



110 West Cliff Avenue  
Spokane, WA 99204

509.755.8600  
800.541.7891

# TEST CHANGE ALERT #357

**March 01, 2010**

## Summary Of Changes

TestCode(s)	Test Description
25VD23	VITAMIN D, 25-HYDROXY BY LCMS (MAYO) (CPT Coding)
5-HIAA (HIAAUQ)	.5-HIAA, URINE (QUANTITATIVE) (Specimen Requirements, Method)
ACETAZ	ACETAZOLAMIDE (New)
ADEDFL	ADENOSINE DEAMINASE, BODY FLUID (Specimen Requirements)
APOE	APO E MUTATION DETECT FOR CVR (Delete)
ASAWK	ASPIRIN WORKS (CPT Coding)
BORPCR B.	PERTUSSIS/PARAPERTUSSIS BY PCR (Specimen Requirements, Reference Range)
CAHPP6	CAH PEDIATRIC PROFILE 6 (CPT Coding)
CAL-R (CAUR)	CALCIUM, RANDOM URINE (Specimen Requirements, Reference Range)
CAL-U (CAUQ)	CALCIUM, URINE, QUANT (Specimen Requirements)
CAT.UF (CATUQ)	CATECHOLAMINES, FRACT, URINE (Specimen Requirements)
CATEUR	CATECHOLAMINES, URINE RANDOM (Method, Specimen Requirements)
CBPERT	CULTURE, B. PERTUSSIS (REFLEX) (New)
CHLAM	CHLAMYDIA CULTURE (Specimen Requirements)
CMVRTQ	CYTOMEGALOVIRUS BY RT-PCR, QUANT(Transport)
CON26	CONNEXIN 26 CODING REGION (REFLEX) (New)
CP450	CYTOCHROME P450 2D6 14 MUTATIONS & GENE DUPLICATION (New)
CURMY	CULTURE, UREAPLASMA AND MYCOPLASMA (Specimen Requirements, Description)
DIAMOX	DIAMOX (ACETAZOLAMIDE) (Delete)
DIL.FREE (DILFR)	DILANTIN (PHENYTOIN), FREE & TOTAL (Reference Range Comment)
DNA.DS.ELISA (DSDNA)	DNA AB DOUBLE STRANDED, IGG (Delete)
EDTG	ENDOMYSIAL (EMA) AB, IGG TITER (New)
ELP-R (PELPUR)	ELECTROPHORESIS, URINE, RANDOM (Specimen Requirements)
ELP-U (PELPUQ)	ELECTROPHORESIS, URINE, QUANT (Specimen Requirements)
ENC (ENCAIN)	ENCAINIDE (Delete)
FCORTS	CORTISOL, SERUM FREE (Reference Range)
FLABAG	INFLUENZA A & B ANTIGEN, EIA (Transport)
FLCR	KAPPA/LAMBDA FREE LIGHT CHAIN/RATIO (Specimen Requirements)
FTA.ARUP (FTA)	FLUORESCENT TREPONEMAL AB (REFLEX) (CPT Code)
GHBCO	GAMMA-HYDROXYBUTYRIC ACID,UA REFLEX (Delete)
HBDQ	HEPATITIS B VIRUS DNA QUAL RT PCR (Delete)
HBDQL	HEPATITIS B VIRUS DNA QUAL RT PCR (New)
HCVRQT	HEPATITIS C VIRUS RNA QUANT BY PCR (Specimen Requirements)
HIAUR	.5-HIAA, URINE RANDOM (Method, Specimen Requirements)
HSVRTD	HSV 1/2 DETECT/DIFF BY REALTIME PCR (Transport)
HSV RTP	HSV DETECTION BY REAL TIME PCR (Transport)
HVY (HVYMTL)	HEAVY METALS-QUANT (Method)

ICFMAR .....ALLERGEN, HELMINTHOSPORIUM [ARUP] (New)  
 ICPBEI .....ALLERGEN, PINTO BEAN IGE [IBT] (New)  
 ICPUAR .....ALLERGEN, PLUM IGE [ARUP] (New)  
 ICRAAR .....ALLERGEN, RASPBERRY IGE [ARUP] (New)  
 ICSUAR .....ALLERGEN, SUNFLOWER, IGE [ARUP] (New)  
 ICTRGI .....ALLERGEN, TRICHOPHYTON RUBRUM IGG [IBT] (New)  
 IEP-RU (IEPUR) .....IMMUNOFIXATION, URINE, RANDOM (Specimen Requirements)  
 IEP-U (IEPUQ) .....IMMUNOFIXATION, URINE (Specimen Requirements)  
 IEP.SU (IEPSUQ) .....IMMUNOFIXATION, SERUM/URINE(Specimen Requirements)  
 IEP.SU-R (IEPSUR) IMMUNOFIXATION, URINE/SERUM, (RANDOM) (Specimen Requirements)  
 INHB .....INHIBIN B [ARUP] (Reference Range)  
 KRASSQ ..KRAS MUTATION DETECTION BY SEQUENCE ANALYSIS, CODONS 12 AND 13 (New)  
 KSRPU .....KIDNEY STONE RISK PANEL, URINE [ARUP] ( Specimen Requirements)  
 KSRPU2 .....KIDNEY STONE RISK PANEL II,URINE [ARUP] (Specimen Requirements)  
 LDH.FLD (LDFL) .....LD, BODY FLUID (Specimen Requirements)  
 LIPAFL .....LIPASE, FLUID (New)  
 LMW.HEPARIN (HEPLMW) .....LOW MOLECULAR WEIGHT HEPARIN (Reference Range)  
 MERC .....MERCURY (BLOOD) (Method)  
 MET (METTUQ) METANEPHRINES, URINE, TOTAL (Specimen Requirements, Method,  
 Description, Reference Range Comment)  
 MET.FRAC (METUQ) METANEPHRINES (FRACTIONATED), URINE (Specimen Requirements,  
 Reference Range Comment)  
 METAUR METANEPHRINES, URINE RANDOM (Method, Specimen Requirements, Reference  
 Range)  
 MGRAVR .....MYASTHENIA GRAVIS PANEL (REFLEX) (Delete)  
 NCAB (NCABA) .....NEURONAL CELL ANTIBODIES (Delete)  
 NEUOXB .....NEUTROPHIL OXIDATIVE BURST ASSAY (CPT Coding)  
 NOROPC .....NOROVIRUS GROUP 1 & 2 RT-PCR (New)  
 NORPCR .....NOROVIRUS GROUP 1 & 2 RT-PCR (Delete)  
 OXALATE-UR (OXUQ) .....OXALATE, URINE, QUANT(Specimen Requirements)  
 OXALATE.R (OXUR) .....OXALATE, URINE (RANDOM) (Specimen Requirements)  
 PBG (PBGUQ) ...PORPHOBILINOGEN , URINE, QUANT (Method, Specimen Requirements)  
 PBG.R (PBGUR) PORPHOBILINOGEN, URINE (RANDOM) (Method, Specimen Requirements)  
 PBNPAR .....proBRAIN NATRIURETIC PEPT,NT [ARUP] (Specimen Requirements)  
 PEPUIF .....ELECTROPHORESIS, PROTEIN,UA (REFLEX) (Specimen Requirements)  
 PERST .....PERTUSSIS CULTURE ONLY (STATE) (Delete)  
 PEURIF .....ELP, PROTEIN, URINE RANDOM (REFLEX) (Specimen Requirements)  
 POR (PORUQ) .....PORPHYRINS, URINE (QUANT) (Method, Specimen Requirements)  
 POR.PBG (PPBGUQ) .....PORPHYRINS, QUANT + PBG (Method, Specimen Requirements)  
 POR.PBG.R (PPBGUR) PORPHYRINS, URINE (RANDOM)+PBG (Method, Specimen Requirements)  
 POR.R (PORUR) .....PORPHYRINS, URINE (RANDOM)(Specimen Requirements)  
 RAST.IGG.SINGLE (IGGATL) .....RAST IGG SINGLE (Delete)  
 REF.CONN26 (CONN26) .....CONNEXIN 26 SPECIMEN SENT (Delete)  
 RENARU .....RENIN ACTIVITY [ARUP] (Specimen Requirements, Reference Range)

RESPRX .....FLU A, FLU B, RSV PCR (REFLEXIVE) (CPT Code Correction)  
 SCANUQ .....ELP SCAN, URINE, QUANT (Specimen Requirements)  
 SCANUR .....ELP SCAN, URINE, RANDOM (Specimen Requirements)  
 STFRC .....SOLUBLE TRANSFERRIN RECEPTOR (Reference Range)  
 STRSV .....RSV, STAT (Transport)  
 TICFA .....TRANSPLANT IMMUNE CELL FUNC ASSAY (CPT Coding)  
 TPAB .....TREPONEMA PALLIDUM ANTIBODY(CPT Coding)  
 TPALAB .....TREPONEMA PALLIDUM AB BY TP-PA (CPT Coding)  
 TROPT .....TROPONIN T(Specimen Requirements)  
 TSH.RAB (TRAB) .....TSH RECEPTOR ANTIBODY (Delete)  
 VAPC .....VAP CHOLESTEROL TEST (Delete)  
 VAPCT .....VAP CHOLESTEROL TEST (New)  
 VENLAF .....VENLAFAXINE & METABOLITE (Delete)  
 VENLAM .....VENLAFAXINE & METABOLITE (New)  
 VIRCUL .....VIRAL CULTURE, REFLEXIVE (Transport)  
 VMA (VMAUQ) .....VMA, QUANT, URINE (Specimen Requirements)  
 VMA-R (VMAUR) VMA, URINE (RANDOM) (Specimen Requirements, Reference Range, Method,  
 CPT Code)  
 VRDFAR .....VIRAL DFA STAIN, REFLEX TO VIRAL CULTURE (Transport)



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# TEST CHANGE ALERT #357

## March 01, 2010

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

25VD23

25VD23

VITAMIN D, 25-HYDROXY BY LCMS (MAYO) (CPT Coding)

order code

flexilab code

Effective	Immediately
CPT4	82306

5-HIAA

HIAAUQ

5-HIAA, URINE (QUANTITATIVE) (Specimen Requirements, Method)

order code

flexilab code

Effective	03/30/2010
Method	HPLC/ <i>Electrochemical Detection</i>
Specimen Requirements	25 mL aliquot of a 24 hr urine collected in a dark plastic urine container. Refrigerate during collection, upon receipt pH to 1-4 with 6N HCl. <i>A pH LT 1 can cause assay interference.</i> Record total volume. Store & transport refrigerated. Dietary Note: patient should avoid avocados, bananas, plums, walnuts, pineapple, eggplant & tomatoes for 48 hr prior to collection. If possible medication should be withheld for 3-4 days prior to start of collection.

ACETAZ

ACETAZ

ACETAZOLAMIDE (New)

order code

flexilab code

Effective	03/30/2010						
Method	<i>HPLC</i>						
CPT4	<i>82491</i>						
Specimen Requirements	<i>1 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.</i>						
Comments	<i>1) Other acceptable specimens: plasma. 2) Unacceptable conditions: SST or PST tubes. 3) Stability: RT-15 days, Refrigerated-1 month, Frozen-1 month. 4) NMS# 00505SP.</i>						
Reference Ranges	<table border="1"> <tr> <td><i>Acetazolamide</i></td> <td><i>10-15</i></td> <td><i>mcg/mL</i></td> </tr> <tr> <td colspan="3"><i>Usual adjunct antiepileptic therapeutic range.</i></td> </tr> </table>	<i>Acetazolamide</i>	<i>10-15</i>	<i>mcg/mL</i>	<i>Usual adjunct antiepileptic therapeutic range.</i>		
<i>Acetazolamide</i>	<i>10-15</i>	<i>mcg/mL</i>					
<i>Usual adjunct antiepileptic therapeutic range.</i>							

# ADEDFL

# ADEDFL

ADENOSINE DEAMINASE, BODY FLUID (Specimen Requirements)

order code

flexilab code

Effective	Immediately
Specimen Requirements	0.3 mL frozen body fluid ( <i>CSF, peritoneal fluid, or pleural fluid</i> ). Centrifuge samples and separate the supernatant and put in a separate plastic tube and freeze. Store and transport frozen. This specimen must remain frozen until it is received at ARUP. Indicate source. Ship 650.

# APOE

# APOE

APO E MUTATION DETECT FOR CVR (Delete)

order code

flexilab code

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

# ASAWK

# ASAWK

ASPIRIN WORKS (CPT Coding)

order code

flexilab code

Effective	03/30/2010
CPT4	<i>84431, 82570</i>

# BORPCR

# BORPCR

B. PERTUSSIS/PARAPERTUSSIS BY PCR  
(Specimen Requirements, Reference Range)

order code

flexilab code

Effective	03/30/2010		
Specimen Requirements	Collect two NP swabs (dacron tip with plastic or <i>aluminum</i> shaft) by inserting the swab through the nose into the posterior nasopharynx & rotating for at least 5 seconds or collect 1 mL nasopharyngeal wash (minimum sample volume 0.5 mL). Place swabs or wash in sterile capped container. Store & transport refrigerated. Do not freeze. <i>Store at 4C upon receipt. Minimum Amount: 1 swab or 0.5 mL wash.</i>		
Comments	1) <i>Unacceptable conditions: swabs collected with calcium alginate or heparin, or older than 7 days.</i> In general, throat swabs, although exceptions may be made in certain circumstances as determined by the director &/or supervisor. 2) <i>Other acceptable samples: samples in M4, M4RT, M5 or universal viral transport medium.</i> 3) Stability: RT-unacceptable, Refrigerated-1 week, Frozen-unacceptable. 4) PSHMC-Molecular Dx.		
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>B.pertussis/parapertussis Result</i>		<i>Not Detected</i>
Comment			The analytic sensitivity of this assay is 1 organism per 3 microliters of processed specimen. A false positive result for Bordetella pertussis may occur in samples containing Bordetella

Method	holmesii or Bordetella bronchiseptica.
Comment	This test was performed by PCR and fluorescent hybridization probe detection. This test was developed and its performance characteristics determined by PSHMC. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under CLIA as qualified to perform high complexity clinical testing.

### CAHPP6

order code

### CAHPP6

flexilab code

### CAH PEDIATRIC PROFILE 6 (CPT Coding)

Effective	Immediately
CPT4	84403 82157 82634 82633 84143 82533 82626 84144 <i>83498</i>

### CAL-R

order code

### CAUR

flexilab code

### CALCIUM, RANDOM URINE (Specimen Requirements, Reference Range)

Effective	3/30/2010
Specimen Requirements	10 mL urine, random collection. Adjust to pH 1.0-2.0. See CAL-U for details. Store and transport refrigerated. <i>Preferably do not pH LT 1.</i>
Comments	1) Min Amt: 2 mL. 2) Stability: RT-acidified 2 days, Refrigerated- acidified 4 days, Frozen-acidified 3 weeks. 3) <i>Unacceptable conditions: specimens with fecal material.</i> 4) PSHMC-Chemistry Department.
Reference Ranges	<i>Calcium, Ur</i>       <i>No reference range established.</i>   <i>mg/dL</i>

### CAL-U

order code

### CAUQ

flexilab code

### CALCIUM, URINE, QUANT (Specimen Requirements)

Effective	3/30/2010
Specimen Requirements	10 mL aliquot of a 24 hour urine collected with 30 mL 6N HCL. Record total volume. Prefer specimen be stored and transported refrigerated. After pH has been adjusted to pH 1.0-2.0 with 6N HCL, store & transport refrigerated. <i>Preferably do not pH LT 1. Unacceptable conditions: specimens contaminated with fecal material.</i>

# CAT.UF

# CATUQ

CATECHOLAMINES, FRACT, URINE (Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Specimen Requirements	30 mL frozen aliquot of a 24 hr urine. Add 25 mL of 6N HCL at the beginning of the collection period. At the end of the collection adjust the pH to 1-3 with 6N HCl. <i>A pH LT 1 can cause interference.</i> Record total volume. Store & transport.

# CATEUR

# CATEUR

CATECHOLAMINES, URINE RANDOM (Method, Specimen Requirements)

order code

flexilab code

Effective	3/30/2010
Method	HPLC/ <i>Electrochemical Detection/Enzymatic (IDMS Traceable)</i>
Specimen Requirements	30 mL frozen aliquot of a random urine specimen. Collect a random urine in a leakproof plastic urine container. Promptly adjust pH to 1-3 with 6N HCl and freeze within 8 hours of collection. Store & transport frozen. <i>A pH LT 1 can cause assay interference.</i> Aldoment can interfere with quantitation. Isoproterol and isoetharine can interfere when found in high concentrations.
Comments	1) Min Amt: 10 mL. 2) <i>Stability: Frozen-1 month acidified.</i> 3) PSHMC- Special Chemistry Department.

# CBPERT

# CBPERT

CULTURE, B. PERTUSSIS (REFLEX) (New)

order code

flexilab code

Effective	03/30/2010								
Method	<i>Culture</i>								
CPT4	<i>87081</i>								
Specimen Requirements	<i>NP swab or NP washing/aspiration. Collect 1 mL NP wash/aspirate and place into a sterile capped container. Or, collect two NP swabs, one from each nostril. Collect each swab by inserting a swab with a flexible aluminum wire shaft through the nose into the posterior nasopharynx. Rotate the swabs in place for a few seconds to absorb secretions. Place swabs in Amies Gel with Charcoal for transport. Transport swab or washings at RT or refig. Ship 650. A negative culture does not exclude the possibility of B. pertussis infection. B.pertussis/parapertussis by PCR also available; order test code BORPCR. This test may reflex to additional tests depending upon the results of this test. Additional fees may be added.</i>								
Comments	<i>1) Min Amt: 0.5 mL for NP wash. 2) Other acceptable samples: NP swabs may also be submitted on Regan-Lowe transport medium. 3) Unacceptable conditions: swabs of the external nares or sputum samples, NP swabs submitted in transport media other than those indicated. 4) Stability: RT-2 days, Refrigerated-2 days, Frozen-unacceptable. 5) PSHMC-Microbiology Department.</i>								
Reference Ranges	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"><i>B. pertussis Result</i></td> <td style="width: 25%;"></td> <td style="width: 25%;"><i>Negative</i></td> <td style="width: 25%;"></td> </tr> <tr> <td><i>B. pertussis Status</i></td> <td></td> <td></td> <td></td> </tr> </table>	<i>B. pertussis Result</i>		<i>Negative</i>		<i>B. pertussis Status</i>			
<i>B. pertussis Result</i>		<i>Negative</i>							
<i>B. pertussis Status</i>									

**CHLAM**  
order code

**CHLAM**  
flexilab code

CHLAMYDIA CULTURE (Specimen Requirements)

Effective	Immediately
Specimen Requirements	Conjunctival, endocervical, urethral, rectal, throat or nasopharyngeal (NP)( <i>neonates only</i> ) specimen on dacron swab in M4 or other chlamydia transport media. Store & transport refrigerated. Unacceptable conditions: urine, sputum, stool, calcium alginate swab, dry swab, wooden swab and swabs in gel media. <i>NP swabs on non-neonates</i> . Stability: RT-unacceptable, Refrig-3 days, Frozen -20C-unacceptable, Frozen-70C-indefinitely. Identify source. Cotton swabs are acceptable.

**CMVRTQ**

**CMVRTQ**

CYTOMEGALOVIRUS BY RT-PCR,  
QUANT(Transport)

order code

flexilab code

Effective	03/30/2010
Specimen Requirements	1 mL frozen EDTA plasma (lavender top tube). Separate plasma from the cells immediately and put in separate plastic tube and freeze. Store & transport frozen. Separate specimens must be submitted when multiple tests are ordered. A dedicated sample is required for molecular testing. This test cannot be ordered as an add-on test on samples previously tested. <i>Ship 650.</i>

**CON26**

**CON26**

CONNEXIN 26 CODING REGION (REFLEX) (New)

order code

flexilab code

Effective	3/30/2010		
Method	<i>DNA Sequencing</i>		
CPT4	<i>83891, 83898, 83904 x 3, 83912</i>		
Specimen Requirements	<i>5 mL EDTA whole blood (lavender top tube). Submit original, unopened draw tube. Store and transport refrigerated or at RT. Ship 650. This test may reflex to additional tests depending upon the results of this test. Additional fees maybe added.</i>		
Comments	<i>1) Min Amt: 3 mL. 2) Other acceptable samples: sodium citrate or ACD whole blood (blue or yellow top tube). 3) Unacceptable conditions: plasma, serum, heparinized whole blood, frozen whole blood, severely hemolyzed samples, samples in leaking containers or over 5 days old and not in original collection tubes and aliquoted specimens. 4) Stability: RT-3 days, Refrigerated-5 days, Frozen-unacceptable. 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>Connexin 26</i>		<i>Not detected No mutations detected within the coding region of the GJB2 gene. This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. The U.S. Food &amp; Drug Administration (FDA) has not approved or cleared this test. However, FDA approval or clearance is currently not required</i>

			<p><i>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></p>
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**CP450**

**CP450**

**CYTOCHROME P450 2D6 14 MUTATIONS & GENE DUPLICATION (New)**

order code

flexilab code

Effective	03/30/2010		
Method	<i>Polymerase Chain Reaction/Primer Extension</i>		
CPT4	<i>83891, 83900, 83901 x 6, 83914 x 12, 83912-Additional CPT code modifiers may be required for procedures performed to test for oncologic or inherited disorders.</i>		
Specimen Requirements	<i>3 mL whole blood (EDTA-lavender top tube or K2EDTA-pink top tube or ACD A or B-yellow top tube). Store and transport refrigerated. Additional CPT code modifiers may be required for procedures performed to test for oncologic or inherited disorders. Indicate source.</i>		
Comments	<i>1) Min Amt: 1 mL. 2) Stability: RT-3 days, Refrigerated-1 week, Frozen- unacceptable. 3) ARUP# 0051232.</i>		
Compliance(Genetic)	<i>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. 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. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>		
Reference Ranges	<p><i>CYP2D6</i></p> <p><i>Predicted Phenotype</i></p> <p><i>CYP2D6 Variant</i></p> <p><i>CYP2D6 Variant</i></p> <p><i>CYP2D6 Variant</i></p> <p><i>CYP2D6 Variant</i></p>		<p><i>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. 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. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing. Counseling and informed consent are recommended for genetic testing.</i></p>

Consent forms are available online  
at [www.aruplab.com](http://www.aruplab.com).

**CURMY**

**CURMY**

**CULTURE, UREAPLASMA AND MYCOPLASMA**  
(Specimen Requirements, Description)

order code

flexilab code

Effective	Immediately
Comments	1) M-4 transport media is available from the PAML Supply Department. 2) <i>Unacceptable conditions: Other transport media (including M4RT), dry swabs, wooden shaft cotton swabs.</i> Stability: RT-8 hrs, Refrigerated in M4-24 hrs, Frozen-1 mon (-70C). 4) Other acceptable samples: use a leak-proof sterile container for tissue or fluids if M4 or Ureaplasma transport media is not available. If transport time exceeds 24 hrs, freeze @ -70C & send on dry ice.

**DIAMOX**

**DIAMOX**

DIAMOX (ACETAZOLAMIDE) (Delete)

order code

flexilab code

Effective	03/30/2010
Delete	<i>This test is being discontinued. Use the ordercode ACETAZ to order this test.</i>

**DIL.FREE**

**DILFR**

DILANTIN (PHENYTOIN), FREE & TOTAL  
(Reference Range Comment)

order code

flexilab code

Effective	03/01/2010		
Reference Ranges	Phenytoin, Free	1.0-2.0	ug/mL
		<i>International reference calibrators implemented on March 01, 2010. Expect results to be 10-15% higher than with previous calibrators. No change in therapeutic range. Toxic 3.0 or more</i>	
	Phenytoin, Total	10.0-20.0	ug/mL
	% Free	Toxic: GT 25.0 1.0-13.0	%

**DNA.DS.ELISA**

**DSDNA**

DNA AB DOUBLE STRANDED, IGG (Delete)

order code

flexilab code

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

**EDTG**  
order code

**EDTG**  
flexilab code

ENDOMYSIAL (EMA) AB, IGG TITER (New)

Effective	03/30/2010		
Method	<i>Immunofluorescence</i>		
CPT4	<i>86255</i>		
Specimen Requirements	<i>3 mL serum (red top 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 conditions: SST gel tube. 3) Unacceptable conditions: hemolysis, lipemic, or icteric samples. 4) Stability: RT-5 days, Refrigerated-5 days, Frozen-1 year. 5) MAYO# 91836.</i>		
Reference Ranges	<i>Endomysial Ab, IgG Titer Comment</i>	<i>Negative Positive</i>	<i>LT 1:2.5 1:2.5 or greater IgG-EMA is generally only significant in those individuals who are IgA deficient and thus cannot produce IgA-EMA. Test performed by IMMCO Diagnostics Inc.</i>
			<i>Titer</i>

**ELP-R**

**PELPUR**

ELECTROPHORESIS, URINE, RANDOM (Specimen Requirements)

order code

flexilab code

Effective	3/30/2010		
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: acidified urine. Optimal samples should be free of contaminants including stool and gross RBCs. 3) Stability: Refrigerated-5 days, Frozen-1 month. 4) PSHMC-Immunology Department.</i>		

**ELP-U**

**PELPUQ**

ELECTROPHORESIS, URINE, QUANT (Specimen Requirements)

order code

flexilab code

Effective	03/30/2010		
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: acidified samples. Optimal samples should be free of contaminants including stool or gross RBCs. 3) Stability: Refrigerated-5 days, Frozen-1 month. 4) PSHMC-Immunology Department.</i>		

**ENC**  
order code

**ENCAIN**  
flexilab code

ENCAINIDE (Delete)

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

**FCORTS**  
order code

**FCORTS**  
flexilab code

CORTISOL, SERUM FREE (Reference Range)

Effective	Immediately		
Reference Ranges	<i>Cortisol</i> Serum Free		<i>By report</i> 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.

**FLABAG**  
order code

**FLABAG**  
flexilab code

INFLUENZA A & B ANTIGEN, EIA (Transport)

Effective	3/30/2010
Specimen Requirements	Throat &/or nasopharyngeal (NP) swabs (flocked preferred), bronchial wash or nasal wash or BAL in viral transport media (M4 or other). Store & transport refrigerated. Identify source. Other acceptable specimens: polyester or cotton swabs in M4. For patients exhibiting flu-like symptoms in June-Oct VIRCUL is recommended. <i>Ship 650.</i>

**FLCR**  
order code

**FLCR**  
flexilab code

KAPPA/LAMBDA FREE LIGHT CHAIN/RATIO  
(Specimen Requirements)

Effective	Immediately
Specimen Requirements	<i>2 mL serum (SST tube).</i> Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.

**FTA.ARUP**  
order code

**FTA**  
flexilab code

FLUORESCENT TREPONEMAL AB (REFLEX) (CPT Code)

Effective	Immediately
CPT4	<i>86780</i>

**GHBCO****GHBCO**GAMMA-HYDROXYBUTYRIC ACID,UA REFLEX  
(Delete)

order code

flexilab code

Effective	04/12/2010
Delete	<i>This test is being discontinued.</i>

**HBDQ****HBDQ**

HEPATITIS B VIRUS DNA QUAL RT PCR (Delete)

order code

flexilab code

Effective	03/30/2010
Delete	<i>This test is being discontinued. Use the ordercode HBDQL to order this test.</i>

**HBDQL****HBDQL**

HEPATITIS B VIRUS DNA QUAL RT PCR (New)

order code

flexilab code

Effective	03/30/2010		
Method	<i>Real-time PCR</i>		
CPT4	<i>87516</i>		
Specimen Requirements	<i>3 mL frozen serum (red top tube). Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen. Ship 650.</i>		
Comments	<i>1) Min Amt: 1.3 mL.2) Other acceptable specimens: EDTA plasma (lavender top tube). 3) Unacceptable conditions: heparinized plasma. 4) Stability: RT-unacceptable, Refrigerated-3 days, Frozen-6 weeks. 5) FOCUS# 23015.</i>		
Compliance(AS R)	<i>This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test. This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.</i>		
Reference Ranges	<i>Hepatitis B Virus DNA Qual RT-PCR</i>		<i>Not detected This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test. This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.</i>

**HCVRQT****HCVRQT**HEPATITIS C VIRUS RNA QUANT BY PCR  
(Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Specimen Requirements	<i>3 mL EDTA plasma (lavender top tube). Separate plasma from cells within 6 hours of collection and put in separate polypropylene tube. Store and transport refrigerated. If transport GT 3 days, freeze at -70C. Ship 650. This test cannot be ordered as a reflex test on serum or plasma samples previously tested for antibodies.</i>

Comments	1) Min Amt: 1.5 mL. 2) Other acceptable specimens: serum (SST tube). Separate serum from cells within 6 hours of collection and place in separate polypropylene tube & freeze. Store & transport frozen. <i>3) Unacceptable conditions: Avoid repeat freeze/thaw cycles. 1.5 mL is the absolute min vol for 1 test. Recommend at least 3 mL in case repeat testing is necessary.</i> 4) Stability: Ref-3days, Frozen(-70C)-6 weeks.
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## HIAUR

## HIAUR

5-HIAA, URINE RANDOM (Method, Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Method	HPLC/ <i>Electrochemical Detection/Enzymatic (IDMS Traceable)</i>
Specimen Requirements	25 mL aliquot of a random urine specimen. Collect a random urine in a leak- proof plastic urine container. Adjust pH to 1-4 with 6NHCL. <i>A pH LT 1 can cause assay interference.</i> Store & transport refrigerated. Patients should avoid avacados, bananas, plums, walnuts, pineapple, tomatoes, & eggplant for 48 hours prior to & during collection. If possible medication should be withheld 3-4 days before collection.
Comments	1) Min Amt: 1 mL. 2) Unacceptable conditions: <i>RT unacidified samples.</i> 3) <i>Stability: RT-1 month acidified, Refrigerated-1 week if unacidified, or 1 year acidified, Frozen-2 weeks if unacidified.</i> 4) PSHMC-Special Chemistry Department.

## HSVRTD

## HSVRTD

HSV 1/2 DETECT/DIFF BY REALTIME PCR (Transport)

order code

flexilab code

Effective	3/30/2010
Specimen Requirements	1 mL frozen CSF, serum or EDTA plasma (sterile container, red top or lavender top tube). Separate serum or plasma from the cells and put in sterile plastic tube. Swabs (flocked preferred) from lesions frozen in viral transport media send all specimens frozen. Indicate source. Not recommended for testing serum/plasma on patients older than 30 days, unless viremia present. For routine exposure screening, order HSVG for HSV antibodies. Dedicated Specimen Only. Separate samples must be submitted when multiple tests are ordered. Cotton & polyester swabs also acceptable. <i>Ship 650.</i>

## HSV RTP

## HSV RTP

HSV DETECTION BY REAL TIME PCR (Transport)

order code

flexilab code

Effective	03/30/2010
Specimen Requirements	1 mL frozen CSF, serum or EDTA plasma (sterile container, red top or lavender top tube). Separate serum or plasma from the cells and put in sterile plastic tube. Swabs (flocked preferred) from lesions frozen in viral transport media. Freeze all specimens & indicate source. For HSV by Real-Time PCR with Type1/2 differentiation, order the workpar HSVRTD. Not recommended for testing serum/plasma on patients older than 30 days, unless viremia present. For routine screening of exposure recommend HSVG for HSV antibodies. Other acceptable specimens: polyester or cotton swabs in M4. <i>Ship 650</i>

## HVY

## HVYMTL

HEAVY METALS-QUANT (Method)

order code

flexilab code

Effective	Immediately
Method	<i>AA/ICP-MS</i>

**ICFMAR**  
order code

**ICFMAR**  
flexilab code

ALLERGEN, HELMINTHOSPORIUM [ARUP] (New)

Effective	03/30/2010		
Method	<i>Immunocap</i>		
CPT4	<i>86003</i>		
Specimen Requirements	<i>0.5 mL serum (SST tube). Separate serum from the cells ASAP and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.25 mL. 2) Unacceptable conditions: hemolyzed, icteric or lipemic samples. 3) Stability: RT-2 days, Refrigerated-2 weeks, Frozen-1 year. 4) ARUP# 0099541.</i>		
Reference Ranges	<i>Helmintho- sporium, IgE</i>		<i>LT 0.35</i> <span style="float: right;"><i>kU/L</i></span>

**ICPBEI**  
order code

**ICPBEI**  
flexilab code

ALLERGEN, PINTO BEAN IGE [IBT] (New)

Effective	03/30/2010		
Method	<i>RIA</i>		
CPT4	<i>86003</i>		
Specimen Requirements	<i>1 mL serum (SST tube). 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) Unacceptable conditions: hemolyzed, icteric or lipemic specimens. 3) Stability: RT-1 month, Refrigerated-1 month, Frozen-1 year. 4) IBT# 56310S.</i>		
FDA	<i>This test was developed and its performance characteristics determined by IBT Reference Lab. It has not been cleared or approved by FDA. According to CLIA regulations, this test can be used for clinical purposes and should not be regarded as investigational or for research.</i>		
Reference Ranges	<i>Pinto Bean, IgE</i>		<i>LT 0.35</i> <span style="float: right;"><i>kU/L</i></span>
	<i>Class</i>		<i>This conventional RAST uses allergen discs from several suppliers and an isotope-labeled anti-IgE from Hycor Biomedical. This test was developed and its performance characteristics determined by IBT Reference Lab. It has not been cleared or approved by FDA. According to CLIA regulations, this test can be used for clinical purposes and should not be regarded as investigational or for research.</i>

ICPUAR  
order code

ICPUAR  
flexilab code

ALLERGEN, PLUM IGE [ARUP] (New)

Effective	03/30/2010		
Method	<i>Immunocap</i>		
CPT4	<i>86003</i>		
Specimen Requirements	<i>0.5 mL serum (SST tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.25 mL. 2) Unacceptable conditions: hemolyzed, icteric or lipemic samples. 3) Stability: RT-2 days, Refrigerated-2 weeks, Frozen- 1 year. 4) ARUP# 0055448.</i>		
Reference Ranges	<i>Plum, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>

ICRAAR  
order code

ICRAAR  
flexilab code

ALLERGEN, RASPBERRY IGE [ARUP] (New)

Effective	03/30/2010		
Method	<i>Immunocap</i>		
CPT4	<i>86003</i>		
Specimen Requirements	<i>0.5 mL serum (SST tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.25 mL. 2) Unacceptable conditions: hemolyzed, icteric or lipemic samples. 3) Stability- RT-2 days, Refrigerated-2 weeks, Frozen-1 year. 4) ARUP# 0099493.</i>		
Reference Ranges	<i>Raspberry, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>

ICSUAR  
order code

ICSUAR  
flexilab code

ALLERGEN, SUNFLOWER, IGE [ARUP] (New)

Effective	03/30/2010		
Method	<i>Immunocap</i>		
CPT4	<i>86003</i>		
Specimen Requirements	<i>0.5 mL serum (SST tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.25 mL. 2) Unacceptable conditions: hemolyzed, icteric or lipemic samples. 3) Stability: RT-2 days, Refrigerated-2 weeks, Frozen-1 year. 4) ARUP# 0099496.</i>		
Reference Ranges	<i>Sunflower, IgE</i>	<i>LT 0.35</i>	<i>kU/L</i>

# ICTRGI

# ICTRGI

ALLERGEN, TRICHOPHYTON RUBRUM IGG [IBT]  
(New)

order code

flexilab code

Effective	03/30/2010		
Method	<i>Immunocap FEIA</i>		
CPT4	<i>86671</i>		
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from the cells and put in separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Stability: RT-1 week, Refrigerated-1 month, Frozen- 1 year. 3) IBT#76220.</i>		
FDA	<i>The test was developed and its performance characteristics determined by IBT Reference Lab. It has not been cleared or approved by the FDA.</i>		
Reference Ranges	<i>Trichophyton rubrum IgG</i>		<i>LT 5 Antibody levels greater than the reference range indicate that the patient has been immunologically sensitized to the antigen. The significance of elevated IgG depends on the nature of the antigen and the patient's clinical history. The test method was the Phadia ImmunoCAP. This test was developed and its performance characteristics determined by IBT Reference Lab. It has not been cleared or approved by the FDA.</i>
			<i>mcg/mL</i>

# IEP-RU

# IEPUR

IMMUNOFIXATION, URINE, RANDOM (Specimen Requirements)

order code

flexilab code

Effective	3/30/2010		
Comments	<i>1) Min Amt: 5 mL. 2) Includes: urine electrophoresis interpretation. 3) Unacceptable conditions: acidified samples. Optimal samples should be free of contaminants including stool or gross RBCs. 4) Stability: Refrigerated-5 days, Frozen-1 month. 5) PSHMC-Immunology Department.</i>		

# IEP-U

# IEPUQ

IMMUNOFIXATION, URINE (Specimen Requirements)

order code

flexilab code

Effective	3/30/2010		
Comments	<i>1) Min Amt: 5 mL. 2) Includes: urine electrophoresis interpretation. 3) Unacceptable conditions: acidified samples. Optimal samples should be free of contaminants including stool or gross RBCs. 4) Stability: Refrigerated-5 days, Frozen-1 month. 5) PSHMC-Immunology Department.</i>		

# IEP.SU

# IEPSUQ

IMMUNOFIXATION, SERUM/URINE(Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Comments	1) Min Amt: 0.5 mL serum & <i>5 mL</i> urine. 2) Avoid hemolysis. 3) Unacceptable conditions: plasma and <i>acidified urine. Optimal samples should be free of contaminants including stool or gross RBCs.</i> 4) Stability: Refrigerated- 5 days, Frozen-1 month. 5) PSHMC-Immunology Department.

# IEP.SU-R

# IEPSUR

IMMUNOFIXATION, URINE/SERUM, (RANDOM) (Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Comments	1) Min Amt: 0.5 mL serum and <i>5 mL</i> urine. 2) Avoid hemolysis. 3) Unacceptable conditions: plasma <i>and acidified urine. Optimal samples should be free of contaminants including stool or gross RBCs.</i> 4) Stability: Refrigerated-5 days, Frozen-1 month. 5) PSHMC-Immunology Department.

# INHB

order code

# INHB

flexilab code

INHIBIN B [ARUP] (Reference Range)

Effective	Immediately			
Reference Ranges	<i>Inhibin B</i>			<i>pg/mL</i>
		<i>M</i>	<i>0-6 yrs</i>	<i>40-630</i>
			<i>7-10 yrs</i>	<i>35-170</i>
			<i>11-18 yrs</i>	<i>50-475</i>
			<i>19-45 yrs</i>	<i>40-450</i>
			<i>46 yrs &amp; more</i>	<i>LT 10-200</i>
		<i>F</i>	<i>0-6 yrs</i>	<i>LT 10-73</i>
			<i>7-10 yrs</i>	<i>LT 10-130</i>
			<i>11-12 yrs</i>	<i>LT 10-186</i>
			<i>13-18 yrs</i>	<i>LT 10-360</i>
			<i>Pre-menopausal</i>	<i>LT 10-290</i>
			<i>Follicular</i>	<i>10-290</i>
			<i>Post-menopausal</i>	<i>16 or less</i>
				This assay is performed using the DSL Inhibin B ELISA kit. Values obtained with different assay methods or kits cannot be used interchangeably.
				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.
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# KRASSQ

# KRASSQ

## KRAS MUTATION DETECTION BY SEQUENCE ANALYSIS, CODONS 12 AND 13 (New)

order code

flexilab code

Effective	03/30/2010		
Method	<i>PCR and sequence analysis</i>		
CPT4	<i>83904 x 2, 83907, 83909 x 2, 83912, 88387, 83891, 83898</i>		
Specimen Requirements	<i>Formalin fixed paraffin embedded tissue blocks or 6 unstained 7-micron slides with an additional H&amp;E stained slide containing at least 50% tumor cells. Transport paraffin-embedded, formalin-fixed tissue block, or slides at room temperature. Protect paraffin block from excessive heat. Ship in cooled container during summer months. Include surgical pathology report with samples.</i>		
Comments	<i>1) Min Amt: 1 paraffin embedded tissue block or 4 unstained 7-micron slides with 1 H&amp;E stained slide containing at least 20% tumor cells. 2) Unacceptable conditions: no tumor in tissues and specimens fixed/processed in alternative fixatives (alcohol, Prefer). 3) Stability: RT-indefinitely, Refrigerated-indefinitely. 4) PSHMC-Molecular Diagnostics Department.</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>KRAS Result</i>		<i>A KRAS mutation was NOT DETECTED. No mutation was detected in either codon 12 or 13 of the KRAS oncogene. A result of not detected does not rule out the presence of a mutation in a percentage of cells below the analytic sensitivity of this assay. The analytical sensitivity of this test is approximately 5% KRAS mutation-positive tumor cells within a background of KRAS mutation-negative cells following tumor enrichment by manual microdissection. Tissue sections are reviewed by a pathologist and manually microdissected to improve tumor yield. DNA is extracted from the enriched tumor section and amplified by PCR. PCR products are sequenced &amp; analyzed by capillary electrophoresis and fluorescence detection.</i>

			<p><i>This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. The U.S. Food &amp; 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></p>
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### KSRPU

### KSRPU

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

order code

flexilab code

Effective	Immediately
Specimen Requirements	<i>16 mL frozen urine from a well-mixed 24-hr urine collection, refrigerate during collection. Requires 4 aliquots of 4 mL each. Freeze immediately after aliquoting as below. Store &amp; transport frozen. Use Kidney Stone/ Supersaturation Urine Collection Kits (ARUP# 46007) available from Supply Department. 1) 4 mL in sulfamic acid tube, mix &amp; freeze. 2) 4 mL in sodium carbonate tube, mix &amp; freeze. 3rd &amp; 4th aliquots-4 mL in plain plastic tubes &amp; freeze.</i>
Comments	<i>1) Unacceptable conditions: room temperature samples. 2) Stability: RT-unacceptable, Refrigerated-12 hrs (after collection is complete), Frozen-3 weeks. 3) ARUP# 0020843.</i>

### KSRPU2

### KSRPU2

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

order code

flexilab code

Effective	Immediately
Specimen Requirements	<i>16 mL frozen urine from a well-mixed 24-hour urine collection, refrigerate during collection. Use Kidney Stone/Supersaturation Urine Collection Kit (ARUP# 46007) available from PAML Supply Department. Requires four aliquots of four mLs each as follows: 1) 4 mL in sulfamic acid tube, mix &amp; freeze. 2) 4 mL in sodium carbonate tube, mix &amp; freeze. 3rd &amp; 4th) 4 mL in plain plastic tubes, mix &amp; freeze. Store and transport all tubes frozen.</i>
Comments	<i>1) Unacceptable conditions: room temperature samples. 2) Stability: RT- unacceptable, Refrigerated-12 hrs (after collection is complete), Frozen- 3 weeks. 3) ARUP# 0020805.</i>

### LDH.FLD

### LDFL

LD, BODY FLUID (Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Comments	<i>1) Min Amt: 0.2 mL. 2) Other acceptable specimens: specimens collected in plain red top tube. 3) Unacceptable conditions: frozen specimens and samples left on separator gel tubes. 4) PSHMC-Chemistry Department.</i>

**LIPAFL**  
order code

**LIPAFL**  
flexilab code

LIPASE, FLUID (New)

Effective	03/30/2010		
Method	<i>Enzymatic</i>		
CPT4	<i>83690</i>		
Specimen Requirements	<i>1 mL sodium heparin body fluid (green top tube). Separate fluid from cells and put in separate plastic tube.. Note type of fluid. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.2 mL. 2) Other acceptable specimens: specimens collected in plain red top tube or sterile container. 3) Unacceptable conditions: clotted or viscous fluids. 4) Stability: Room temperature-1 week, Refrigerated-1 week, Frozen-1 year. 5) PSHMC-Chemistry Department.</i>		
Reference Ranges	<i>Lipase, Fluid</i>		<i>No reference range established. Method not validated for this fluid. Clinical correlation necessary.</i>
			<i>U/L</i>

**LMW.HEPARIN HEPLMW**

LOW MOLECULAR WEIGHT HEPARIN (Reference Range)

order code

flexilab code

Effective	Immediately		
Reference Ranges	<i>ANTI Xa</i>	<i>Enoxaparin</i>  <i>Dalteparin</i>	<i>Target peak concentration for prophylaxis 0.2-0.4 Target peak concentration for treatment, 2 doses daily 0.6-1.0 Target peak concentration for treatment, 1 dose daily 1.3-2.0 Target peak concentration for prophylaxis 0.2-0.4 Target peak concentration for treatment, 2 doses daily 0.6-1.0 Target peak concentration for treatment, 1 dose daily 0.85-1.25</i>
			<i>IU/mL</i>

**MERC**  
order code

**MERC**  
flexilab code

MERCURY (BLOOD) (Method)

Effective	Immediately		
Method	<i>AA/ICP-MS</i>		

# MET

# METTUQ

METANEPHRINES, URINE, TOTAL (Specimen Requirements, Method, Description, Reference Range Comment)

order code

flexilab code

Effective	3/30/2010		
Method	HPLC/ <i>Electrochemical Detection</i>		
Specimen Requirements	30 mL frozen aliquot of a 24 hr urine collected with 25 mL 6N HCL. Adjust final pH to 1-3 with 6N HCL and freeze. Store and transport frozen. Record total volume and collection time. <i>A pH LT 1 can cause assay interference.</i> False positives can be seen with stress.		
Comments	1) Min Amt: 5 mL. 2) Other acceptable specimens: 24 hour urine collected with 10 grams boric acid or 25 mL 50% acetic acid, pH 1-3 at end of collection with 6N HCl. Specimens refrigerated during collection <i>without preservative &amp; then pH adjusted to 1-3 with 6N HCl upon receipt.</i> 3) Stability: Refrigerated-1 week acidified, Frozen-1 month if acidified. 4) PSHMC- Special Chemistry Department.		
Reference Ranges	Metanephrines, <i>Total</i>		0.140-0.785 <i>Patients on Buspirone therapy will show elevated metanephrine levels.</i> mg/24h

# MET.FRAC

# METUQ

METANEPHRINES (FRACTIONATED), URINE (Specimen Requirements, Reference Range Comment)

order code

flexilab code

Effective	3/30/2010		
Specimen Requirements	30 mL frozen aliquot of a 24 hr urine collected with 25 mL 6N HCL. Adjust final pH to 1-3 with 6N HCL and freeze. Store and transport frozen. Record total volume and <i>collection time.</i> <i>A pH LT 1 can cause assay interference. False positives can be seen with stress.</i>		
Comments	1) Min Amt: 5 mL. 2) Other acceptable specimens: 24 hour urine collected with 10 grams boric acid or 25 mL 50% acetic acid, <i>pH 1-3 with 6N HCl</i> at end of collection. Specimens refrigerated during collection without preservative & <i>pH adjusted to 1-3 with 6N HCl at end of collection.</i> 3) Stability: <i>Refrigerated-1 week acidified, Frozen-1 month acidified.</i> 4) PSHMC-Special Chemistry Department.		
Reference Ranges	Metanephrine		0.052-0.341 mg/24h
	Normethan-ephrine		0.088-0.444 mg/24h
	Metanephrine, <i>Total</i>		0.140-0.785 <i>Patients on Buspirone therapy will show falsely elevated metanephrine levels.</i> mg/24h

# METAUR

# METAUR

METANEPHRINES, URINE RANDOM (Method, Specimen Requirements, Reference Range)

order code

flexilab code

Effective	3/30/2010		
Method	HPLC/ <i>Electrochemical Detection/Enzymatic(IDMS Traceable)</i>		
Specimen Requirements	30 mL frozen random urine specimen. Collect a random urine specimen in a leakproof plastic urine container. Aliquot 30 mL and adjust pH to 1-3 with 6NHCL and freeze. Store and transport frozen. False positives can be seen with stress. <i>A pH LT 1 can cause assay interference.</i>		
Comments	1) Min Amt: 10 mL. 2) <i>Stability: Refrigerated-1 week acidified, Frozen-1 month acidified.</i> 3) PSHMC-Special Chemistry Department.		
Reference Ranges			
Creatinine, UR Random		No reference range established	mg/dL
Metanephrine, UR Random			mg/L
Metanephrine	3-8 yrs	47-240	ug/gCr
	9-12 yrs	40-220	
	13-17 yrs	33-145	
	Adults	31-140	
<i>Nor-metanephrine</i>		<i>No reference range established</i>	<i>mg/L</i>
Nor-metanephrine	3-8 yrs	62-705	ug/gCr
	9-12 yrs	81-583	
	13-17 yrs	95-375	
	Adults	47-310	
<i>Total Metanephrines</i>		<i>No reference range established</i>	<i>mg/L</i>
		Patients on Buspirone therapy will show falsely elevated metanephrine levels. Please note: A 24-hr urine collected is the preferred specimen. These reference ranges for random urine collections are based on literature review.	

# MGRAVR

order code

# MGRAVR

flexilab code

MYASTHENIA GRAVIS PANEL (REFLEX) (Delete)

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

# NCAB

order code

# NCABA

flexilab code

NEURONAL CELL ANTIBODIES (Delete)

Effective	03/30/2010
Delete	<i>This test is being discontinued.</i>

# NEUOXB

# NEUOXB

NEUTROPHIL OXIDATIVE BURST ASSAY (CPT Coding)

order code

flexilab code

Effective	Immediately
CPT4	86352

# NOROPC

# NOROPC

NOROVIRUS GROUP 1 & 2 RT-PCR (New)

order code

flexilab code

Effective	03/30/2010		
Method	<i>Real-Time PCR</i>		
CPT4	<i>87798 x 2</i>		
Specimen Requirements	<i>1 mL frozen stool from a random stool collection in a clean, leakproof container. Store and transport frozen.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable conditions: swab specimens or samples received in fixative. 3) Stability: RT-8 hours, Refrigerated-3 days, Frozen (-20C)-1 month, Frozen (-70C)-indefinitely. 4) Virology Department.</i>		
Compliance(ASRA) PAML/SHMC	<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>Norovirus 1 by PCR</i>		<i>Not Detected</i>
	<i>Norovirus 2 by PCR</i>		<i>Not Detected</i> <i>A result of Not Detected does not rule out the presence of PCR inhibitors in the patient specimen or Norovirus nucleic acid in concentrations below the level of detection of the assay.</i> <i>This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.</i> <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>

**NORPCR**

order code

**NORPCR**

flexilab code

NOROVIRUS GROUP 1 &amp; 2 RT-PCR (Delete)

Effective	03/30/2010
Delete	<i>This test is being discontinued. Use the ordercode NOROPC to order this test.</i>

**OXALATE-UR**

order code

**OXUQ**

flexilab code

OXALATE, URINE, QUANT(Specimen Requirements)

Effective	3/30/2010
Specimen Requirements	25 mL aliquot of a well-mixed 24 hr urine collection collected in a dark plastic urine container. Refrigerate during collection. Record total volume and collection period. Adjust pH to 1-2 with 6N HCL within 24 hours of the end of the collection time. Note time and date pH is adjusted. Store and transport refrigerated. Unacceptable conditions: specimens received and not pH adjusted within 24 hours of end of collection. <i>Preferably do not adjust pH LT 1.</i>
Comments	1) Min Amt: 5 mL. 2) Patient should refrain from excessive ingestion of Vitamin C for at least 48 hours prior to the start of collection. 3) <i>Stability: Refrigerated-1 week acidified, Frozen-1 week acidified.</i> 4) PSHMC-Special Chemistry Department.

**OXALATE.R**

order code

**OXUR**

flexilab code

OXALATE, URINE (RANDOM) (Specimen Requirements)

Effective	3/30/2010
Specimen Requirements	25 mL urine random collection. <i>Within 24 hrs of collection adjust pH 1-2 with 6N HCl. Preferably do not pH LT 1.</i> Note time pH is adjusted. Patient should refrain from excessive Vitamin C intake at least 48 hrs prior to collection. Store and transport refrigerated or frozen.
Comments	1) Min Amt: 5 mL. 2) Other acceptable specimens: samples stored at room temperature after addition of acid for two days or less. 3) <i>Stability: RT-2 days acidified, Refrigerated-1 week acidified, Frozen-1 week acidified.</i> 4) PSHMC-Special Chemistry Department.

**PBG**

order code

**PBGUQ**

flexilab code

PORPHOBILINOGEN , URINE, QUANT (Method, Specimen Requirements)

Effective	03/30/2010
Method	Column Chromatography/ <i>Spectrophotometry</i>
Specimen Requirements	100 mL aliquot of a well-mixed 24-hr urine collection. Collect in brown bottle (protect from light). Refrigerate during collection, upon receipt <i>adjust pH to 8-9 with 5% NaOH.</i> Store & transport refrigerated or frozen. Record total volume and collection time interval. Prefer specimen be collected during a symptomatic episode of abdominal pain.
Comments	1) Min Amt: 10 mL. 2) Unacceptable conditions: specimens not protected from light. 3) Other acceptable specimens: 24 hour urine preserved with 7.5 g sodium carbonate at the start of collection. Adjust pH to 8-9. <i>If pH GT 9 use 6 N HCl. If pH LT 8 use 5% NaOH.</i> 4) <i>Stability: RT-unacceptable, Refrig-4 days, Frozen-1 month.</i> 5) PSHMC-Special Chemistry Department.

**PBG.R****PBGUR**PORPHOBILINOGEN, URINE (RANDOM) (Method,  
Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Specimen Requirements	100 mL random refrigerated urine. Upon receipt adjust pH to 8-9 <i>with 5% NaOH</i> . Record pH. Protect from light. Store and transport refrigerated or frozen. Specimen should be collected during or immediately after an episode of abdominal pain.
Comments	1) Min Amt: 10 mL. 2) Unacceptable conditions: specimens not protected from light. 3) Other acceptable specimens: random urine preserved with sodium carbonate (0.5 g per 100 mL urine) and pH to 8-9. <i>If pH GT 9 use 6 N HCl. If pH LT 8 use 5% NaOH.</i> 4) Stability: RT-unacceptable, Refrigerated-4 days, Frozen-1 month. 5) PSHMC-Special Chemistry Department.

**PBNPAR****PBNPAR**proBRAIN NATRIURETIC PEPT,NT [ARUP]  
(Specimen Requirements)

order code

flexilab code

Effective	Immediately
Specimen Requirements	<i>1 mL frozen serum (red top tube) Separate serum from cells ASAP &amp; place in separate plastic tube and freeze. Store and transport frozen.</i>
Comments	1) Min Amt: 0.5 mL. 2) <i>Other acceptable conditions: SST, ammonium or lithium heparin or K2EDTA plasma (green or pink top tube).</i> 3) <i>Unacceptable conditions: no repeat freeze/thaw cycles, EDTA plasma or any containers other than those specified above.</i> 4) Stability: RT-8 hrs, Refrigerated- 3 days, Frozen-1 year. 5) ARUP# 0050083.

**PEPUIF****PEPUIF**ELECTROPHORESIS, PROTEIN,UA (REFLEX)  
(Specimen Requirements)

order code

flexilab code

Effective	3/30/2010
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: acidified samples. Optimal samples should be free of contaminants including stool or gross RBCs.</i> 3) Stability: Refrigerated-5 days, Frozen-1 month. 4) PSHMC-Immunology Department.

**PERST****PERST**

PERTUSSIS CULTURE ONLY (STATE) (Delete)

order code

flexilab code

Effective	03/30/2010
Delete	<i>This test is being discontinued. Use the ordercode CBPERT to order this test.</i>

# PEURIF

# PEURIF

ELP, PROTEIN, URINE RANDOM (REFLEX)  
(Specimen Requirements)

order code

flexilab code

Effective	3/30/2010
Comments	1) Min Amt: 5 mL. 2) Unacceptable conditions: acidified samples. Optimal sample should be free of contaminants including stool or gross RBC's. 3) Stability: Refrigerated-5 days, Frozen-1 month. 4) PSHMC-Immunology Department.

# POR

# PORUQ

PORPHYRINS, URINE (QUANT) (Method, Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Method	<i>HPLC</i>
Comments	1) Min Amt: 10 mL. 2) Unacceptable conditions: specimens not protected from light. 3) Other acceptable specimens: 24 hour urine preserved with 7.5 g sodium carbonate at the start of collection & <i>then adjust pH to 8-9. If pH GT 9 use 6N HCl, if pH LT 8 use 5% NaOH.</i> 4) Stability: RT-unacceptable, Refrigerated-4 days, Frozen-1 month. 5) PSHMC-Special Chemistry Dept.

# POR.PBG

# PPBGUQ

PORPHYRINS, QUANT + PBG (Method, Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Method	HPLC/Column Chromatography/ <i>Spectrophotometry</i>
Comments	1) Min Am: 10 mL. 2) Unacceptable conditions: specimens not protected from light. 3) Other acceptable specimens: 24 hour urine collection preserved with 7.5 g sodium carbonate at the start of collection, adjust pH to 8-9. <i>If pH GT 9 use 6 N HCl. If pH LT 8 use 5% NaOH.</i> 4) Stability: RT- unacceptable, Refrigerated-4 days, Frozen-1 month. 5) PSHMC-Special Chemistry Department.

# POR.PBG.R

# PPBGUR

PORPHYRINS, URINE (RANDOM)+PBG (Method, Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Method	HPLC/Column Chromatography/ <i>Spectrophotometry</i>
Comments	1) Min Amt: 10 mL. 2) Unacceptable specimens: specimens not protected from light. 3) Other acceptable specimens: random urine collection preserved with sodium carbonate (0.5 g per 100 mL urine) at the start of collection, then adjust to pH 8-9. <i>If pH GT 9 use 6 N HCl. If LT 8 use 5% NaOH.</i> 4) Stability: RT-unacceptable, Refrigerated-4 days, Frozen-1 month. 5) PSHMC- Special Chemistry Department.

POR.R

PORUR

PORPHYRINS, URINE (RANDOM)(Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Comments	1) Min Amt: 10 mL. 2) Unacceptable conditions: specimens not protected from light. 3) Other acceptable specimens: random urine preserved with sodium carbonate (0.5 g per 100mL urine) & then adjust pH to 8-9. <i>If pH GT 9 use 6N HCl. If LT 8 use 5% NaOH.</i> Record pH. 4) Stability: RT-unacceptable, Refrigerated-4 days, Frozen-1 month. 5) PSHMC-Special Chemsitry Dept.

RAST.IGG.SING IGGATL  
LE

RAST IGG SINGLE (Delete)

order code

flexilab code

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

REF.CONN26

CONN26

CONNEXIN 26 SPECIMEN SENT (Delete)

order code

flexilab code

Effective	03/30/2010
Delete	<i>This test is being discontinued.</i>

RENARU

RENARU

RENIN ACTIVITY [ARUP] (Specimen Requirements, Reference Range)

order code

flexilab code

Effective	Immediately		
Specimen Requirements	<i>2 mL frozen EDTA or K2EDTA plasma (lavender or pink top tube).</i> If upright sample is collected patient should be upright (seated or standing) for at least 2 hours. <i>It should be drawn between 7:00-10:00 am.</i> Do not collect in refrigerated tubes or refrigerate sample. Separate plasma from cells immediately and put in separate plastic tube and freeze. This is a critical frozen specimen. Separate samples must be submitted when multiple tests are ordered. Store and transport frozen.		
Comments	1) Min Amt: 1.2 mL. 2) Unacceptable conditions: serum, heparinized, citrate, oxalated plasma, refrigerated or <i>hemolyzed samples</i> . 3) Stability: RT-6 hours, Refrigerated-unstable, Frozen-1 month. 4) ARUP# 0070105.		
Reference Ranges	Renin, Normal Sodium Diet	Adult: Supine Upright Children Supine: 1-12 mon <i>13 mo-3 yrs</i> <i>4-5 yrs</i> <i>6-10 yrs</i> <i>11-15 yrs</i> Newborn(1-7 day) Cord Blood <i>Child Upright:</i> <i>0-3 yrs</i> <i>4-5 yrs</i>	0.2-1.6 ng/mL/hr 0.5-4.0 2.4-37.0 <i>1.7-11.2</i> <i>1.0-6.5</i> <i>0.5-5.9</i> <i>0.5-3.3</i> 2.0-35.0 4.0-32.0 <i>not available</i> <i>15 or less</i>

		<i>6-10 yrs</i>	<i>17 or less</i>	
		<i>11-15 yrs</i>	<i>16 or less</i>	

**RESPRX**

**RESPRX**

FLU A, FLU B, RSV PCR (REFLEXIVE) (CPT Code Correction)

order code

flexilab code

Effective	Immediately
CPT4	87798 <i>x 3</i>

**SCANUQ**

**SCANUQ**

ELP SCAN, URINE, QUANT (Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: acidified urine. Optimal samples should be free of contaminants including stool or gross RBCs. 3) PSHMC-Immunology Department.</i>

**SCANUR**

**SCANUR**

ELP SCAN, URINE, RANDOM (Specimen Requirements)

order code

flexilab code

Effective	03/30/2010
Comments	<i>1) Min Amt: 5 mL. 2) Unacceptable conditions: acidified urine. Optimal samples should be free of contaminants including stool or gross RBCs. 3) PSHMC-Immunology Department.</i>

**STFRC**

**STFRC**

SOLUBLE TRANSFERRIN RECEPTOR (Reference Range)

order code

flexilab code

Effective	Immediately			
Reference Ranges	<i>Soluble</i>		<i>LT 1.6</i>	<i>mg/L</i>
	Transferrin Receptor		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%.	

**STRSV**  
order code**STRSV**  
flexilab code

RSV, STAT (Transport)

Effective	3/30/2010
Specimen Requirements	NP and/or throat swab (flocked preferred) or nasal washing in viral transport media (M4 or other). This is the rapid membrane EIA method for detection of RSV AG. It is only approved for use on patients less than 5 years of age. For older patients, order RSVSCR. NOTE: These are done upon receipt during regularly staffed hours only. Other acceptable conditions: polyester or cotton swabs in M4. For patients exhibiting symptoms of RSV infection in June-October, VIRDFA is recommended. <i>Ship 650.</i>

**TICFA****TICFA**

TRANSPLANT IMMUNE CELL FUNC ASSAY (CPT Coding)

order code

flexilab code

Effective	Immediately
CPT4	<i>86352</i>

**TPAB****TPAB**

TREPONEMA PALLIDUM ANTIBODY(CPT Coding)

order code

flexilab code

Effective	Immediately
CPT4	<i>86780</i>

**TPALAB****TPALAB**

TREPONEMA PALLIDUM AB BY TP-PA (CPT Coding)

order code

flexilab code

Effective	Immediately
CPT4	<i>86780</i>

**TROPT****TROPT**

TROPONIN T(Specimen Requirements)

order code

flexilab code

Effective	Immediately
Comments	1) Min Amt: 0.5 mL. 2) <i>Other acceptable specimens: K2EDTA &amp; sodium citrate plasma (pink or light blue top tube).</i> 2) Unacceptable conditions: potassium oxalate, sodium fluoride, heparin, grossly hemolyzed samples & PPT tubes. Heparin samples give false-low results. 4) Stability: RT-4 hrs, Refrigerated-1 day, Frozen-1 year. 5) ARUP# 98803.

**TSH.RAB****TRAB**

TSH RECEPTOR ANTIBODY (Delete)

order code

flexilab code

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

Effective	03/30/2010
Delete	<i>This test is being discontinued. Use the ordercode VAPCT to order this test.</i>

Effective	03/30/2010
Method	<i>Ultracentrifugation</i>
CPT4	<i>83701, 84478</i>
Specimen Requirements	<i>2 mL serum (SST tube). Separate serum from cells and put it in separate plastic tube. If transport will exceed 4 days, freeze sample. Store and transport refrigerated.</i>
Comments	<i>1) Min Amt: 1.6 mL. 2) Unacceptable conditions: ambient temperature samples. 3) Stability: RT-4 days. 4) Atherotech.</i>

Reference Ranges	<table border="0"> <tr> <td><i>Total LDL Chol</i></td> <td><i>LT 130</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Direct LDL R (Real) C</i></td> <td><i>LT 100</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Lipoprotein(a) Cholesterol</i></td> <td><i>LT 10</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Direct IDL Cholesterol</i></td> <td><i>LT 20</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Direct Total HDL Chol</i></td> <td><i>40 or more</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Direct HDL 2 (Lrg,Bouyant, Most Protect)</i></td> <td><i>GT 10</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Direct HDL 3 (Sm, Dense, Least Protect)</i></td> <td><i>GT 30</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Direct Total VLDL Chol</i></td> <td><i>LT 30</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>VLDL 1+2</i></td> <td><i>LT 20</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>VLDL 3 (Small Remnant)</i></td> <td><i>LT 10</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Sum Total Chol</i></td> <td><i>LT 200</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Triglycerides Direct</i></td> <td><i>LT 150</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Total Non HDL Cholesterol (LDL+VLDL)</i></td> <td><i>LT 160</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Remnant Lipo (IDL+VLDL3)</i></td> <td><i>LT 30</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Real LDL Size Pattern</i></td> <td><i>A</i></td> <td></td> </tr> <tr> <td><i>LDL 4</i></td> <td></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>LDL 3</i></td> <td></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>LDL 2</i></td> <td></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>LDL 1</i></td> <td></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Total APO B100 Calc</i></td> <td><i>LT 109</i></td> <td><i>mg/dL</i></td> </tr> <tr> <td><i>Apo A1</i></td> <td><i>GT 118</i></td> <td><i>mg/dL</i></td> </tr> </table>	<i>Total LDL Chol</i>	<i>LT 130</i>	<i>mg/dL</i>	<i>Direct LDL R (Real) C</i>	<i>LT 100</i>	<i>mg/dL</i>	<i>Lipoprotein(a) Cholesterol</i>	<i>LT 10</i>	<i>mg/dL</i>	<i>Direct IDL Cholesterol</i>	<i>LT 20</i>	<i>mg/dL</i>	<i>Direct Total HDL Chol</i>	<i>40 or more</i>	<i>mg/dL</i>	<i>Direct HDL 2 (Lrg,Bouyant, Most Protect)</i>	<i>GT 10</i>	<i>mg/dL</i>	<i>Direct HDL 3 (Sm, Dense, Least Protect)</i>	<i>GT 30</i>	<i>mg/dL</i>	<i>Direct Total VLDL Chol</i>	<i>LT 30</i>	<i>mg/dL</i>	<i>VLDL 1+2</i>	<i>LT 20</i>	<i>mg/dL</i>	<i>VLDL 3 (Small Remnant)</i>	<i>LT 10</i>	<i>mg/dL</i>	<i>Sum Total Chol</i>	<i>LT 200</i>	<i>mg/dL</i>	<i>Triglycerides Direct</i>	<i>LT 150</i>	<i>mg/dL</i>	<i>Total Non HDL Cholesterol (LDL+VLDL)</i>	<i>LT 160</i>	<i>mg/dL</i>	<i>Remnant Lipo (IDL+VLDL3)</i>	<i>LT 30</i>	<i>mg/dL</i>	<i>Real LDL Size Pattern</i>	<i>A</i>		<i>LDL 4</i>		<i>mg/dL</i>	<i>LDL 3</i>		<i>mg/dL</i>	<i>LDL 2</i>		<i>mg/dL</i>	<i>LDL 1</i>		<i>mg/dL</i>	<i>Total APO B100 Calc</i>	<i>LT 109</i>	<i>mg/dL</i>	<i>Apo A1</i>	<i>GT 118</i>	<i>mg/dL</i>
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<i>Apo B100-AI Ratio</i>		<i>LT 0.00</i>	
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**VENLAF**  
order code

**VENLAF**  
flexilab code

VENLAFAXINE & METABOLITE (Delete)

Effective	04/12/2010
Delete	<i>This test is being discontinued. Use the ordercode VENLAM to order this test.</i>

**VENLAM**  
order code

**VENLAM**  
flexilab code

VENLAFAXINE & METABOLITE (New)

Effective	04/12/2010			
Method	<i>LC-MS/MS</i>			
CPT4	<i>83789</i>			
Specimen Requirements	<i>1 mL serum (red top tube). Separate serum from cells promptly and put in separate plastic tube. Store and transport refrigerated.</i>			
Comments	<i>1) Other acceptable specimens: plasma. 2) Unacceptable conditions: SST or PST tubes. 3) Stability: RT-2 weeks, Refrigerated-2 weeks, Frozen-2 weeks. 4) NMS# 4767SP.</i>			
Reference Ranges	<i>Venlafaxine</i>	<i>75 mg/day 150 mg/day 225 mg/day 450 mg/day</i>	<i>Steady-state peak plasma levels following a daily regimen occur at 2 hours. 35-79 93-334 68-265 196-597 Steady-state trough plasma concentrations following a 150 mg per day regimen: 0-141</i>	<i>ng/mL</i>
	<i>o-Desmethyl-venlafaxine</i>	<i>75 mg/day 150 mg/day 225 mg/day 450 mg/day</i>	<i>Steady-state peak plasma levels following a daily regimen occur at approximately 2.5 hrs. 94-200 85-472 243-515 390-1096 Steady-state trough plasma levels following a 150 mg per day regimen: 65-300</i>	<i>ng/mL</i>

**VIRCUL**  
order code

**VIRCUL**  
flexilab code

VIRAL CULTURE, REFLEXIVE (Transport)

Effective	3/30/2010
Specimen Requirements	NP, throat, rectal swabs (flocked preferred), stool, tissue biopsy, pBAL, bronch brush or wash, eye or skin lesion swab submitted in viral transport media (M4 or other). Submit min 1.5 mL of urine or min of 1 mL of CSF in sterile container. Send refrig. Identify source. Other acceptable specimens: polyester or cotton swabs in M4. This test may reflex to additional tests depending upon the results of this test. Additional fees may be added. Unacceptable conditions: Ca alginate swabs, swabs in gel media, wooden or dry swabs, samples frozen@-20C, samples GT3 days old unless on dry ice. <i>Ship 650.</i>

**VMA**  
order code

**VMAUQ**  
flexilab code

VMA, QUANT, URINE (Specimen Requirements)

Effective	3/30/2010
Specimen Requirements	25 mL aliquot of a refrigerated well-mixed 24-hour urine collection. Refrigerate during collection. Upon receipt, adjust pH to 2 with 6N HCL. There are no diet restrictions. Store and transport refrigerated. Record total volume and collection time. <i>A pH LT 1 can cause assay interference. Min Amt: 10 mL.</i>
Comments	1) Other acceptable specimens: 24 hour urine collection preserved with 25 mL 6N HCL at start of collection, then adjust pH to 2 with 6N HCL. 50% acetic acid or 10 grams of boric acid may also be used as preservatives. Toddlers: use 5 mL volume for preservative or 2g boric acid. Babies: use 2 mL volume for preservative or 1 gram boric acid. 2) <i>Stability: Refrigerated-1 month acidified.</i> 3) PSHMC-Special Chemistry Department.

**VMA-R**

**VMAUR**

VMA, URINE (RANDOM) (Specimen Requirements, Reference Range, Method, CPT Code)

order code

flexilab code

Effective	3/30/2010			
Method	HPLC/ <i>Electrochemical Detection/Enzymatic (IDMS Traceable)</i>			
CPT4	84585, <i>82570</i>			
Specimen Requirements	25 mL aliquot of a refrigerated random urine collection. Upon receipt, adjust pH to 2 with 6N HCl. <i>A pH LT 1 can cause assay interference.</i> Includes creatinine. Store and transport refrigerated. <i>No diet restrictions.</i>			
Comments	1) Min Amt: 10 mL. 2) <i>Stability: Refrigerated-1 month acidified.</i> 3) PSHMC-Special Chemistry Department.			
Reference Ranges	VMA, Urine	0-11 mo 1-8 yrs 9-16 yrs 17-110 yrs	6.0-24.0 2.6-16.0 2.0-12.0 1.5-7.0	ug/mgC
	<i>Creatinine, Ur Random</i>		<i>No reference range established</i>	<i>mg/dL</i>

VRDFAR

VRDFAR

VIRAL DFA STAIN, REFLEX TO VIRAL CULTURE  
(Transport)

order code

flexilab code

Effective	3/30/2010
Specimen Requirements	Nasopharyngeal swab, throat swab, skin lesion swab, eye swab, or tissue biopsy, BAL, bronchial brush or wash submitted in viral transport media (M4 or other). Flocked swab preferred. Store and transport refrigerated. This test may reflex to additional tests depending upon the results of this test. Additional charges will be added. If the DFA is negative it will reflex to a viral culture. At client request, viral culture may be added regardless of DFA result. Indicate specimen source, specify location if biopsy. Tissue spec will be screened for CMV. Dermal & eye for HSV & VZV. <i>Ship 650.</i>

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