 0.4 mL. 2) Unacceptable conditions: polymer gel separation tubes (SST or PST). 3) Stability: RT-1 week, Refrigerated-2 weeks, Frozen-1 month. 4) NMS# 4860SP.</i>
Reference	

Ranges	<i>Ziprasidone</i>	<i>Dose</i> <i>10 mg/day</i> <i>40 mg/day</i> <i>80 mg/day</i> <i>120 mg/day</i>	<i>In clinical trials, the following mean Plasma concentrations (+/-1sd) were reported in non-fasting subjects at steady-state:</i> <i>Observed Range</i> <i>14.8 +/- 6.7</i> <i>44.6 +/- 48</i> <i>118 +/- 80</i> <i>139 +/- 81</i> <i>Steady-state concentrations occurred 1 to 3 days following initialization of dosing.</i>	<i>ng/mL</i>
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[PAML Web Test Directory](#)