



110 West Cliff Avenue
Spokane, WA 99204

509.755.8600
800.541.7891

TEST CHANGE ALERT #358

April 12, 2010

Summary Of Changes

TestCode(s)	Test Description
12HTLV	HUMAN T-LYMPHOTROPIC VIRUS AB I/II (New)
25VD23	VITAMIN D, 25-HYDROXY BY LCMS (MAYO) (Delete)
ALBFL	ALBUMIN, FLUID (Specimen Requirements, Stability, Reference Ranges)
APOE	APO E MUTATION DETECT FOR CVR (Delete)
APOEC	APO E MUTATION DETECT FOR CVR (New)
ASAWK	ASPIRIN WORKS (CPT code)
B2M-U (B2MU)	BETA-2-MICROGLOBULIN, URINE (Collection, Stability)
BCL1F	BCL-1/JH,T(11;14) TRANSLOCATION,FLD (CPT Codes)
BILFL	BILIRUBIN, FLUID (Specimen Requirements, Stability, Reference Ranges)
BORPCR B.	PERTUSSIS/PARAPERTUSSIS BY PCR (Specimen requirements, Reference Ranges, Compliance Statement)
CAL-ION (ICAL)	CALCIUM, IONIZED (Specimen Requirements)
CHFLD (CLFL)	CHLORIDE, FLUID (Specimen Requirements, Stability, Reference Ranges)
CHPPPC	CHLAMYDOPHILIA PNEUMONIAE DNA, QUAL (delete)
CP450	CYTOCHROME P450 2D6 14 MUTATIONS & GENE DUPLICATION (Reference Ranges)
CPPCR	CHLAMYDOPHILA PNEUMONIAE DNA QUAL (New)
CRE.FLD (CREFL)	CREATININE, BODY FLUID (Specimen Requirements, Stability, Reference Ranges)
CUIIBT	CHRONIC URTICARIA INDEX [IBT] (CPT Codes, Stability)
DEOCOR	DEOXYCORTICOSTERONE (New)
F02INH	FACTOR 2 INHIBITORS, QUANT (REFLEX) (Specimen Requirements, Unacceptable Specimens, Population Mean)
F05INH	FACTOR 5 INHIBITORS, QUANT (REFLEX) (Specimen Requirements, Unacceptable Specimens, Population Mean)
F07INH	FACTOR 7 INHIBITORS, QUANT (REFLEX) (Specimen Requirements, Unacceptable Specimens, Population Mean)
F09INH	FACTOR 9 INHIBITORS, QUANT (REFLEX) (Specimen Requirements, Unacceptable Specimens, Population Mean)
F10INH	FACTOR 10 INHIBITORS, QUANT(REFLEX) (Specimen Requirements, Unacceptable Specimens, Population Mean)
F11INH	FACTOR 11 INHIBITORS, QUANT(REFLEX) (Specimen Requirements, Unacceptable Specimens, Population Mean)
F12INH	FACTOR 12 INHIBITORS, QUANT(REFLEX) (Specimen Requirements, Unacceptable Specimens, Population Mean)
FATQNT	FAT, FECAL QUANTITATIVE (Specimen Requirements)
GLU-FLD (GLUFL)	GLUCOSE, BODY FLUID (Specimen Requirements, Stability, Reference Ranges)
HAPPCR	HAPTOGLOBIN BY PCR (NEW)

HBDQLHEPATITIS B VIRUS DNA QUAL RT PCR (Delete)
 HBUPCRHEPATITIS B VIRUS DNA US QT RT-PCR (Delete)
 HEPTIHEPTIMAX (Specimen Requirements)
 HPVVG HUMAN PAPILOMAVIRUS HR DNA SCREEN (Methodology, Specimen Requirements,
 Reference Range)
 HPVGNTHUMAN PAPILOMAVIRUS GENOTYPE 16/18 (New)
 HTLV12HTLV I/II, REFLEXIVE (Delete)
 HVY (HVYMTL)HEAVY METALS-QUANT (Shipping requirement)
 ICFMARALLERGEN, HELMINTHOSPORIUM [ARUP] (Delete)
 ICMHL ALLERGEN, SETOMELANOMMA ROSTRATA, HELMINTHOSPORIUM HALODES, IGE (Description
 change)
 IGF2QIGF BINDING PROTEIN-2 (IGFBP-2) (New)
 IMMUKNIMMUKNOW CELL FUNCTION ASSAY (CPT Coding)
 INHBINHIBIN B [ARUP] (Reference Range)
 LDH.FLD (LDL) LD, BODY FLUID (Specimen Requirements, Stability, Reference Range)
 MAG.FLD (MGFL) MAGNESIUM, FLUID (Specimen Requirements, Stability, Reference
 Ranges)
 MAN.S (MANG)MANGANESE (SERUM) (Shipping requirement)
 MCCMAMATERNAL CELL CONTAM, MOLECULAR ANL (New)
 NCABUWANTI NEURONAL CELL ANTIBODY (New)
 ORAL9ORAL FLUID 9 (REFLEXIVE) (New)
 ORAUORGANIC ACIDS URINE (New)
 ORGAUORGANIC ACIDS, URINE (Delete)
 POTFLD (KFL) POTASSIUM, FLUID (Specimen Requirements, Stability, Reference Ranges)
 PRO-FLD (TPFL) PROTEIN, BODY FLUID (Specimen Requirements, Stability, Reference
 Ranges)
 REF.GENZ (RGENZ)REFERENCE TEST - GENZYME (New)
 REF.SHMC (RSHMC)REFERRAL TEST PROCEDURE-SHMC (Delete)
 ROCKY MT (RMSFEV)ROCKY MT SPOTTED FEVER (Reference Ranges)
 SHBGSEX HORMONE BINDING GLOBULIN (Delete)
 SHBGLSEX HORMONE BINDING GLOBULIN (New)
 SMACSPINAL MUSCLE ATROPHY SMA CARRIER (New)
 SODFLD (NAFL) SODIUM, FLUID (Specimen Requirements, Stability, Reference Ranges)
 TICK.ID (TICKID)TICK IDENTIFICATION (Delete)
 TOPFPNTOPIRAMATE BY FPIA [NMS] (Delete)
 TOPGCN TOPIRAMATE BY GC [NMS] (Specimen Requirements, Stability, Reference Range)
 TSHRABTHYROID STIM HORMONE RECEPTOR AB (New)
 UCASYN (URICFL) URIC ACID, BODY FLUID (Specimen Requirements, Stability, Reference
 Ranges)
 VITD23VITAMIN D, 25-HYDROXY BY LC-MS/MS (New)



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TEST CHANGE ALERT #358

April 12, 2010

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

12HTLV
order code

12HTLV
flexilab code

HUMAN T-LYMPHOTROPIC VIRUS AB I/II (New)

Effective	Immediately		
Method	<i>Enzyme Immunoassay/Western Blot</i>		
CPT4	<i>86790</i>		
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from cells ASAP and put in a separate plastic tube. Store and transport refrigerated. Ship 650.</i>		
Comments	<i>1) Min Amt: 0.1 mL. 2) Other acceptable specimens: EDTA, Heparin or Citrated plasma. Separate plasma from cells and put in a separate plastic tube. 3) Unacceptable conditions: Hemolyzed specimens, Specimens containing particulate material. 4) Stability: RT-up to 1 week, Refrigerated-1 week, Frozen-indefinitely. Avoid repeated freeze/thaw cycles. 5) ARUP#: 51164.</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>HTLV I/II Antibodies</i>		<i>Negative</i>
	<i>HTLV I/II Antibodies, Western Blot</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 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>

25VD23**25VD23**VITAMIN D, 25-HYDROXY BY LCMS (MAYO)
(Delete)

order code

flexilab code

Effective	04/30/2010
Delete	<i>This test has been discontinued. Please replace this with code VITD23.</i>

ALBFL**ALBFL**ALBUMIN, FLUID (Specimen Requirements, Stability,
Reference Ranges)

order code

flexilab code

Effective	05/04/2010		
Specimen Requirements	<i>1 mL body fluid in plain (red top) tube. Promptly 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: heparinized (green top tube) specimens. 3) Stability: RT - 8 hours, Refrigerated - 8 days, Frozen - 1 month. Avoid repeated freeze/thaw cycles. 4) PSHMC - Chemistry department.</i>		
Reference Ranges	<i>Albumin, Fluid</i>		<i>No reference range established Values LT 1.2 g/dL will be reported as such. Method not validated for body fluid. Clinical correlation necessary.</i>
			<i>g/dL</i>

APOE**APOE**

APO E MUTATION DETECT FOR CVR (Delete)

order code

flexilab code

Effective	Immediately
Delete	<i>This test has been discontinued. Please replace this with code APOEC.</i>

APOEC**APOEC**

APO E MUTATION DETECT FOR CVR (New)

order code

flexilab code

Effective	Immediately		
Method	<i>PCR/FM</i>		
CPT4	<i>83891, 83900, 83896 X 2, 83912</i>		
Specimen Requirements	<i>5 mL whole blood in EDTA (Lavender top tube). Store and transport refrigerated. Consent form is recommended (required in NY). Forms available at www.aruplab.com.</i>		
Comments	<i>1) Min Amt: 3 mL. 2) Other acceptable specimens: ACD, sodium citrate or sodium heparin whole blood (yellow, blue, or green top tubes). 3) Unacceptable conditions: Serum, frozen whole blood, or severely hemolyzed specimens. Not recommended for nonsymptomatic patients under 18 years of age. 4) Stability: RT-3 days, Refrigerated-1 week, Frozen- unacceptable. 5) ARUP#55566.</i>		
Compliance(LD TB) PAML/SHMC	<i>This test was developed and its performance characteristics determined 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) to perform high-complexity testing.</i>		

Reference Ranges	<i>APO E Specimen APO E for CVR</i>	<i>Homozygous APO E3 (E3/E3): This is the most common (normal) genotype. This test is performed pursuant to an agreement with Roche Molecular Systems, Inc. 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. Consent forms are available online at www.aruplab.com.</i>
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ASAWK
order code

ASAWK
flexilab code

ASPIRIN WORKS (CPT code)

Effective	Immediately
CPT4	84431

B2M-U

B2MU

BETA-2-MICROGLOBULIN, URINE (Collection, Stability)

order code

flexilab code

Effective	5/4/2010
Specimen Requirements	<i>2 mL frozen urine. Void, drink large glass of water, collect urine within 1 hour. Within 2 hours, aliquot 2 mL of the well-mixed urine specimen. Check pH and, if necessary, adjust pH to 6-8 with 1M NaOH and freeze. Store and transport frozen.</i>
Comments	<i>1) Min Amt: 1 mL. 2) Unacceptable conditions: unfrozen or pH not adjusted to within pH 6-8. 3) Stability: RT-2 days, Refrigerated- 2 days with pH 6-8, Frozen-2 months with pH 6-8. 4) PSHMC - Immunology.</i>

BCL1F

BCL1F

BCL-1/JH,T(11;14) TRANSLOCATION,FLD (CPT Codes)

order code

flexilab code

Effective	05/17/2010
CPT4	83891, 83898 x 3, 83894 x 2, 83912

BILFL

BILFL

BILIRUBIN, FLUID (Specimen Requirements, Stability, Reference Ranges)

order code

flexilab code

Effective	05/04/2010		
Specimen Requirements	<i>1 mL heparinized body fluid (green top tube). Separate fluid from cells and put in a separate plastic tube. Note type of fluid. Store and transport refrigerated, protected from light.</i>		
Comments	<i>1) Min Amt: 0.2 mL. 2) Unacceptable conditions: Any more than slight hemolysis. Lipemia may interfere with testing. 3) Other acceptable specimens: plain tube (red top). 4) Stability: RT - 4 hours, Refrigerated - 1 week, Frozen - 6 months. 5) PSHMC - Chemistry Department.</i>		
Reference Ranges	<i>Bilirubin, Fld</i>		<i>No reference range established. Method not validated for body fluid. Clinical correlation necessary.</i> mg/dL

BORPCR

BORPCR

B. PERTUSSIS/PARAPERTUSSIS BY PCR (Specimen requirements, Reference Ranges, Compliance Statement)

order code

flexilab code

Effective	Immediately		
Specimen Requirements	<i>Collect two NP swabs (Dacron or rayon tip w/ plastic or aluminum shaft) by inserting the swab through the nose into the posterior nasopharynx & rotating for at least 5 sec. OR collect 1 mL nasopharyngeal wash. Place swabs or wash in sterile capped container. Store and transport refrigerated. Store at 4C upon receipt. Do not freeze. Ship 650.</i>		
Comments	<i>1) Min Amt: 1 swab or 0.5 mL wash. 2) Unacceptable conditions: Swabs collected in calcium alginate or heparin, or samples older than 7 days. Throat swabs are unacceptable, exceptions may be made by Director or Supervisor. 3) Other acceptable specimens: Samples in M4, M4RT, M5, or Universal Viral Transport Medium. 3) Stability: RT-unacceptable, Refrigerated-1 week, Frozen-unacceptable. 4) PSHMC-Molecular Dx.</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>B.pertussis/parapertussis Result</i>		<i>Negative for Bordetella pertussis DNA Negative for Bordetella parapertussis DNA</i>
Comment	<i>The analytic sensitivity of this</i>		

<p>Method</p> <p><i>Comment</i></p>		<p>assay is 1 organism per 3 micro-liters of processed specimen. A false positive result for Bordetella pertussis may occur in samples containing Bordetella holmesii or Bordetella bronchiseptica.</p> <p>This test was performed by PCR and fluorescent hybridization probe detection.</p> <p><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 not currently 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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CAL-ION
order code

ICAL
flexilab code

CALCIUM, IONIZED (Specimen Requirements)

Effective	5/4/2010
Specimen Requirements	<i>2 mL serum (SST tube). Collect and handle anaerobically. Fill tube completely to limit the loss of CO2. Allow tube to clot 0.5 - 1 hr. Recommend centrifuging at 1000 RCF for 10-15 min, Refrigerate and transport. The pH range is critical. For specimens with pH values outside the 7.2-7.6 range, only ionized calcium will be reported. Separate samples must be submitted when multiple tests ordered. Prefer fasting specimen.</i>
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: Centrifuged Sursep Microtainer tube. 3) Stability (Centrifuged): RT-2 hrs, Ref-1 week. If serum cannot be analyzed within the 1 week refrigerated stability, remove cap and obtain sample from area close to serum separator gel. Put in a separate plastic tube and freeze (Stable frozen 6 mo). Do not freeze on Sursep, Do not ship on dry ice. 4) PSHMC- Chemistry Department.</i>

CHFLD
order code

CLFL
flexilab code

CHLORIDE, FLUID (Specimen Requirements, Stability, Reference Ranges)

Effective	05/04/2010
Specimen Requirements	<i>2 mL body fluid in plain (red top tube). Separate fluid from cells and place in separate plastic tube or leakproof plastic container. Note type of fluid. Store and transport refrigerated.</i>
Comments	<i>1) Min Amt: 0.2 mL. 2) Unacceptable conditions: Clotted samples. 3) Other Acceptable Specimens: Heparin (green top tube). 4) Stability: RT - 1 day, Refrigerated - 1 week, Frozen - 6 months. 5) PSHMC -</i>

	<i>Chemistry Department.</i>		
Reference Ranges	<i>Chloride, Fluid</i>		<i>No reference range established. Method not validated for body fluid. Clinical correlation necessary.</i>
			<i>mmol/L</i>

CHPPPC

CHPPPC

CHLAMYDOPHILIA PNEUMONIAE DNA, QUAL
(delete)

order code

flexilab code

Effective	Immediately
Delete	<i>This code is being discontinued. Please replace this with code CPPCR.</i>

CP450

CP450

CYTOCHROME P450 2D6 14 MUTATIONS & GENE
DUPLICATION (Reference Ranges)

order code

flexilab code

Effective	05/04/2010		
Reference Ranges	<i>Source CYP2D6 Predicted Phenotype CYP2D6 Variant CYP2D6 Variant CYP2D6 Variant CYP2D6 Variant</i>		<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. Consent forms are available online at www.aruplab.com.</i>

CPPCR

order code

CPPCR

flexilab code

CHLAMYDOPHILA PNEUMONIAE DNA QUAL (New)

Effective	Immediately		
Method	<i>Real-Time PCR</i>		
CPT4	<i>87486</i>		
Specimen Requirements	<i>1 mL bronchial wash/lavage or sputum. Store and transport refrigerated.</i>		
Comments	<i>1) 0.3 mL. 2) Other acceptable specimens: Throat swab, nasopharyngeal swab in 3 mL M4 media or V-C-M medium (green cap) tube or equivalent. Minimum volume 0.35 mL. 3) Stability: RT-48 hours, Refrigerated-2 weeks, Frozen- 30 days. 4) Focus#43500.</i>		
Reference Ranges	<i>Chlamydomphila pneumoniae PCR</i>		<i>Not detected</i> <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>

CRE.FLD

order code

CREFL

flexilab code

CREATININE, BODY FLUID (Specimen Requirements, Stability, Reference Ranges)

Effective	05/04/2010		
Specimen Requirements	<i>1 mL heparinized 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) Unacceptable conditions: Clotted or viscous fluids. 3) Other acceptable specimens: plain tube (red top). 4) Stability: RT - 5 days, Refrigerated - 1 month, Frozen - 6 months. 5) PSHMC - Chemistry Department.</i>		
Reference Ranges	<i>Creatinine, Fld</i>		<i>No reference range established. Method not validated for this fluid. Clinical correlation necessary.</i> <i>mg/dL</i>

CUIIBT

CUIIBT

CHRONIC URTICARIA INDEX [IBT] (CPT Codes, Stability)

order code

flexilab code

Effective	Immediately
CPT4	<i>86343 83088</i>
Comments	1) Min Amt: 1.0 mL. 2) Stability: Room temperature-7 days, <i>Refrigerated- 1 week</i> , Frozen-1 year. 3) IBT #2103

DEOCOR

DEOCOR

DEOXYCORTICOSTERONE (New)

order code

flexilab code

Effective	5/04/2010
Method	<i>Extraction, Chromatography, RIA</i>
CPT4	<i>82633</i>
Specimen Requirements	<i>3 mL serum (red top tube). Separate serum from cells and put in a separate plastic tube. Store and transport refrigerated.</i>
Comments	<i>1) Min Amt: 1.1 mL. 2) Other acceptable specimens: Serum in serum separator tubes (SST), Plasma-EDTA, NaHeparin, and PPT Potassium EDTA, Amniotic fluid in clean plastic tube. 3) Unacceptable Conditions: Specimens received at room temperature past 48 hours from draw. 4) Stability: RT-48 hours, Refrigerated- 7 days, Frozen- 2 years. 5) Quest#6559X.</i>

Reference Ranges			
	<i>Deoxycortico sterone</i>		<i>ng/dL</i>
		<i>Adult Reference Ranges</i>	
	<i>M</i>	<i>3.5-11.5</i>	<i>ng/dL</i>
	<i>F follicular</i>	<i>1.5-8.5</i>	
	<i>F luteal</i>	<i>3.5-13.0</i>	
	<i>1st trimester</i>	<i>5-25</i>	
	<i>2nd trimester</i>	<i>10-75</i>	
	<i>3rd trimester</i>	<i>30-110</i>	
		<i>Post ACTH Stimulation - 60 minutes</i>	
		<i>Males and premenopausal Females</i>	
		<i>(Follicular Phase)</i>	
		<i>14-33</i>	<i>ng/dL</i>
		<i>Pediatric Reference Ranges</i>	
	<i>LT 1 year</i>	<i>Baseline</i>	
		<i>7-57</i>	
		<i>Post ACTH Stimulation - 60 min</i>	
		<i>20-160</i>	
	<i>1-5 years</i>	<i>Baseline</i>	
		<i>4-49</i>	
		<i>Post ACTH Stimulation - 60 min</i>	
		<i>26-140</i>	
	<i>M 6-12 years</i>	<i>Baseline</i>	
		<i>9-34</i>	
		<i>Post ACTH Stimulation - 60 min</i>	
		<i>33-140</i>	
	<i>F 6-12 years</i>	<i>Baseline</i>	
		<i>2-13</i>	
		<i>Post ACTH Stimulation - 60 min</i>	
		<i>19-61</i>	
	<i>M Tanner St II-III</i>	<i>Baseline</i>	
		<i>4-30</i>	

			<i>Post ACTH Stimulation - 60 min 12-74</i> <i>F Tanner St II-III Baseline 2-12</i> <i>Post ACTH Stimulation - 60 min 13-63</i> <i>M Tanner St IV-V Baseline 5-14</i> <i>Post ACTH Stimulation - 60 min 19-46</i> <i>F Tanner St IV-V Baseline 5-10</i> <i>Post ACTH Stimulation - 60 min 23-40</i>	
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F02INH

F02INH

FACTOR 2 INHIBITORS, QUANT (REFLEX)
 (Specimen Requirements, Unacceptable Specimens,
 Population Mean)

order code

flexilab code

Effective	05/04/2010			
Specimen Requirements	<i>1 mL plasma, Frozen. Fill a liquid blue top tube to capacity with whole blood. Centrifuge specimen, separate plasma, recentrifuge, and separate into 2 clean plastic tubes (2 aliquots). Freeze at -20C or less. Separate samples must be submitted when multiple tests are ordered. This test may reflex to additional tests depending on the results of this test. Additional fees will be added.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable conditions: Severely hemolyzed or clotted samples. 3) Stability: RT-unacceptable, Refrigerated-unacceptable, Frozen-2 months. Avoid repeated freeze/thaw cycles. 4) PSHMC-Coagulation Department.</i>			
Reference Ranges	PT, Patient	0-1 mon 2+ mon	13.0-20.0 10.9-14.8	sec
	<i>PT, Pop Mean</i>		<i>13.4</i>	<i>sec</i>
	PTT	0-1 mon 2 mon - 4 yrs 5+ yrs	40-50 25-40 26-36	sec
	PTT Pop Mean		31 Deep venous thrombosis or pulmonary embolism therapeutic heparin levels of 0.3-0.7 Units/mL anti-factor Xa levels usually correspond to an aPTT of 60 to 85 seconds. Acute cardiac syndrome therapeutic range based on heparin levels of 0.2 to 0.5 usually correspond to an aPTT of 55 to 75 seconds.	sec
	PT 1/1 MIX Pt Control Plasma			sec sec
	PTT 1/1 Mix PTT Control Plasma			sec sec
	Factor II		80-117	%

Factor 2 Inhibitors		Negative Inhibitor Units	
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F05INH

F05INH

FACTOR 5 INHIBITORS, QUANT (REFLEX)
(Specimen Requirements, Unacceptable Specimens,
Population Mean)

order code

flexilab code

Effective	05/04/2010		
Specimen Requirements	<i>1 mL plasma, Frozen. Fill a liquid blue top tube to capacity with whole blood. Centrifuge specimen, separate plasma, recentrifuge, and separate into 2 clean plastic tubes (2 aliquots). Freeze at -20 or less. Separate samples must be submitted when multiple tests are ordered. This test may reflex to additional tests depending on the results of this test. Additional fees will be added.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable conditions: Severely hemolyzed or clotted samples. 3) Stability: RT-unacceptable, Refrigerated-unacceptable, Frozen-2 months. Avoid repeated freeze/thaw cycles. 4) PSHMC-Coagulation Department.</i>		
Reference Ranges	PT, Patient	0-1 mon 2+ mon	13.0-20.0 10.9-14.8
	<i>PT, Pop Mean</i>		<i>13.4</i>
	PTT	0-1 mon 2 mon - 4 yrs 5+ yrs	40-50 25-40 26-36
	PTT Pop Mean		31
			Deep venous thrombosis or pulmonary embolism therapeutic heparin levels of 0.3-0.7 Units/mL anti-factor Xa levels usually correspond to an aPTT of 60 to 85 seconds. Acute cardiac syndrome therapeutic range based on heparin levels of 0.2 to 0.5 usually correspond to an aPTT of 55 to 75 seconds.
	PT 1/1 MIX		sec
	Pt Control Plasma		sec
	PTT 1/1 Mix		sec
	PTT Control Plasma		sec
	Factor V		50-150
	Factor 5 Inhibitors		Negative Inhibitor Units

F07INH

F07INH

FACTOR 7 INHIBITORS, QUANT (REFLEX)
(Specimen Requirements, Unacceptable Specimens,
Population Mean)

order code

flexilab code

Effective	05/04/2010		
Specimen Requirements	<i>1 mL plasma, Frozen. Fill a liquid blue top tube to capacity with whole blood. Centrifuge specimen, separate plasma, recentrifuge, and separate into 2 clean plastic tubes (2 aliquots). Freeze at -20 or less. Separate samples must be submitted when multiple tests are ordered. This test may reflex to additional tests depending on the results of this test. Additional fees will be added.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable conditions: Severely hemolyzed or clotted samples. 3) Stability: RT - unacceptable, Refrigerated - unacceptable, Frozen - 2 months. Avoid repeated freeze thaw cycles. 4) PSHMC - Coagulation Department.</i>		
Reference Ranges	PT, Patient	0-1 mon 2+ mon	13.0-20.0 10.9-14.8
	<i>PT, Pop Mean</i>		<i>13.4</i>
	PTT	0-1 mon 2 mon - 4 yrs 5+ yrs	40-50 25-40 26-36
	PTT Pop Mean		31
			Deep venous thrombosis or pulmonary embolism therapeutic heparin levels of 0.3-0.7 Units/mL anti-factor Xa levels usually correspond to an aPTT of 60 to 85 seconds. Acute cardiac syndrome therapeutic range based on heparin levels of 0.2 to 0.5 usually correspond to an aPTT of 55 to 75 seconds.
	PT 1/1 MIX		
	Pt Control Plasma		
	PTT 1/1 Mix		
	PTT Control Plasma		
	Factor VII		65-135
	Factor 7 Inhibitors		Negative Inhibitor Units
			sec sec sec sec %

F09INH

F09INH

FACTOR 9 INHIBITORS, QUANT (REFLEX)
(Specimen Requirements, Unacceptable Specimens,
Population Mean)

order code

flexilab code

Effective	05/04/2010		
Specimen Requirements	<i>1 mL plasma, Frozen. Fill a liquid blue top tube to capacity with whole blood. Centrifuge specimen, separate plasma, recentrifuge, and separate into 2 clean plastic tubes (2 aliquots). Freeze at -20C or less. Separate samples must be submitted when multiple tests are ordered. This test may reflex to additional tests depending on the results of this test. Additional fees will be added.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable conditions: Severely hemolyzed or clotted samples. 3) Stability: RT - unacceptable, Refrigerated-unacceptable, Frozen-2 months. Avoid repeated freeze thaw cycles. 4)</i>		

<i>PSHMC-Coagulation Department.</i>				
Reference Ranges	PT, Patient	0-1 mon 2+ mon	13.0-20.0 10.9-14.8	sec
	<i>PT, Pop Mean</i>		<i>13.4</i>	<i>sec</i>
	PTT	0-1 mon 2 mon - 4 yrs 5+ yrs	40-50 25-40 26-36	sec
	PTT Pop Mean		31 Deep venous thrombosis or pulmonary embolism therapeutic heparin levels of 0.3-0.7 Units/mL anti-factor Xa levels usually correspond to an aPTT of 60 to 85 seconds. Acute cardiac syndrome therapeutic range based on heparin levels of 0.2 to 0.5 usually correspond to an aPTT of 55 to 75 seconds.	sec
	PT 1/1 MIX Pt Control Plasma			sec sec
	PTT 1/1 Mix PTT Control Plasma			sec sec
	Factor IX Factor 9 Inhibitors		60-140 Negative Inhibitor Units	%

F10INH

F10INH

FACTOR 10 INHIBITORS, QUANT(REFLEX)
(Specimen Requirements, Unacceptable Specimens,
Population Mean)

order code

flexilab code

Effective	05/04/2010			
Specimen Requirements	<i>1 mL plasma, Frozen. Fill a liquid blue top tube to capacity with whole blood. Centrifuge specimen, separate plasma, recentrifuge, and separate into 2 clean plastic tubes (2 aliquots). Freeze at -20 or less. Separate samples must be submitted when multiple tests are ordered. This test may reflex to additional tests depending on the results of this test. Additional fees will be added.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable conditions: Severely hemolyzed or clotted samples. 3) Stability: RT-unacceptable, Refrigerated-unacceptable, Frozen-2 months. Avoid repeated freeze thaw cycles. 4) PSHMC-Coagulation Department.</i>			
Reference Ranges	PT, Patient	0-1 mon 2+ mon	13.0-20.0 10.9-14.8	sec
	<i>PT, Pop Mean</i>		<i>13.4</i>	<i>sec</i>
	PTT	0-1 mon 2 mon - 4 yrs 5+ yrs	40-50 25-40 26-36	sec
	PTT Pop Mean		31 Deep venous thrombosis or pulmonary embolism therapeutic heparin levels	sec

			of 0.3-0.7 Units/mL anti-factor Xa levels usually correspond to an aPTT of 60 to 85 seconds. Acute cardiac syndrome therapeutic range based on heparin levels of 0.2 to 0.5 usually correspond to an aPTT of 55 to 75 seconds.	
PT 1/1 MIX				sec
Pt Control Plasma				sec
PTT 1/1 Mix				sec
PTT Control Plasma				sec
Factor X		45-155		%
Factor 10 Inhibitors		Negative Inhibitor Units		

F11INH

F11INH

FACTOR 11 INHIBITORS, QUANT(REFLEX)
(Specimen Requirements, Unacceptable Specimens, Population Mean)

order code

flexilab code

Effective	05/04/2010			
Specimen Requirements	<i>1 mL plasma, Frozen. Fill a liquid blue top tube to capacity with whole blood. Centrifuge specimen, separate plasma, recentrifuge, and separate into 2 clean plastic tubes (2 aliquots). Freeze at -20C or less. Separate samples must be submitted when multiple tests are ordered. This test may reflex to additional tests depending on the results of this test. Additional fees will be added.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable conditions: Severely hemolyzed or clotted samples. 3) Stability: RT-unacceptable, Refrigerated-Unacceptable, Frozen-2 months. Avoid repeated freeze thaw cycles. 4) PSHMC-Coagulation Department.</i>			
Reference Ranges	PT, Patient	0-1 mon 2+ mon	13.0-20.0 10.9-14.8	sec
	<i>PT, Pop Mean</i>		<i>13.4</i>	<i>sec</i>
	PTT	0-1 mon 2 mon - 4 yrs 5+ yrs	40-50 25-40 26-36	sec
	PTT Pop Mean		31	sec
			Deep venous thrombosis or pulmonary embolism therapeutic heparin levels of 0.3-0.7 Units/mL anti-factor Xa levels usually correspond to an aPTT of 60 to 85 seconds. Acute cardiac syndrome therapeutic range based on heparin levels of 0.2 to 0.5 usually correspond to an aPTT of 55 to 75 seconds.	
	PT 1/1 MIX			sec
	Pt Control Plasma			sec
	PTT 1/1 Mix			sec
	PTT Control			sec

Plasma Factor XI Factor 11 Inhibitors		65-135 Negative Inhibitor Units	%
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F12INH

F12INH

FACTOR 12 INHIBITORS, QUANT(REFLEX)
(Specimen Requirements, Unacceptable Specimens,
Population Mean)

order code

flexilab code

Effective	05/04/2010		
Specimen Requirements	<i>1 mL plasma, Frozen. Fill a liquid blue top tube to capacity with whole blood. Centrifuge specimen, separate plasma, recentrifuge, and separate into 2 clean plastic tubes (2 aliquots). Freeze at -20C or less. Separate samples must be submitted when multiple tests are ordered. This test may reflex to additional tests depending on the results of this test. Additional fees will be added.</i>		
Comments	<i>1) Min Amt: 0.5 mL. 2) Unacceptable conditions: Severely hemolyzed or clotted samples. 3) Stability: RT-unacceptable, Refrigerated-unacceptable, Frozen-2 months. Avoid repeated freeze/thaw cycles. 4) PSHMC-Coagulation Department.</i>		
Reference Ranges	PT, Patient	0-1 mon 2+ mon	13.0-20.0 10.9-14.8
	<i>PT, Pop Mean</i>		<i>13.4</i>
	PTT	0-1 mon 2 mon - 4 yrs 5+ yrs	40-50 25-40 26-36
	PTT Pop Mean		31
			Deep venous thrombosis or pulmonary embolism therapeutic heparin levels of 0.3-0.7 Units/mL anti-factor Xa levels usually correspond to an aPTT of 60 to 85 seconds. Acute cardiac syndrome therapeutic range based on heparin levels of 0.2 to 0.5 usually correspond to an aPTT of 55 to 75 seconds.
	PT 1/1 MIX		sec
	Pt Control Plasma		sec
	PTT 1/1 Mix		sec
	PTT Control Plasma		sec
	Factor XII Factor 12 Inhibitors		50-150 Negative Inhibitor Units
			%

FATQNT

FATQNT

FAT, FECAL QUANTITATIVE (Specimen Requirements)

order code

flexilab code

Effective	05/17/2010
Specimen Requirements	<i>20 mL frozen homogenized aliquot from a 24-, 48- or 72 hour stool collection in a pre-weighed clean container. Weigh the entire sample and determine the final weight of the stool collection. Homogenize the entire sample and add sufficient water using a graduated cylinder to give a milkshake consistency. Record volume of water added to sample. Aliquot a 20 mL homogenized sample and freeze. Store and transport Frozen. Indicate the hours of collection, sample weight, and water volume added.</i>
Comments	<i>1) Unacceptable conditions: Specimens containing media, preservatives, barium or charcoal. Containers larger than 500 mL, such as paint cans, will be rejected and discarded. Random collections. Submission without collection time and weight. 2) Stability: RT-1 hour, Refrigerated-96 hours, Frozen-2 weeks. 3) ARUP#2002350.</i>

GLU-FLD

GLUFL

GLUCOSE, BODY FLUID (Specimen Requirements, Stability, Reference Ranges)

order code

flexilab code

Effective	05/04/2010			
Specimen Requirements	<i>1 mL heparinized body fluid (green top tube). Promptly separate fluid from cells and place in a separate plastic tube. Refrigerate promptly. Note type of fluid. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 0.2 mL. 2) Stability: RT-8 hours, Refrigerated-1 week, Frozen-1 year. 3) PSHMC Chemistry Department.</i>			
Reference Ranges	<table border="1"> <tr> <td>Glucose, Fluid</td> <td>Serous fluid: Equal to the serum glucose value. Synovial fluid: LT 10 mg/dL difference when compared to the serum glucose value. <i>Method not validated for body fluid. Clinical correlation necessary.</i></td> <td>mg/dL</td> </tr> </table>	Glucose, Fluid	Serous fluid: Equal to the serum glucose value. Synovial fluid: LT 10 mg/dL difference when compared to the serum glucose value. <i>Method not validated for body fluid. Clinical correlation necessary.</i>	mg/dL
Glucose, Fluid	Serous fluid: Equal to the serum glucose value. Synovial fluid: LT 10 mg/dL difference when compared to the serum glucose value. <i>Method not validated for body fluid. Clinical correlation necessary.</i>	mg/dL		

HAPPCR

HAPPCR

HAPTOGLOBIN BY PCR (NEW)

order code

flexilab code

Effective	05/04/2010
Method	<i>PCR/Fluorescent Monitoring</i>
CPT4	<i>82891, 83898 x 2, 83896 x 4, 83912</i>
Specimen Requirements	<i>3 mL blood, EDTA (Lavender top tube) or K2EDTA (Pink top tube). Store and transport refrigerated.</i>
Comments	<i>1) Min Amt: 1 mL. 2) Unacceptable conditions: Frozen specimens, Heparinized specimens. 3) Other acceptable specimens: Yellow (ACD-A or B) and Lt. Blue (Sodium Citrate) tubes. 4) Stability: RT-3 days, Refrigerated-1 week, Frozen-unacceptable. 5) ARUP#0040116.</i>
Compliance(LD TB) PAML/SHMC	<i>This test was developed and its performance characteristics determined by ARUP 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. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.</i>

Reference Ranges	<i>Haptoglobin by PCR and FRET</i>			<i>This test is performed pursuant to an agreement with Roche Molecular Systems, Inc. This test was performed pursuant to an agreement with Alteon, Inc. 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>
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HBDQL
order code

HBDQL
flexilab code

HEPATITIS B VIRUS DNA QUAL RT PCR (Delete)

Effective	05/04/2010
Delete	<i>This code is being discontinued. Please replace this with code HEPBDQ.</i>

HBUPCR
order code

HBUPCR
flexilab code

HEPATITIS B VIRUS DNA US QT RT-PCR (Delete)

Effective	05/04/2010
Delete	<i>This test is being discontinued. Please replace this test with code HEPBDQ.</i>

HEPTI
order code

HEPTI
flexilab code

HEPTIMAX (Specimen Requirements)

Effective	04/12/2010
Specimen Requirements	<i>5 mL frozen plasma collected in 2 EDTA (lavender top tubes). Separate plasma from cells within 6 hours of collection by centrifugation at 800 to 1600 g for 20 minutes at room temperature. Separate plasma from cells and put in a separate plastic tube. Store and transport Frozen. Avoid repeated freeze/thaw cycles.</i>
Comments	<i>1) Min Amt: 3 mL. 2) Stability: RT-unacceptable, Refrigerated-2 days, Frozen-6 weeks. 3) Quest#10565X.</i>

order code

flexilab code

Effective	05/04/2010			
Specimen Requirements	<i>6 mL liquid based cytology specimen. Cervical & endocervical samples collected using the ThinPrep or SurePath Pap Test specimen transport media. Specimens must be transported in the proper transport media. Store and transport refrigerated. Indicate source.</i>			
Comments	<i>1) Min Amt: 4 mL of ThinPrep OR 2 mL SurePath Pap Test solution remaining after Pap test has been prepared. 2) Unacceptable conditions: Samples in EIA transport media. Wooden swabs, male samples, cervical biopsies, Digene Cervical Sampler. Frozen ThinPrep samples. 3) Stability: RT and Refrigerated: ThinPrep-18 wks, SurePath-3 wks. 4) TAT: 2-4 days if HPV only. Add 5-7 days if HPV is added to Pap or reflexed. 5) PSHMC Molecular.</i>			
Compliance(LD TB) PAML/SHMC	<i>The testing of SurePath samples has been developed and its performance characteristics determined by Providence Sacred Heart Medical Center and Children's Hospital. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The FDA has determined such approval or clearance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is regulated under Clinical Laboratory Improvement Amendments (CLIA) 1988.</i>			
Reference Ranges	<i>Source HPV High Risk Result</i>			
			<i>Negative for High Risk Human Papillomavirus. A negative test for the HPV high risk probe on a cervical specimen indicates a low probability of infection with HPV types 16,18,31, 33,35,39,45,51,52,56,58,59,66 & 68. A negative result does not exclude infection with a genotype not included in the Hologic HPV Test panel, a level of infection below the limit of detection of this test or a sampling error. The Hologic Cervista HPV HR Assay has not been validated for non-cervical specimens, and although positive results may be accurate, false negative test results may occur. This test is FDA approved and is intended for in vitro diagnostic use on ThinPrep Collections. The testing of SurePath samples has been developed and its performance characteristics determined by Providence Sacred Heart Medical Center & Children's Hospital. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is regulated under CLIA of 1988.</i>	

HPVGNT

HPVGNT

HUMAN PAPILLOMAVIRUS GENOTYPE 16/18 (New)

order code

flexilab code

Effective	5/04 /2010		
Method	<i>Invader</i>		
CPT4	<i>83891, 83896 x 10, 83903, 83892 x 4, 83912</i>		
Specimen Requirements	<i>6 mL of cervical or endocervical sample collected using ThinPrep or SurePath Pap Test specimen transport media. Specimens must be transported in the proper transport media. Store and transport refrigerated. Indicate source.</i>		
Comments	<i>1) Min Amt: 4 mL of ThinPap or 2 mL of SurePath Pap test solution remaining after the Pap test has been prepared. 2) Unacceptable Conditions: Samples in EIA transport media, wooden swabs and male samples. Cervical biopsies, Digene Cervical Sampler. Samples collected using ThinPrep cannot be frozen. 3) Stability: Room Temp and Refrigerated: ThinPrep - 18 weeks, SurePath - 3 weeks. 4) PSHMC-Molecular Diagnostics.</i>		
Compliance(LD TB) PAML/SHMC	<i>The testing of SurePath samples was developed and its performance characteristics determined by Providence Sacred Heart Medical Center and Children's Hospital. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is regulated under CLIA 1988.</i>		
Reference Ranges	<i>HPV SOURCE HPV Genotype Result</i>	<i>Type 16 Type 18</i>	<i>Not Detected Not Detected This test is FDA approved and is intended for in vitro diagnostic use on ThinPrep Collections. The testing of SurePath samples has been developed and its performance characteristics determined by Providence Sacred Heart Medical Center and Children's Hospital. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should be regarded as investigational or for research. This laboratory is regulated under CLIA 1988.</i>

HTLV12
order code

HTLV12
flexilab code

HTLV I/II, REFLEXIVE (Delete)

Effective	04/18/2010
Delete	<i>This test has been discontinued. Please replace this with code 12HTLV.</i>

HVY
order code

HVYMTL
flexilab code

HEAVY METALS-QUANT (Shipping requirement)

Effective	Immediately
Specimen Requirements	7 mL K2EDTA whole blood (K2EDTA royal blue top tube). <i>Store and transport at room temperature.</i>

ICFMAR
order code

ICFMAR
flexilab code

ALLERGEN, HELMINTHOSPORIUM [ARUP] (Delete)

Effective	immediately
Delete	<i>This test has been discontinued. Please replace this with code ICMHL.</i>

ICMHL

ICMHL

ALLERGEN, SETOMELANOMMA ROSTRATA,
HELMINTHOSPORIUM HALODES, IGE (Description
change)

order code

flexilab code

Effective	immediately
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IGF2Q
order code

IGF2Q
flexilab code

IGF BINDING PROTEIN-2 (IGFBP-2) (New)

Effective	05/04/2010		
Method	<i>Radioimmunoassay</i>		
CPT4	<i>83519</i>		
Specimen Requirements	<i>1 mL serum, plain (red top) tube. Separate the serum from cells and put in a separate plastic tube. Store and transport frozen.</i>		
Comments	<i>1) Min Amt: 0.2 mL. 2) Other acceptable specimens: specimens collected in SST (plastic or glass). 3) Unacceptable conditions: specimens received at room temperature or refrigerated. 4) Stability: RT-8 hrs, Refrigerated-2 days, Frozen-1 year. 5) Quest#37102X.</i>		
Compliance(LD TB) PAML/SHMC	<i>This test was developed and its performance characteristics determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has not determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.</i>		
Reference Ranges	<i>IGF Binding Protein-2</i>		<i>ng/mL</i>
	<i>1-9 years</i>	<i>69-480</i>	
	<i>10-17 years</i>	<i>50-326</i>	
	<i>18-49 years</i>	<i>55-240</i>	
	<i>GT 49 years</i>	<i>28-444</i>	
		<i>This test was developed and its performance characteristics have</i>	

			<p>been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has not determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.</p>
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IMMUKN

order code

IMMUKN

flexilab code

IMMUKNOW CELL FUNCTION ASSAY (CPT Coding)

Effective	Immediately
CPT4	86352

INH B

order code

INH B

flexilab code

INHIBIN B [ARUP] (Reference Range)

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

			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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LDH.FLD

LDFL

LD, BODY FLUID (Specimen Requirements, Stability, Reference Range)

order code

flexilab code

Effective	05/4/2010		
Specimen Requirements	<i>1 mL heparinized body fluid (green top tube). Separate fluid from cells and put in a separate plastic tube. Note type of fluid. Store and transport at room temperature.</i>		
Comments	<i>1) Min Amt: 0.2 mL. 2) Unacceptable conditions: Any hemolysis. Sputum. 3) Other acceptable specimens: Plain tubes (red top). 4) Stability: RT - 1 week, Refrigerated - 4 days, Frozen - 6 weeks. 5) PSHMC Chemistry Dept.</i>		
Reference Ranges	LD, Fluid		Exudate: 200 or greater Transudate: LT 200 <i>Method not validated for body fluid. Clinical correlation necessary.</i>
			U/L

MAG.FLD

MGFL

MAGNESIUM, FLUID (Specimen Requirements, Stability, Reference Ranges)

order code

flexilab code

Effective	05/04/2010		
Specimen Requirements	<i>1 mL heparinized body fluid (green top tube). Separate fluid from cells and place 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 a plain red top tube. 3) Stability: RT - Not acceptable, Refrigerated - 2 weeks, Frozen - 2 weeks. 4) PSHMC - Chemistry Department.</i>		
Reference Ranges	<i>Magnesium, Fld</i>		<i>No reference range established Method not validated for body fluid. Clinical correlation necessary.</i>
			<i>mg/dL</i>

MAN.S
order code

MANG
flexilab code

MANGANESE (SERUM) (Shipping requirement)

Effective	Immediately
Specimen Requirements	2 mL serum (royal blue top tube with no additives). Separate serum from cells & put in separate trace element free transport tube ASAP. <i>Store & transport at room temperature.</i>

MCCMA

MCCMA

MATERNAL CELL CONTAM, MOLECULAR ANL
(New)

order code

flexilab code

Effective	05/04/2010		
Method	<i>Microsatellite PCR/Fragment Analysis</i>		
CPT4	<i>83891, 83900 x 2, 83901 x 26, 83909 x2, 83912</i>		
Specimen Requirements	<i>Blood: 5 mL EDTA (lavender top tube). Do not split or aliquot sample. Fetal Cells: 2 T-25 or 1 T-75 flask(s). Amniotic Fluid: 20 mL vacutainer or centrifuge tube. Unspun, discard the first 3 mL. CVS: 10 mg in tissue transport media or PBS. DNA: 20 uL. If prenatal DNA is performed by a reference lab that does not offer MCC testing, sample requirement: at least 10 uL of DNA purified from fetal cells - same sample used for testing. Store and transport all but CVS at RT. CVS transport refrigerated. Maternal blood in EDTA must accompany Fetal DNA, Fetal cells, Amniotic Fluid, CVS, or cord blood. Samples from mother and fetus may arrive at different times and from different sources.</i>		
Comments	<i>1) Min Vol: Blood: 3 mL, DNA: 10 uL, Amniotic Fluid: 10 mL, CVS: 5 mg, or 1 T-25 flask. 2) Unacceptable conditions: Hemolysis, Lipemia, Frozen or split sample. 3) Limitations: This assay does not rule out the presence of maternal cell contamin. below 5%. 4) Stability: Blood: RT-3 days, Ref-5 days. Fetal Cells: RT-2 days, Ref-1 week. Amniotic Fluid: RT-2 days, Ref- 5 days, CVS: Ref- 5 days. DNA: RT-3 days, Ref-3 wks, Frz-6 mos. 5) PSHMC - Molecular Diagnostics.</i>		
Compliance(RUO) PAML/SHMC	<i>This test uses a reagent or kit designated by the manufacturer as "for research or investigational use." The performance characteristics of this test were validated by PAML/PSHMC Division of Laboratory Medicine. 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. PAML/PSHMC is authorized under Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.</i>		
Reference Ranges	<i>Maternal Cell Contamination Result/Interp</i>		<i>MCC not detected</i> <i>Polymorphic repeat loci from different human chromosomes are amplified by PCR and the PCR products are analyzed by capillary electrophoresis. Data from at least 5 polymorphic repeats are used for the analysis. This test has a detection limit of 5% maternal cell contamination. This test uses a reagent or kit designated by the manufacturer as "for research or investigational use." The performance characteristics of this test were validated by PAML/PSHMC Division of Laboratory Medicine. The U.S. Food and Drug Administration (FDA) has</i>

			<p><i>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. PAML/PSHMC is authorized under Clincial Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.</i></p>	
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NCABUW
order code

NCABUW
flexilab code

ANTI NEURONAL CELL ANTIBODY (New)

Effective	05/04/2010			
Method	<i>Enzyme Linked Immunosorbent Assay</i>			
CPT4	<i>83520</i>			
Specimen Requirements	<i>1 mL Serum. Collect 3 mL in a plain (red top) tube. Separate serum from cells and put in a separate plastic tube and freeze at -20C. Store and transport frozen.</i>			
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: Serum separator (SST) tubes. 3) Stability: RT-unacceptable, Refrigerated-2 weeks, Frozen-long term. 4) U of W# ANEUR.</i>			
Reference Ranges	<i>Anti Neuronal Cell Ab Interpretation</i>		<i>0-54</i>	<i>UNITS</i>
			<i>Reference: West, SG, Woodruff, E, Wener, MH, Kotzin, BL. Neuropsychiatric Lupus Erathematosus: A 10 year prospective study on the value of diagnostic tests. Am J Med 1995, 99:153-163.</i>	

ORAL9
order code

ORAL9
flexilab code

ORAL FLUID 9 (REFLEXIVE) (New)

Effective	5/04/2010			
Method	<i>Tandem Mass Spectrometry/Gas</i>			
CPT4	<i>80101 x 9, 80102, 83925</i>			
Specimen Requirements	<i>3 mL oral fluid. Collection kit avail. from PAML Supply. Ensure that donor has had nothing in their mouth for at least 10 mins before collection. Have donor drink 3 oz pure water at least 5 min before sample collection. Directly observe donor during collection. Encourage donor to pucker lips to accumulate oral fluid, then express fluid into collection vial. Repeat 3-5 times until 2 mL volume collected. Complete chain of custody forms and label vials. Follow collection directions in kit. Store and transport at Room Temp. Ship 1 or 2 day delivery.</i>			
Comments	<i>1) Min Amt: 2 mL. 2) Unacceptable conditions: Frozen specimens. 3) USDTL. 4) This test may reflex to additional tests depending on the results of this test. An additional fee may be added.</i>			
Other	<i>This test was developed and its performance characteristics determined by United States Testing Laboratories.</i>			

Reference Ranges			
<i>Amphetamine Screen</i>		<i>Cutoff 50.0</i>	<i>ng/mL</i>
<i>Amphetamine</i>		<i>Cutoff 10.0</i>	
<i>Methamphetamine</i>		<i>Cutoff 10.0</i>	
<i>MDA</i>		<i>Cutoff 10.0</i>	
<i>MDMA</i>		<i>Cutoff 10.0</i>	
<i>Barbiturates Screen</i>		<i>Cutoff 100.0</i>	<i>ng/mL</i>
<i>Butalbital</i>		<i>Cutoff 50.0</i>	
<i>Amobarbital</i>		<i>Cutoff 50.0</i>	
<i>Pentobarbital</i>		<i>Cutoff 50.0</i>	
<i>Secobarbital</i>		<i>Cutoff 50.0</i>	
<i>Phenobarbital</i>		<i>Cutoff 50.0</i>	
<i>Benzodiazepines Screen</i>		<i>Cutoff 10.0</i>	<i>ng/mL</i>
<i>Oxazepam</i>		<i>Cutoff 5.0</i>	
<i>Alprazolam</i>		<i>Cutoff 5.0</i>	
<i>Temazepam</i>		<i>Cutoff 5.0</i>	
<i>Nordiazepam</i>		<i>Cutoff 5.0</i>	
<i>Diazepam</i>		<i>Cutoff 5.0</i>	
<i>Cocaine Screen</i>		<i>Cutoff 20.0</i>	<i>ng/mL</i>
<i>Benzoylcegonine</i>		<i>Cutoff 3.0</i>	
<i>Cocaine</i>		<i>Cutoff 2.0</i>	
<i>Methadone Screen</i>		<i>Cutoff 50.0</i>	<i>ng/mL</i>
<i>EDDP</i>		<i>Cutoff 25.0</i>	
<i>Methadone</i>		<i>Cutoff 25.0</i>	
<i>Opiates Screen</i>		<i>Cutoff 40.0</i>	<i>ng/mL</i>
<i>Codeine</i>		<i>Cutoff 2.0</i>	
<i>Morphine</i>		<i>Cutoff 2.0</i>	
<i>Hydrocodone</i>		<i>Cutoff 2.0</i>	
<i>Hydromorphone</i>		<i>Cutoff 3.0</i>	
<i>6-MAM</i>		<i>Cutoff 2.0</i>	
<i>Oxycodone</i>		<i>Cutoff 2.0</i>	
<i>PCP Screen</i>		<i>Cutoff 10.0</i>	<i>ng/mL</i>
<i>Pencyclidine</i>		<i>Cutoff 10.0</i>	
<i>Propoxyphene Screen</i>		<i>Cutoff 50.0</i>	<i>ng/mL</i>
<i>Propoxyphene</i>		<i>Cutoff 10.0</i>	
<i>Norpropoxyphene</i>		<i>Cutoff 10.0</i>	
<i>Cannabinoids Screen</i>		<i>Cutoff 4.0</i>	<i>ng/mL</i>
<i>Native THC Certification</i>		<i>Cutoff 2.0</i>	
		<i>This test was developed and its performance characteristics determined by United States Testing Laboratories.</i>	

Effective	Immediately		
Method	<i>GC/MS</i>		
CPT4	<i>83918</i>		
Specimen Requirements	<i>10 mL frozen aliquot of a well mixed 24 hour or random urine collection. Place in a clean leakproof plastic container. Record collection period and total volume. Store and transport frozen.</i>		
Comments	<i>1) Child Ortho Hosp</i> ORG ACD.		
Reference Ranges			
<i>Lactic</i>	<i>LT 1 month</i>	<i>LT 121</i>	<i>mg/gC</i>
	<i>1 mo-1 yr</i>	<i>LT 95</i>	
	<i>GT 1 year</i>	<i>LT 80</i>	
<i>*Pyruvic</i>	<i>LT 1 month</i>	<i>LT 60</i>	
	<i>1 mo-1 yr</i>	<i>LT 60</i>	
	<i>GT 1 year</i>	<i>LT 51</i>	
<i>3-OH-Butyric</i>	<i>LT 1 month</i>	<i>LT 150</i>	
	<i>1 mo-1 yr</i>	<i>LT 150</i>	
	<i>GT 1 year</i>	<i>LT 150</i>	
<i>Acetoacetic</i>	<i>LT 1 month</i>	<i>LT 59</i>	
	<i>1 mo-1 yr</i>	<i>LT 59</i>	
	<i>GT 1 year</i>	<i>LT 59</i>	
<i>Ethylmalonic</i>	<i>LT 1 month</i>	<i>LT 32</i>	
	<i>1 mo-1 yr</i>	<i>LT 26</i>	
	<i>GT 1 year</i>	<i>LT 19</i>	
<i>Fumaric</i>	<i>LT 1 month</i>	<i>LT 39</i>	
	<i>1 mo-1 yr</i>	<i>LT 40</i>	
	<i>GT 1 year</i>	<i>LT 40</i>	
<i>Glutaric</i>	<i>LT 1 month</i>	<i>LT 20</i>	
	<i>1 mo-1 yr</i>	<i>LT 28</i>	
	<i>GT 1 year</i>	<i>LT 29</i>	
<i>3-Methylglutaric</i>	<i>LT 1 month</i>	<i>LT 10</i>	
	<i>1 mo-1 yr</i>	<i>LT 10</i>	
	<i>GT 1 year</i>	<i>LT 10</i>	
<i>3-Methylglutamic</i>	<i>LT 1 month</i>	<i>LT 35</i>	
	<i>1 mo-1 yr</i>	<i>LT 45</i>	
	<i>GT 1 year</i>	<i>LT 45</i>	
<i>Adipic</i>	<i>LT 1 month</i>	<i>LT 24</i>	
	<i>1 mo-1 yr</i>	<i>LT 64</i>	
	<i>GT 1 year</i>	<i>LT 25</i>	
<i>2-Ketoglutaric</i>	<i>LT 1 month</i>	<i>LT 448</i>	
	<i>1 mo-1 yr</i>	<i>LT 544</i>	
	<i>GT 1 year</i>	<i>LT 153</i>	
<i>Suberic</i>	<i>LT 1 month</i>	<i>LT 42</i>	
	<i>1 mo-1 yr</i>	<i>LT 46</i>	
	<i>GT 1 year</i>	<i>LT 32</i>	
<i>Sebacic</i>	<i>LT 1 month</i>	<i>LT 38</i>	
	<i>1 mo-1 yr</i>	<i>LT 25</i>	
	<i>GT 1 year</i>	<i>LT 14</i>	
<i>Interpreta-</i>			

	<i>tion</i>			<i>* Indicates semi-quantitation with a common standard. Other organic acids are semi-quantitated using individual standard curves.</i>
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ORGAU
order code

ORGAU
flexilab code

ORGANIC ACIDS, URINE (Delete)

Effective	Immediately
Delete	<i>This test has been discontinued. Please replace this with code ORAU.</i>

POTFLD

KFL

POTASSIUM, FLUID (Specimen Requirements, Stability, Reference Ranges)

order code

flexilab code

Effective	05/04/2010			
Specimen Requirements	<i>2 mL heparinized 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) Unacceptable conditions: Clotted or viscous samples. Avoid hemolysis. 3) Other acceptable specimens: plain tube (red top). 4) Limitations: Extremely high levels of protein may interfere with testing. 5) Stability: RT - 2 weeks, Refrigerated - 2 weeks, Frozen - 6 months. 6) PSHMC - Chemistry Department.</i>			
Reference Ranges	<i>Potassium, Fluid</i>		<i>CSF: 70% of plasma level Gastric: About 10 mmol/L Other fluid: No reference range established. Method not validated for body fluid. Clinical correlation necessary.</i>	<i>mmol/L</i>

PRO-FLD

TPFL

PROTEIN, BODY FLUID (Specimen Requirements, Stability, Reference Ranges)

order code

flexilab code

Effective	05/04/2010			
Specimen Requirements	<i>1 mL heparinized body fluid (green top tube). Promptly 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) Unacceptable conditions: Clotted or viscous samples, samples stored with cells present, Hemolysis at 2.5 g/L or greater. 3) Other acceptable conditions: plain tube (red top). 4) Stability: RT - 4 hours, Refrigerated - 3 days, Frozen - 6 months. 5) PSHMC - Chemistry Department.</i>			
Reference Ranges	<i>Protein, Fluid</i>		<i>Exudate: 3.0 or greater Transudate: LT 3.0 Synovial: LT 3.0 Method not validated for body</i>	<i>g/dL</i>

			<i>fluid. Clinical correlation necessary.</i>	
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REF.GENZ
order code

RGENZ
flexilab code

REFERENCE TEST - GENZYME (New)

Effective	Immediately
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REF.SHMC
order code

RSHMC
flexilab code

REFERRAL TEST PROCEDURE-SHMC (Delete)

Effective	05/04/2010
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ROCKY MT
order code

RMSFEV
flexilab code

ROCKY MT SPOTTED FEVER (Reference Ranges)

Reference Ranges	<i>RMSF, IgG</i>	<i>LT 1:64</i>	<i>Negative-No significant level of Rickettsia rickettsii IgG Ab detected.</i>
		<i>1:64 - 1:128</i>	<i>Low Positive-Presence of Rickettsia rickettsii IgG Ab detected, suggestive of current or past infection.</i>
		<i>1:256 or greater</i>	<i>Positive-Presence of Rickettsia rickettsii IgG Ab, suggestive of recent or current infection.</i>
	<i>RMSF, IgM</i>	<i>LT 1:64</i>	<i>Negative-No significant level of Rickettsia rickettsii IgM Ab detected.</i>
		<i>1:64 or greater</i>	<i>Positive-Presence of Rickettsia rickettsii IgM Ab detected, which may indicate a current or recent infection; however, low levels of IgM antibodies may occasionally persist for more than 12 months post infection.</i>
			<i>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.</i>
			<i>The CDC does not use IgM results for routine diagnostic testing of Rocky Mountain Spotted Fever, as the response may not be specific for the agent (resulting in false positives) and the IgM response may be persistent from past infection.</i>

SHBG

order code

SHBG

flexilab code

SEX HORMONE BINDING GLOBULIN (Delete)

Effective	05/04/2010
Delete	<i>This test has been discontinued. Please replace this with code SHBGL.</i>

SHBGL

order code

SHBGL

flexilab code

SEX HORMONE BINDING GLOBULIN (New)

Effective	05/04/2010																																																																																																																						
Method	<i>Enzyme Immunoassay</i>																																																																																																																						
CPT4	<i>84270</i>																																																																																																																						
Specimen Requirements	<i>1 mL serum, collected in SST (Gold, brick, SST or Corvac). Place tube stoppered, upright and at room temperature to allow serum to adequately clot before centrifugation. Separate serum from cells ASAP and put in a separate plastic tube. Store and transport refrigerated.</i>																																																																																																																						
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: Lithium heparin plasma (green top tube). 3) Unacceptable conditions: Grossly hemolyzed specimens. Frozen samples thawed more than 3 times. 4) Stability: RT-8 hours, Refrigerated-1 week, Frozen-1 month. 5) PSHMC-Immunology Department.</i>																																																																																																																						
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SMAC
order code

SMAC
flexilab code

SPINAL MUSCLE ATROPHY SMA CARRIER (New)

Effective	Immediately		
Method	<i>Real-Time PCR</i>		
CPT4	<i>83891, 83892 x 4, 83900, 83912, 83901 x 6</i>		
Specimen Requirements	<i>Whole blood: 10 mL ACD-A (yellow top tube). If prenatal testing is desired: Amniotic fluid: 15 mL (Orange top polypropylene tube). or CVS: 10-15 mg chorionic villi (Genzyme provided screw-top tube with sterile transport medium). If cultured at another facility, send 1 T-25 flask of confluent cells. Please ensure that a back-up culture is maintained. If additional testing is required, more amniotic fluid is needed (15-25 mL additional). For Prenatal specimens: Call Genzyme genetic coordinator prior to ordering. Additional samples will be required: Maternal blood/mouthwash.</i>		
Comments	<i>1) Other acceptable specimens: whole blood in EDTA. 2) Stability: Blood or Prenatal: RT-4 days. 3) Additional TAT information: For all prenatal specimens, add 2 weeks to the posted TAT. 4) Genzyme# SMN1 Carrier.</i>		
Other	<i>The test was developed and its performance characteristics determined by Genzyme. The laboratory is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity testing. This test must be used in conjunction with clinical assessment when available.</i>		
Reference Ranges	<i>SMN1 Copy Number Interpretation</i>		<i>2 (reduced carrier risk)</i> <i>Spinal Muscular Atrophy (SMA) is an autosomal recessive disease of variable age of onset and severity caused by mutations in the SMN1 gene. Individuals with one copy of the SMN1 gene are predicted to be carriers of SMA. Individuals with two or more copies have a reduced risk to be carriers. Affected individuals have 0 copies of the SMN1 gene. This copy number analysis cannot detect individuals who are carriers of SMA as a result of either 2 (or very rarely 3) copies of the SMN1 gene on one chromosome and the absence of the SMN1 gene on the other chromosome or small intragenic mutations within the SMN1 gene. This analysis also will not detect germline mosaicism or mutations in genes other than SMN1. Additionally, de novo mutations have been reported in approximately 2% of SMA patients. Other false negative or false positive results may occur for reasons that include genetic variants, blood transfusions, bone</i>

			<i>marrow transplantation, or erroneous representation of family relationships. Detection rate by Ethnicity: Caucasian - 94.9% Ashkenazi Jewish - 90.2% Asian - 92.6% Hispanic - 90.6% African American - 71.1%</i>	
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SODFLD

NAFL

SODIUM, FLUID (Specimen Requirements, Stability, Reference Ranges)

order code

flexilab code

Effective	05/04/2010			
Specimen Requirements	<i>2 mL body fluid in plain (red top tube) or clean leakproof plastic container. Note the type of fluid. Separate the fluid from the cells and put in a separate plastic tube. Store and transport refrigerated.</i>			
Comments	<i>1) Min Amt: 0.2 mL. 2) Unacceptable Conditions: Clotted or viscous samples. Avoid hemolysis. 3) Stability: RT-4 days, Refrigerated-2 weeks, Frozen- 6 months. 4) Limitations: Extremely high levels of protein may interfere with testing. 5) PSHMC Chemistry.</i>			
Reference Ranges	<i>Sodium, Fld</i>		<i>No reference range established Method not validated for body fluid. Clinical correlation necessary.</i>	<i>mmol/L</i>

TICK.ID

TICKID

TICK IDENTIFICATION (Delete)

order code

flexilab code

Effective	Immediately			
Delete	<i>This test has been discontinued.</i>			

TOPFPN

TOPFPN

TOPIRAMATE BY FPIA [NMS] (Delete)

order code

flexilab code

Effective	03/22/2010			
Delete	<i>This test is being deleted and replaced with test TOPGCN.</i>			

TOPGCN

TOPGCN

TOPIRAMATE BY GC [NMS] (Specimen Requirements, Stability, Reference Range)

order code

flexilab code

Effective	03/22/2010			
Comments	<i>1) Min Amt: 0.7 mL. 2) Unacceptable conditions: Polymer gel separation tubes, SST or PST. 3) Other acceptable samples: Plasma in lavender or pink top tubes. Separate plasma from cells and put in separate plastic tube. 4) Stability: RT- 6 months, Refrigerated- 6 months, Frozen- 6 months. 5) NMS#4519SP.</i>			

Reference Ranges	<i>TOPIRAMATE</i>		<i>Target plasma anti-epileptic range in refractory patients: 2.0-25 ug/mL. Doxepin, Bupivacaine, Levorphanol, Cocaine and Pentazocine may interfere with Topiramate in this analysis. If any of these analytes are potential interferences in this case, call the laboratory for alternate quantitation procedures.</i>	<i>ug/mL</i>
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TSHRAB
order code

TSHRAB
flexilab code

THYROID STIM HORMONE RECEPTOR AB (New)

Effective	Immediately			
Method	<i>Electrochemiluminescent Immunoassay</i>			
CPT4	<i>83520</i>			
Specimen Requirements	<i>1 mL Serum, Frozen. Collect 4 mL blood in a serum separator tube. Separate serum from cells and place in a separate plastic tube. Store and transport frozen.</i>			
Comments	<i>1) Min Amt: 0.3 mL. 2) Unacceptable conditions: Plasma. Grossly hemolyzed or lipemic specimens. 3) Stability: RT-24 hours, Refrigerated-3 days, Frozen-1 month. 4) ARUP#2002734.</i>			
Reference Ranges	<i>TSH Receptor</i>		<i>LT or equal to 1.75 Positive results are consistent with autoimmune thyroid disease.</i>	<i>IU/L</i>

UCASYN

URICFL

URIC ACID, BODY FLUID (Specimen Requirements, Stability, Reference Ranges)

order code

flexilab code

Effective	05/04/2010			
Specimen Requirements	<i>0.5 mL heparinized fluid (green top tube). Separate fluid from cells and put in a separate plastic tube. Note type of fluid. Store and transport refrigerated. ALERT: this is NOT the same test as fluid for uric acid crystals - CRYFL.</i>			
Comments	<i>1) Min Amt: 0.2 mL. 2) Unacceptable conditions: Any more than slight hemolysis. Clotted or viscous fluids. 3) Other acceptable conditions: Plain tube (red top) 4) Stability: RT - 24 hours, Refrigerated - 5 days, Frozen - 6 months. 5) PSHMC - Chemistry Department.</i>			
Reference Ranges	<i>Uric Acid, Fld</i>		<i>No reference range established. Method not validated for body fluid. Clinical correlation necessary.</i>	<i>mg/dL</i>

VITD23
order code

VITD23
flexilab code

VITAMIN D, 25-HYDROXY BY LC-MS/MS (New)

Effective	04/30/2010		
Method	<i>Tandem Mass Spectrometry</i>		
CPT4	<i>82306</i>		
Specimen Requirements	<i>1 mL serum (SST: Gold, Brick, SST or Corvac). Separate serum from cells and put in a separate plastic tube. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.3 mL. 2) Unacceptable conditions: RT specimens older than 48 hours from draw. 3) Other Acceptable Specimens: Plain red top tube. 4) Stability: RT-48 hrs, Refrigerated-2 weeks, Frozen-1 month. 5) PAML - Bioanalytics Lab.</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>25-OH Vitamin D2 25-OH Vitamin D3 25-OH Vit D, Total</i>	<i>LT 10.0 10.0-23.9 24.0-80.0 GT 80.0</i>	<i>ng/mL ng/mL ng/mL Reference Ranges Severe Deficiency Mild to Moderate Deficiency Optimum Levels Toxicity Possible Reference ranges represent clinical decision values that apply to males and females of all ages rather than population-based reference values. Specific reference ranges for the individual analytes Vitamin D2 and D3 are not available. 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>

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