

JANUARY 2020

Update Notes

Quest notified us that the National Prion Lab, where testing is performed on CSF for 14-3-3 Protein (Prion Disease), will be closed from December 20, 2019 to January 2, 2020. Samples will be held at Quest after December 18, and shipped to National Prion January 2. There will be a 2-3 week delay for this testing. The Warde code for this test is CSFPR.

Update Summary		
Update Existing Test	1/20/2020	CNREC - "Chlamydia/Neisseria gonorrhoeae RNA, TMA, Rectal"
Update Existing Test	1/20/2020	CNTH - "Chlamydia/Neisseria gonorrhoeae RNA, TMA, Throat"
Update Existing Test	1/20/2020	CNTMA - "Chlamydia/N. gonorrhoeae and T. vaginallis RNA, Qual, TMA"
Update Existing Test	12/12/2019	CRP - "C- Reactive Protein"
Update Existing Test	12/12/2019	FMP3 - "MyoMarker Panel 3"
Update Existing Test	12/12/2019	RT3 - "T3, Reverse, LC/MS/MS"
Update Existing Test	1/20/2020	SWCN - "C. Trachomatis/N. gonorrhoeae RNA, TMA, Surepath"
Inactivate Test With Replacement	1/21/2020	CALPR - "Calprotectin, Stool" replaced by CALPT - "CALPROTECTIN"
Inactivate Test With Replacement	1/27/2020	THTBI - "TRAb (TSH Receptor Binding Antibody)" replaced by TSHRA - "TRAb (TSH Receptor Antibody)"

Update Existing Test		
Effective Date	1/20/2020	
Name	Chlamydia/Neisseria gonorrhoeae RNA, TMA, Rectal	
Code	CNREC	
Interface Order Code	3435330	
Legacy Code	CNREC	
Notes		
Required Testing Change	es es	
Specimen Required	Send rectal swab in Aptima® Combo 2 Transport Media at room temperature. Use the APTIMA® Unisex Swab specimen collection kit (white label) or the APTIMA® Vaginal Swab Specimen Collection kit (orange label). Insert the small, blue shafted collection swab (Unisex kit, NOT the larger white shafted cleansing swab) or the small, pink shafted collection swab (Vaginal kit) approximately 3-5 cm into the rectum. Rotate swab against the rectal wall at least 3 times. Withdraw the swab carefully. Swabs that are grossly contaminated with feces should be discarded and the collection repeated. Remove the cap from the swab specimen transport tube and immediately place the swab into the transport tube. Carefully break the swab shaft at the score line. Re-cap the swab specimen transport tube tightly, label and ship to the lab.	

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Update Existing Test		
Effective Date	1/20/2020	
Name	Chlamydia/Neisseria gonorrhoeae RNA, TMA, Throat	
Code	CNTH	
Interface Order Code	3435350	
Legacy Code	CNTH	
Notes		
Required Testing Change	es established to the second of the second o	
Specimen Required	Send thoat swab in Aptima® Combo 2 Transport media at room temperature. Use the Aptima® Unisex Swab Specimen Collection kit (white label) or Aptima® Vaginal Swab Specimen Collection kit (orange label). Using a tongue depressor, insert the small, blue shafted collection swab (Unisex kit, NOT the larger white shafted cleansing swab) or the small pink shafted collection swab (Vaginal kit) and vigorously rub the tonsils and the posterior pharynx. Carefully remove the swab without touching any area of the mouth. Remove the cap from the swab specimen transport tube and immediately place the swab into the transport tube. Carefully break the swab shaft at the score line. Re-cap the swab specimen transport tube tightly, label and ship to the lab.	

Update Existing Test			
Effective Date	1/20/2020		
Name	Chlamydia/N. gonorrhoeae and T. vaginallis RNA, Qual, TMA		
Code	CNTMA		
Interface Order Code	3435200		
Legacy Code	CNTMA		
Notes			
Required Testing Change	es		
Specimen Required	Send 1.0 mL of SurePath™ preservative fluid (0.5 mL minimum) collected in Aptima® Vaginal collection kit (orange label) or Aptima® Unisex collection kit (white label with purple writing) or Aptima® transfer tube (green label). The source (ThinPrep® or SurePath™) MUST be written on the label. Send refrigerated.		
Alternate Specimen	1.0 mL PreservCyt® Preservative (ThinPrep®) placed in Aptima Vaginal collection tube (orange label) or Aptima Specimen Transfer tube (green label) or Aptima Unisex collection tube (white label with purple writing) and send refrigerated. The source (ThinPrep® or SurePath™) MUST be written on the label. 20.0 mL liquid cytology (PreservCyt®) Preservative® (ThinPrep)		
Rejection Criteria	PreservCyt® or SurePath™ material previously processed for cytology, PreservCyt® with excess mucus.		

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Update Existing Test		
Effective Date	12/12/2019	
Name	C- Reactive Protein	
Code	CRP	
Interface Order Code	3000260	
Legacy Code	CRP	
Notes		
Required Testing Changes		
Alternate Specimen	Plasma no longer acceptable	

Update Existing Test			
Effective Date		12/12/2019	
Name		MyoMarker Panel 3	
Code		FMP3	
Interface Order Code		3800044	
Legacy Code		FMP3	
Notes	The LOINC has been updated for result code 3800048.		
Required Testing Chang	es		
Result Code	Name	LOINC Code	AOE/Prompt ²
3800045	Anti-Jo-1 Ab	35333-4	No
3800046	PL-7	33772-5	No
3800047	PL-12	33771-7	No
3800048	EJ	45149-2	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

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Update Existing Test			
Effective Date	12/12/2019		
Name	T3, Reverse, LC/MS/MS		
Code	RT3		
Interface Order Code	3426700		
Legacy Code	RT3Q		
Notes			
Required Testing Changes			
Performed Days	Monday, Wednesday, Thursday		

Hadata Evistina Test			
Update Existing Test Effective Date	1/20/2020		
Name	Chlam trach/N. gonorr rRNA TMA		
Code	Chiam trachy	SWCN	11477
Interface Order Code	3	3723400	
Legacy Code		SWCN	
Notes	This test code should only be used for SurePath™ samples. The name of this test has changed.		
Required Testing Change	es		
Name	C. trachomatis/N. gonorrhoeae RNA, TMA, Surepath		
CPT Code(s)	Chlamydia - 87491, N. Gonorrhoeae - 87591		
Specimen Required	Send 1.0 mL SurePath™ Preservative Fluid (0.5 mL miniumum) refrigerated in an Aptima® transfer tube (green label). Specimen must be transferred to Aptima® tube within 4 days of collection.		
Alternate Specimen	SurePath™ fluid in Aptima® Vaginal Collection tube (orange label) or Unisex specimen collection tube (white label).		
Stability	Room temperature: 14 days; Refrigerated: 14 days; Frozen: Unacceptable		
Methodology	Transcription Mediated Amplification (TMA)		
Reference Range	Not detected		
Performed Days	Sunday - Saturday		
Turnaround Time	2 - 4 days		
Performing Laboratory	Quest SJC		
Legacy Code ¹	SWCN		
Interface Order Code	3723400		
Result Code	Name	LOINC Code	AOE/Prompt ²
3723410	N. gonorrhoeae RNA, Urogen	43305-2	No
3723420	C. trachomatis RNA, Urogen	43304-5	No

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Inactivate Test With Rep	lacement		
Effective Date	1/21/2020		
	Inactivated Test		
Name	Calprotectin, Stool		
Code	CALPR		
Legacy Code ¹	CALPQ		
Interface Order Code	3422180		
Notes			
	Replacement Test		
Name	CALPROTECTIN		
Code	CALPT		
CPT Code(s)	83993		
Notes			
Specimen Requirements			
Specimen Required	Collect random stool. Send 1.5 g unpreserved stool (0.3 g minimum) refrigerated in an IATA-approved screw-capped plastic stool container.		
Alternate Specimen			
Rejection Criteria			
Stability	Room temperature: Unacceptable; Refrigerated: 10 days; Frozen: 1 year		
Performing Information			
Methodology	Immunoassay		
	Normal: <15.625-50 mcg/g		
Reference Range	Borderline: >50-120 mcg/g		
	Abnormal: >120 mcg/g		
Performed Days	Monday-Friday		
Turnaround Time	6-8 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code ¹	CALPT		
Interface Order Code	3000049		
Result Code	Name LOINC Code AOE/Prompt ²		
3000050	Calprotectin 38445-3 No		

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Inactivate Test With Rep	placement		
Effective Date			
211000110 2000	Inactivated Test		
Name	TRAb (TSH Receptor Binding Antibody)		
Code		ТНТВІ	
Legacy Code ¹	TI	HYRABSP	
Interface Order Code	3	3710700	
Notes			
	Replacement Test		
Name	TRAb (TSH F	Receptor Antibod	y)
Code	TSHRA		
CPT Code(s)	83520		
Notes			
Specimen Requirements			
Specimen Required	Draw blood in a SST. Allow serum to clot at room temperature 1 hour. Centrifuge, separate serum from cells and send 1.0 mL serum (0.5 mL minimum) refrigerated in a screw-capped plastic vial.		
Rejection Criteria	Gross hemolysis		
Stability	Room temperature: 7 days; Refrigerated: 14 days; Frozen: 21 days		
Performing Information			
Methodology	Radioimmunoassay		
Reference Range	≤ 2.00 IU/mL		
Performed Days	Tuesday, Thursday, Saturday		
Turnaround Time	5-7 days		
	Quest SJC		
Performing Laboratory	Q	uest SJC	
Interface Information			
Interface Information Legacy Code ¹		uest SJC TSHRA	
Interface Information Legacy Code ¹ Interface Order Code			
Interface Information Legacy Code ¹		TSHRA	AOE/Prompt ²

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