

## Update Notes

Due to short notice from our referral labs regarding these updates, we were unable to provide our normal advance notice. We apologize for any inconvenience.

## Update Summary

Update Existing Test	3/8/2019	<a href="#">METHX - "Methsuximide as Metabolite, Serum/Plasma"</a>
Update Existing Test	3/11/2019	<a href="#">MUPCR - "SureSwab(R), Mycoplasma/Ureaplasma Panel, PCR"</a>
Update Existing Test	3/8/2019	<a href="#">UCTHC - "Clin Urine THC Confirm"</a>
Update Existing Test	3/8/2019	<a href="#">UTHGF - "THC, URINE FORENSIC, GC/MS Confirmation (QUANTITATIVE)"</a>
Inactivate Test With Replacement	3/11/2019	<a href="#">BACAQ - "Bacterial Antigen Panel"</a> replaced by <a href="#">BACAP - "Bacterial Meningitis Antigen Panel, Latex Agglutination"</a>
Inactivate Test With Replacement	3/11/2019	<a href="#">FLBSB - "Beta Streptococcus Grp B Ag-Fluid"</a> replaced by <a href="#">STRPB - "Streptococcus Group B Antigen, LA"</a>
Inactivate Test With Replacement	3/11/2019	<a href="#">FLECO - "Escherichia Coli K-1 Ag - Fluid"</a> replaced by <a href="#">MENGI - "N. meningitidis Antigens, Latex Agglutination"</a>
Inactivate Test With Replacement	3/11/2019	<a href="#">FLHIB - "H. Influenza Group B Ag - Fluid"</a> replaced by <a href="#">HAEIN - "Haemophilus influenzae Type B Antigen"</a>
Inactivate Test With Replacement	3/11/2019	<a href="#">FLPN - "Strep. pneumoniae Antigen Detection"</a> replaced by <a href="#">STPAG - "Streptococcus pneumoniae Antigen Detection, LA"</a>
Inactivate Test With Replacement	3/8/2019	<a href="#">UIODQ - "Iodine, 24 Hour, Urine"</a> replaced by <a href="#">UIOD - "Iodine, 24 Hour, Urine"</a>
Inactivate Test With Replacement	3/8/2019	<a href="#">UIODR - "Iodine, Random, U"</a> replaced by <a href="#">ICRUR - "Iodine/Creatinine Ratio, Random, Urine"</a>
Inactivate Test Without Replacement	3/8/2019	<a href="#">FLNMN - "N. meningitidis Ag - Fluid"</a>

Update Existing Test			
<b>Effective Date</b>	3/8/2019		
<b>Name</b>	Methsuximide as Metabolite, Serum/Plasma		
<b>Code</b>	METHX		
<b>Interface Order Code</b>	3504930		
<b>Legacy Code</b>	METHSUX		
<b>Notes</b>			
Required Testing Changes			
<b>Specimen Required</b>	Draw blood in a red-top tube. Centrifuge and remove serum from cells within 2 hours of collection. Send 1.0 mL serum (0.3 mL minimum) refrigerated in a screw-capped plastic vial.		
<b>Stability</b>	Room temperature: 7 days; Refrigerated: 14 days; Frozen: 14 days		
<b>Methodology</b>	High Performance Liquid Chromatography/Tandem Mass Spectrometry		
<b>Turnaround Time</b>	10-12 days		
<b>Performing Laboratory</b>	NMS Labs		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3504930	Methsuximide (Celontin)	10546-0	No

Update Existing Test	
Effective Date	3/11/2019
Name	SureSwab(R), Mycoplasma/Ureaplasma Panel, PCR
Code	MUPCR
Legacy Code <sup>1</sup>	MUPCR
Interface Order Code	3400019
Notes	
Required Testing Changes	
Specimen Required	Vaginal Swab: Follow instructions in the Aptima Swab Specimen Collection kit. Send refrigerated.
Alternate Specimen	Urine: Male urine collected in an Aptima Urine Specimen Transport tube. Collect a first-catch urine in a urine cup (preservative free). Transfer 2.0 mL of urine to an Aptima Urine Specimen Transport tube within 24 hours of collection. Fluid levels should be between the black lines on the tube label. Male Urethral swab: Follow instructions in the Aptima Unisex Swab Specimen Collection kit.
Rejection Criteria	Urine from a female patient, transport tubes with 2 swabs, transport tubes with non-Aptima swabs, transport tubes with no swab, swab in non-Aptima transport tube, urine submitted in non-Aptima transport containers.
Stability	Room temperature: 14 days; Refrigerated: 14 days; Frozen: 30 days
Methodology	Real-Time Polymerase Chain Reaction (PCR)
Reference Range	Not detected
Performed Days	Monday-Saturday
Turnaround Time	5-7 days
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	3/8/2019
Name	Clin Urine THC Confirm
Code	UCTHC
Interface Order Code	1848100
Legacy Code	UCTHC
Notes	
Required Testing Changes	
Specimen Required	Collect random urine. Mix well and send 20.0 mL urine (8.0 mL minimum) refrigerated in a screw-capped plastic urine container.

Update Existing Test	
Effective Date	3/8/2019
Name	THC, URINE FORENSIC, GC/MS Confirmation (QUANTITATIVE)
Code	UTHGF
Notes	
Required Testing Changes	
Specimen Required	Collect random urine. Mix well and send 20.0 mL urine (8.0 mL minimum) refrigerated in a screw-capped plastic container.

Inactivate Test With Replacement	
Effective Date	3/11/2019
Inactivated Test	
Name	Bacterial Antigen Panel
Code	BACAQ
Legacy Code <sup>1</sup>	BACAQ
Interface Order Code	3421300
Notes	
Replacement Test	
Name	Bacterial Meningitis Antigen Panel, Latex Agglutination
Code	BACAP
CPT Code(s)	86403 x 5
Notes	
Specimen Requirements	
Specimen Required	Collect CSF. Send 2.0 mL CSF (1.0 mL minimum) frozen in an IATA-approved screw-capped plastic vial.
Alternate Specimen	Serum - 2.0 mL (1.0 mL minimum)
Rejection Criteria	Hemolysis, lipemia, urine, other body fluids, blood culture broth
Stability	Room temperature; Unacceptable; Refrigerated: 24 hours; Frozen: 7 days
Performing Information	
Methodology	Latex Agglutination
Reference Range	Not detected
Performed Days	Monday-Sunday
Turnaround Time	2-4 days
Performing Laboratory	Quest SJC
Interface Information	
Legacy Code <sup>1</sup>	BACAP
Interface Order Code	3400123

Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3400124	Source	31208-2	Yes
3400126	Streptococcus, Group B Ag	20459-4	No
3400127	H. influenzae Type B Ag	21320-7	No
3400128	S. pneumoniae Ag	17652-9	No
3400129	N. meningitidis B/E.coli K1	31915-2	No
3400130	N. meningitidis A, C, Y, W135	31910-3	No

Inactivate Test With Replacement			
<b>Effective Date</b>	3/11/2019		
Inactivated Test			
<b>Name</b>	Beta Streptococcus Grp B Ag-Fluid		
<b>Code</b>	FLBSB		
<b>Legacy Code<sup>1</sup></b>	FLBSTPB		
<b>Interface Order Code</b>	3503216		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Streptococcus Group B Antigen, LA		
<b>Code</b>	STRPB		
<b>CPT Code(s)</b>	86403		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Send 2.0 mL CSF (1.0 mL minimum) frozen in a screw-capped plastic vial.		
<b>Alternate Specimen</b>	Serum: 2.0 mL (0.5 mL minimum)		
<b>Rejection Criteria</b>	Hemolysis, lipemia, urine, other body fluids, blood culture broth		
<b>Stability</b>	Room temperature: Unacceptable; Refrigerated: 24 hours; Frozen: 7 days		
Performing Information			
<b>Methodology</b>	Latex Agglutination		
<b>Reference Range</b>	Not detected		
<b>Performed Days</b>	Sunday-Saturday		
<b>Turnaround Time</b>	2-4 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	STRPB		
<b>Interface Order Code</b>	3400136		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3400137	Source	31208-2	Yes
3400138	Streptococcus, Group B Ag	20459-4	No

Inactivate Test With Replacement			
<b>Effective Date</b>	3/11/2019		
Inactivated Test			
<b>Name</b>	Escherichia Coli K-1 Ag - Fluid		
<b>Code</b>	FLECO		
<b>Legacy Code<sup>1</sup></b>	FLECOLI		
<b>Interface Order Code</b>	3503218		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	N. meningitidis Antigens, Latex Agglutination		
<b>Code</b>	MENGI		
<b>CPT Code(s)</b>	86403 x 2		
<b>Notes</b>	<i>Please Note: the new test code MENGI can also be used as a replacement for FLNMN.</i>		
Specimen Requirements			
<b>Specimen Required</b>	Draw blood in a SST. Centrifuge, remove serum from cells and send 2.0 mL serum (0.5 mL minimum) frozen in a screw-capped plastic vial.		
<b>Alternate Specimen</b>	2.0 (1.0 mL minimum) CSF		
<b>Rejection Criteria</b>	Hemolysis, lipemia, urine, body fluids other than serum or CSF, blood culture broth		
<b>Stability</b>	Room temperature: Unacceptable; Refrigerated: 24 hours; Frozen: 7 days		
Performing Information			
<b>Methodology</b>	Latex Agglutination		
<b>Reference Range</b>	Not detected		
<b>Performed Days</b>	Sunday-Saturday		
<b>Turnaround Time</b>	2-4 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	MENGI		
<b>Interface Order Code</b>	3400122		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3400118	Source	31208-2	Yes
3400119	N. meningitidis B/E.coli K1	31915-2	No
3400121	N. meningitidis Groups A, C, Y, W135	31910-3	No

Inactivate Test With Replacement			
<b>Effective Date</b>	3/11/2019		
Inactivated Test			
<b>Name</b>	H. Influenza Group B Ag - Fluid		
<b>Code</b>	FLHIB		
<b>Legacy Code<sup>1</sup></b>	FLHINFU		
<b>Interface Order Code</b>	3503205		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Haemophilus influenzae Type B Antigen		
<b>Code</b>	HAEIN		
<b>CPT Code(s)</b>	86403		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Send 2.0 mL CSF (1.0 mL minimum) frozen in a screw-capped plastic vial.		
<b>Alternate Specimen</b>	Serum: 2.0 mL (0.5 mL minimum)		
<b>Rejection Criteria</b>	Hemolysis, lipemia, urine, other body fluids, blood culture broth		
<b>Stability</b>	Room temperature: Unacceptable; Refrigerated: 24 hours; Frozen: 7 days		
Performing Information			
<b>Methodology</b>	Latex Agglutination		
<b>Reference Range</b>	Not detected		
<b>Performed Days</b>	Sunday-Saturday		
<b>Turnaround Time</b>	2-4 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	HAEIN		
<b>Interface Order Code</b>	3400131		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3400132	Source	31208-2	Yes
3400133	H. influenzae Type B ag	21320-7	No



Inactivate Test With Replacement			
<b>Effective Date</b>	3/11/2019		
Inactivated Test			
<b>Name</b>	Strep. pneumoniae Antigen Detection		
<b>Code</b>	FLPN		
<b>Legacy Code<sup>1</sup></b>	FLSPNEUQ		
<b>Interface Order Code</b>	3423140		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Streptococcus pneumoniae Antigen Detection, LA		
<b>Code</b>	STPAG		
<b>CPT Code(s)</b>	86403		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Send 2.0 mL CSF (1.0 mL minimum) frozen in a screw-capped plastic vial.		
<b>Alternate Specimen</b>	Serum: 2.0 mL (0.5 mL minimum)		
<b>Rejection Criteria</b>	Hemolysis, lipemia, other body fluids, blood culture broth		
<b>Stability</b>	Room temperature: Unacceptable; Refrigerated: 24 hours; Frozen: 7 days		
Performing Information			
<b>Methodology</b>	Latex Agglutination		
<b>Reference Range</b>	Not detected		
<b>Performed Days</b>	Monday-Saturday		
<b>Turnaround Time</b>	3-5 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	STPAG		
<b>Interface Order Code</b>	3400139		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3400146	Specimen Source	31208-2	Yes
3400147	Streptococcus pneumoniae Ag	17652-9	No

Inactivate Test With Replacement			
<b>Effective Date</b>	3/8/2019		
Inactivated Test			
<b>Name</b>	Iodine, 24 Hour, Urine		
<b>Code</b>	UIODQ		
<b>Legacy Code<sup>1</sup></b>	UIODMA		
<b>Interface Order Code</b>	3802880		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Iodine, 24 Hour, Urine		
<b>Code</b>	UIOD		
<b>CPT Code(s)</b>	83789		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	<p>Collect 24 hours urine, refrigerate during collection. Mix well and send 10.0 mL urine (1.0 mL minimum) refrigerated in a screw-capped plastic urine container.</p> <p>Patient Preparation: High concentrations of gadolinium and iodine are known to interfere with most metals tests. If gadolinium - or iodine-containing contrast media has been administered, a specimen should not be collected for 96 hours.</p> <p>If this test is used in conjunction with the (131)I uptake test, then specimen collection should begin immediately after the dose of (131)I is given (ie, the patient should void and discard urine just prior to the (131)I, and all subsequent urine should be collected for the next 24 hours). The last void should be included in the collection.</p>		
<b>Alternate Specimen</b>	Urine preserved with 50% acetic acid		
<b>Stability</b>	Room temperature: 146 days; refrigerated: 146 days; Frozen: 146 days		
Performing Information			
<b>Methodology</b>	Inductively Coupled Plasma/Mass Spectrometry		
<b>Reference Range</b>	Iodine, 24 hour urine: 0-17 years: Not Established >=18 years: 75-851 mcg/24 hour		
<b>Performed Days</b>	Monday, Wednesday, Friday		
<b>Turnaround Time</b>	3-5 days		
<b>Performing Laboratory</b>	Mayo Medical Laboratories		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	UIOD		
<b>Interface Order Code</b>	3800004		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>

3800005	Iodine, 24 Hour, Urine	2492-7	No
3800006	Collection Duration	13362-9	Yes
3800007	Urine Volume	3167-4	Yes

Inactivate Test With Replacement			
<b>Effective Date</b>	3/8/2019		
Inactivated Test			
<b>Name</b>	Iodine, Random, U		
<b>Code</b>	UIODR		
<b>Legacy Code<sup>1</sup></b>	URIDM		
<b>Interface Order Code</b>	3805320		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Iodine/Creatinine Ratio, Random, Urine		
<b>Code</b>	ICRUR		
<b>CPT Code(s)</b>	83789, 82570		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	<p>Collect random urine. Send 3.0 mL urine aliquot (1.0 mL minimum) refrigerated in a screw-capped plastic vial.</p> <p>Patient Preparation: High concentrations of gadolinium and iodine are known to interfere with most metals tests. If either gadolinium- or iodine-containing contrast media has been administered, a specimen should not be collected for 96 hours.</p>		
<b>Stability</b>	Room temperature: 30 days; Refrigerated: 30 days; Frozen: 30 days		
Performing Information			
<b>Methodology</b>	Inductively Coupled Plasma-Mass Spectrometry (ICP-MS), Enzymatic Colorimetric Assay		
<b>Reference Range</b>	0-17 years: Not established >= 18 years: <584 mcg/g creatinine		
<b>Performed Days</b>	Monday-Friday		
<b>Turnaround Time</b>	3-5 days		
<b>Performing Laboratory</b>	Mayo Medical Laboratories		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	ICRUR		
<b>Interface Order Code</b>	3800001		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3800002	Iodine/Creatinine Ratio, Urine	55928-6	No
3800003	Creatinine Concentration	2161-8	No

Inactivate Test Without Replacement	
<b>Effective Date</b>	3/8/2019
<b>Name</b>	N. meningitidis Ag - Fluid
<b>Code</b>	FLNMN
<b>Legacy Code</b>	FLNMENI
<b>Interface Code</b>	3503219
<b>Notes</b>	<i>Suggested replacement test: MENGI – N. meningitides Antigens, Latex Agglutination.</i>