

Update Notes		

Update Summary		
New Test Activation	12/19/2019	EPCSF - "Epilepsy-Autoimmune Evaluation, CSF"
New Test Activation	12/19/2019	EPSE - "Epilepsy, Autoimmune Evaluation, Serum"
New Website Listing	12/19/2019	MICAB - "Antimicrobial Sensitivity -MIC, Individual"
Update Existing Test	12/3/2019	AMBF - "Amylase, Body Fluid"
Update Existing Test	12/2/2019	DESMO - "Desmoglein 1 and 3, IgG Antibodies, Serum"
Update Existing Test	1/6/2020	HERNF - "HER-2/NEU (FISH)"
Update Existing Test	11/15/2019	MERWB - "Mercury Whole Blood"
Update Existing Test	12/9/2019	PREGN - "Pregnenolone, LC-MS"
Update Existing Test	12/2/2019	QFGLB - "Fecal Globin"
Update Existing Test	12/2/2019	SOSMQ - "Osmolality, Serum"
Update Existing Test	12/2/2019	UOSMQ - "Osmolality, Urine"
Update Existing Test	1/6/2020	UROVQ - "Bladder Cancer, FISH (UroVysion)"
Inactivate Test With Replacement	12/19/2019	MYOSP - "Myositis and Jo-1 Ab Panel" replaced by FMP3 - "MyoMarker Panel 3"
Inactivate Test With Replacement	1/6/2020	NSCLC - "Lung Cancer (NSCLC) ROS 1 (6q22) Rearrangement, FISH" replaced by NSCLF - "Lung Cancer (NSCLC), ROS1 (6q22) Rearrangement, FISH"
Inactivate Test Without Replacement	11/15/2019	ZRSGM - "RSV IgG, IgM AB"

New Test Activation			
Effective Date	12/19/2019		
Name	Epilepsy-Autoimmune Evaluation, CSF		
Code	EPCSF		
CPT Code(s)	86255 x 16, 86341, plus 86255 x 4 a/o 86256 x 6 a/o 84182 x 3 as appropriate, at additional charge		
Notes			
Specimen Requirements			
Specimen Required	Send 4.0 mL CSF (2.0 mL minimum) refrigerated in a sterile, screw-capped plastic vial.		
Rejection Criteria	Gross hemolysis, gross lipemia, gross icterus		
Stability	Room temperature: 72 hours; Refrigerated: 28 days; Frozen: 28 days		
Performing Information			
Methodology	Indirect Immunofluorescence Assay, Cell Binding Assay, Western Blot, Immunoprecipitation Assay		
Reference Range	By report		
Performed Days	Monday-Friday		
Turnaround Time	7-12 days		
Performing Laboratory	Mayo Medical Laboratories		
Interface Information			
Legacy Code¹	EPCSF		
Interface Order Code	3500037		
Result Code	Name	LOINC Code	AOE/Prompt²
3500037	Epilepsy-Autoimmune Evaluation, CSF	19146-0	No

New Test Activation			
Effective Date	12/19/2019		
Name	Epilepsy, Autoimmune Evaluation, Serum		
Code	EPSER		
CPT Code(s)	83519 x 3, 86255 x 16, 86341, plus 86255 x 4 a/o 86256 x 6 a/o 84182 x 3 a/o 83519 x 2 as appropriate, at additional charges		
Notes			
Specimen Requirements			
Specimen Required	<p>Draw blood in a plain red-top tube. Centrifuge, remove serum from cells and send 4.0 mL serum (2.5 mL minimum) refrigerated in a screw-capped plastic vial.</p> <p>Patient Preparation:</p> <ol style="list-style-type: none"> 1. For optimal antibody detection, specimen collection is recommended prior to initiation of immunosuppressant medication. 2. This test should not be requested in patients who have recently received radioisotopes, therapeutically or diagnostically, because of potential assay interference. The specific waiting period before specimen collection will depend on the isotope administered, the dose given, and the clearance rate in the individual patient. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received in the laboratory will be held 1 week and assayed if sufficiently decayed, or canceled if radioactivity remains. 3. Patient should have no general anesthetic or muscle-relaxant drugs in the previous 24 hours. 		
Alternate Specimen	Serum: SST		
Rejection Criteria	Gross hemolysis, gross lipemia, gross icterus.		
Stability	Room temperature: 72 hours; Refrigerated: 28 days; Frozen: 28 days		
Performing Information			
Methodology	Indirect Immunofluorescence, Cell Binding Assay, Western Blot, Radioimmunoassay, Live Cell Assay		
Reference Range	By report		
Performed Days	Monday-Friday		
Turnaround Time	8-12 days		
Performing Laboratory	Mayo Medical Laboratories		
Interface Information			
Legacy Code¹	EPSER		
Interface Order Code	3500038		
Result Code	Name	LOINC Code	AOE/Prompt²
3500038	Epilepsy-Autoimmune Evaluation, Serum	19146-0	No

New Website Listing			
Effective Date	12/19/2019		
Name	Antimicrobial Sensitivity -MIC, Individual		
Code	MICAB		
CPT Code(s)	87181 or 87186		
Notes	This test is a new website listing. Some clients may already have this test built. This test was formerly named: MIC, Antibiotic (Single Drug)		
Specimen Requirements			
Specimen Required	Send an actively growing isolate in pure culture. Transport sealed container at room temperature in individually sealed specimen bag. Please specify isolated organism, source, and drug (or drugs) requested.		
Rejection Criteria	Mixed cultures or non-viable specimens		
Stability	Room temperature: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable		
Performing Information			
Methodology	Gradient Diffusion/Broth Microdilution		
Reference Range	Susceptible, intermediate, or resistant		
Performed Days	Sunday-Saturday		
Turnaround Time	3-5 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code ¹	MIC ANTIBI		
Interface Order Code	3505010		
Result Code	Name	LOINC Code	AOE/Prompt ²
3505010	Antimicrobial Sensitivity –MIC, Individual	21070-8	No

Update Existing Test			
Effective Date	12/3/2019		
Name	Amylase, Body Fluid		
Code	AMBF		
Interface Order Code	3807220		
Legacy Code	AMBF		
Notes	Component 3807240 has a name change.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt ²
3807230	Amylase, BF	1795-4	No
3807240	Fluid Type, Amylase	14725-6	Yes

Update Existing Test	
Effective Date	12/2/2019
Name	Desmoglein 1 and Desmoglein 3
Code	DESMO
Interface Order Code	3803600
Legacy Code	DESMO
Notes	
Required Testing Changes	
Name	Desmoglein 1 and 3, IgG Antibodies, Serum
Reference Range	Desmoglein 1 Negative: <20 RU/mL Positive: ≥20 RU/mL Desmoglein 3 Negative: <20 RU/mL Positive: ≥20 RU/mL
Performed Days	Once or twice weekly, Monday-Friday

Update Existing Test	
Effective Date	1/6/2020
Name	HER-2/NEU (FISH)
Code	HERNF
Interface Order Code	3503257
Legacy Code	HER2NRFISH
Notes	
Required Testing Changes	
Specimen Required	Send formalin fixed paraffin embedded tissue at room temperature. Specimen must be fixed in 10% neutral buffered formalin. Fixation between 6 and 72 hours and cold ischemic time of less than 1 hour is recommended. Pathology report must be included with specimen. Pathology report should include: physician identification, specimen identifiers (case and block number), specimen site and type, tissue processing used (routine or microwave, cold ischemic time , type of fixative, time and duration of fixation, pathologic diagnosis, and IHC score if performed elsewhere.
Alternate Specimen	5 micron (4 micron minimum) sections collected on each of 6 charged slides.
Turnaround Time	5-7 days

Update Existing Test	
Effective Date	11/15/2019
Name	Mercury Whole Blood
Code	MERWB
Interface Order Code	3707110
Legacy Code	MERWSP
Notes	Lavender EDTA is no longer an acceptable alternate specimen.
Required Testing Changes	
Alternate Specimen	Whole blood: Dark blue heparin

Update Existing Test	
Effective Date	12/9/2019
Name	Pregnenolone, LC-MS
Code	PREGN
Interface Order Code	3421600
Legacy Code	PREGLONQ
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a plain red-top tube. Allow blood to clot 30 minutes at room temperature 18°C-25°C. Centrifuge, separate serum from cells and send 0.5 mL serum (0.2 mL minimum) frozen in a screw-capped plastic vial.

Update Existing Test	
Effective Date	12/2/2019
Name	Fecal Globin
Code	QFGLB
Interface Order Code	3423065
Legacy Code	FECGLOBQ
Notes	
Required Testing Changes	
CPT Code(s)	82274 (G0328)

Update Existing Test	
Effective Date	12/2/2019
Name	Osmolality, Serum
Code	SOSMQ
Interface Order Code	3424500
Legacy Code	SOSMQ
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a plain red-top. Centrifuge, separate, and send 1.0 mL serum (0.2 mL minimum) frozen in a screw-capped plastic vial.
Rejection Criteria	Gross hemolysis, gross lipemia, gross icterus
Stability	Room temperature: 4 days; Refrigerated: 5 days; Frozen: 14 days

Update Existing Test	
Effective Date	12/2/2019
Name	Osmolality, Urine
Code	UOSMQ
Interface Order Code	3424540
Legacy Code	UOSMQ
Notes	
Required Testing Changes	
Specimen Required	Collect random urine. Send 2.0 mL urine (0.5 mL minimum) refrigerated in a screw-capped plastic vial.
Alternate Specimen	No alternate listing
Stability	Room temperature: 4 days; Refrigerated: 7 days; Frozen: 30 days

Update Existing Test	
Effective Date	1/6/2020
Name	Bladder Cancer, FISH (UroVysion)
Code	UROVQ
Interface Order Code	3421810
Legacy Code	UROVQ
Notes	
Required Testing Changes	
Specimen Required	50 mL (35 mL minimum) of a voided urine in a urine preservative transport kit, (PreservCyt) . Contact Warde Medical Laboratory Client Services for kit. Source required. Please provide physician name and telephone number. Send sample refrigerated. Samples without preservative will be tested.
Alternate Specimen	Bladder washing in urine preservative transport kit. Urine or bladder washings mixed with CytoLyt or ethanol 50% in a 1:1 solution. Urine mixed with preservative Carbowax™ (2% polyethylene in 50% ethanol) 2:1 is also acceptable.

Inactivate Test With Replacement			
Effective Date	12/19/2019		
Inactivated Test			
Name	Myositis and Jo-1 Ab Panel		
Code	MYOSP		
Legacy Code¹	MYOSPLUS		
Interface Order Code	3718100		
Notes			
Replacement Test			
Name	MyoMarker Panel 3		
Code	FMP3		
CPT Code(s)	83516 x 9, 86235 x 7		
Notes			
Specimen Requirements			
Specimen Required	Draw blood in a red-top tube . Centrifuge, separate and send 3.0 mL serum (1.0 mL minimum) refrigerated in a screw-capped plastic vial .		
Stability	Room temperature: 7 days; Refrigerated: 14 days; Frozen: 60 days		
Performing Information			
Methodology	Immunoprecipitation (IPP)/Enzyme Immunoassay (EIA)		
Reference Range	By report		
Performed Days	Varies/1 run per week		
Turnaround Time	12-18 days		
Performing Laboratory	Mayo Medical Laboratories		
Interface Information			
Legacy Code¹	FMP3		
Interface Order Code	3800044		
Result Code	Name	LOINC Code	AOE/Prompt²
3800045	Anti-Jo-1 Ab	35333-4	No
3800046	PL-7	33772-5	No
3800047	PL-12	33771-7	No
3800048	EJ	49149-2	No
3800049	OJ	45152-6	No
3800050	SRP	33921-8	No
3800051	MI-2	18485-3	No
3800052	TIF1 Gamma (P155/140)	88739-8	No
3800053	MDA-5 (P140)(CADM-140)	88725-7	No
3800054	NXP-2 (P140)	82425-0	No
3800055	Anti-PM/Scl-100 Ab	61120-2	No
3800056	Fibrillarin (U3 RNP)	49963-2	No

3800057	U2 snRNP	68549-5	No
3800058	Anti-U1-RNP Ab	57662-9	No
3800059	Ku	18484-6	No
3800060	Anti-SS-A 52 kD Ab, IgG	56549-9	No

Inactivate Test With Replacement			
Effective Date	1/6/2020		
Inactivated Test			
Name	Lung Cancer (NSCLC) ROS 1 (6q22) Rearrangement, FISH		
Code	NSCLC		
Legacy Code¹	NSCLC		
Interface Order Code	3434180		
Notes			
Replacement Test			
Name	Lung Cancer (NSCLC), ROS1 (6q22) Rearrangement, FISH		
Code	NSCLF		
CPT Code(s)	88271 x 2, 88274		
Notes			
Specimen Requirements			
Specimen Required	Lung tissue biopsy, formalin-fixed (6-48 hours fixation recommended) paraffin block or 5 +/-charged slides from formalin-fixed paraffin embedded tissue. Specimen must be fixed in 10% neutral buffered formalin. Pathology report must accompany sample. Send sample at room temperature.		
Alternate Specimen	5 x 5 mm tumor tissue collected in culture transport medium, or 5 micron (4 micron minimum) sections collected on each of 5 charged slides.		
Stability	Room temperature: Indefinitely; Refrigerated: Unacceptable; Frozen: Unacceptable		
Performing Information			
Methodology	Fluorescence in situ Hybridization (FISH)		
Reference Range	By report		
Performed Days	Sunday-Saturday		
Turnaround Time	8-10 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code¹	NSCLF		
Interface Order Code	3400199		
Result Code	Name	LOINC Code	AOE/Prompt²
3400243	Lung Ca (NSCLC), ROS1, FISH	81747-8	No
3400244	Clinical Indication:	55752-0	Yes
3400245	Specimen Type/Source	31208-2	Yes
3400246	Prior Therapy/Transplant	Not Available	Yes

Inactivate Test Without Replacement	
Effective Date	11/15/2019
Name	RSV IgG, IgM AB
Code	ZRSGM
Legacy Code	RSVABGM
Interface Code	3509760
Notes	