Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Notes

Update Summary

New Website Listing	6/24/2019	AMAB - "Myelin Antibody (IgG), IFA"
Update Existing Test	4/22/2019	AUCAL - "Calcium, Urine"
Update Existing Test	5/6/2019	CANRE - "Canrenone (Spironolactone metabolite), Serum/Plasma"
Update Existing Test	6/24/2019	CHGMS - "Chlamydia Serology, Serum"
Update Existing Test	5/6/2019	CHLOR - "Chloramphenicol Serum/Plasma"
Update Existing Test	5/20/2019	COBLD - "Cobalt - Blood"
Update Existing Test	5/20/2019	COBS - "Cobalt, Serum"
Update Existing Test	4/22/2019	CYGAB - "Cysticercus Ab"
Update Existing Test	5/20/2019	DDPUC - "Drug Detection Panel, Umbilical Cord Tissue, Qualitative"
Update Existing Test	5/6/2019	DISUL - "Disulfiram (DEDTC Metabolite), Serum/Plasma"
Update Existing Test	6/24/2019	EBVQL - "Epstein Barr Virus DNA PCR, Qual."
Update Existing Test	6/3/2019	GLPCF - "Glucose, Pericardial Fluid"
Update Existing Test	6/3/2019	GLUSF - "Glucose, Synovial Fluid"
Update Existing Test	5/20/2019	HISPL - "Histamine, Plasma"
Update Existing Test	5/20/2019	HISTA - "Histamine-Blood"
Update Existing Test	6/24/2019	HIVIG - "HIV-1 Integrase Genotype"
Update Existing Test	5/6/2019	ISON - "Isoniazid, Serum/Plasma"
Update Existing Test	5/20/2019	MMUCT - "Marijuana Metabolite, Umbilical Cord Tissue, Qualitative"
Update Existing Test	4/23/2019	MSPOR - "Microsporidia Exam"
Update Existing Test	6/17/2019	NTXUQ - "Collagen Cross-Linked N-Telopeptide (NTx), 24-Hour Urine"
Update Existing Test	4/23/2019	UALUM - "Aluminum - Urine"
Update Existing Test	5/20/2019	UCADA - "Cadmium Urine"
Update Existing Test	5/20/2019	UCOB - "Cobalt-Urine"
Update Existing Test	5/20/2019	UMERA - "Mercury Urine"
Update Existing Test	5/20/2019	UPBA - "Lead, Urine"
Update Existing Test	4/22/2019	USC19 - "Synthetic Cannabinoid Metabolites - Expanded (Qual)"
Update Existing Test	5/20/2019	UTHAL - "Thallium - Urine"
Update Existing Test	5/20/2019	UZINC - "Zinc - Urine"

Inactivate Test With Replacement	5/28/2019	CREUT - "Creutzfeldt-Jakob 14-3-3 Protn" replaced by CSFPR - "14-3-3 Protein, CSF (Prion Disease)"
Inactivate Test With Replacement	5/20/2019	FARML - "Hypersensitivity Pneum Extend" replaced by HYPPN - "Hypersensitivity Pneumonitis Extended"
Inactivate Test With Replacement	5/6/2019	HPVSQ - "HPV Typing in Situ" replaced by HPVRA - "HPV RNA, Low and High Risk, ISH"

New Website Listing

Effective Date	6/24/2019
Name	Myelin Antibody (IgG), IFA
Code	AMAB
CPT Code(s)	86255
Notes	The name of this test has been updated.

Specimen Requirements

Specimen Required	Draw blood in a red-top tube. Centrifuge, remove serum from cells and send 1.0 mL serum (0.3 mL minimum) refrigerated in a screw-capped plastic vial.
Rejection Criteria	SST, gross hemolysis, lipemia
Stability	Room temperature: 7 days; Refrigerated: 14 days; Frozen: 21 days

Performing Information

Methodology	Indirect Immunofluorescence
Reference Range	Negative
Performed Days	Thursday
Turnaround Time	4-10 days
Performing Laboratory	Quest Valencia

Interface Information

Legacy Code[1]	AMAB
Interface Order Code	3505240

Result Code	Name	LOINC Code	AOE/Prompt[2]
3505240	Anti-Myelin Antibodies	17306-2	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	4/22/2019
Name	Calcium, Urine
Code	AUCAL
Interface Order Code	3621060
Legacy Code	AUCAL
Notes	
Required Testing Changes	
Specimen Required	Collect 24 hour urine. Specimen MUST be refrigerated during entire collection period. Mix the 24 hour collection well, adjust pH to 1.5-2.0 by adding 6M HCl in 1.0 mL increments, and send 3.0 mL urine (0.5 mL minimum) refrigerated in a screw-capped plastic vial. Record total volume and collection time interval on specimen label.

Update Existing Test	
Effective Date	5/6/2019
Name	Canrenone (Spironolactone metabolite), Serum/Plasma
Code	CANRE
Interface Order Code	3301860
Legacy Code	CANRE
Notes	
Required Testing Changes	
Stability	Room temperature: 2 days; Refrigerated: 30 days; Frozen: 24 months

Update Existing Test	
Effective Date	6/24/2019
Name	Chlamydia Serology, Serum
Code	CHGMS
Interface Order Code	3800120
Legacy Code	CHGMAM
Notes	
Required Testing Changes	
Stability	Room temperature: Unacceptable; Refrigerated: 30 days; Frozen: 30 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	5/6/2019
Name	Chloramphenicol Serum/Plasma
Code	CHLOR
Interface Order Code	3500782
Legacy Code	CHLOR
Notes	
Required Testing Changes	
Stability	Room temperature: 30 days; Refrigerated: 1 month; Frozen: 24 months

Update Existing Test	
Effective Date	5/20/2019
Name	Cobalt - Blood
Code	COBLD
Interface Order Code	3619940
Legacy Code	COBBARP
Notes	
Required Testing Changes	
Specimen Required	Patient preparation: Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medication (upon the advice of their physician). Draw blood in a dark blue EDTA tube. Send 6.0 mL whole blood (0.5 mL minimum) room temperature in the original collection tube.
Rejection Criteria	Heparinized specimens. Frozen specimens. Clotted specimens
Stability	If the specimen is drawn and stored in the appropriate container the trace element values do not change with time. Room temperature: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable
Reference Range	0.5-3.9 ug/L Interpretive Data: Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood cobalt, confirmation with a second specimen collected in a certified metal-free tube is recommended. Blood cobalt levels can be used in the assessment of occupational exposure or toxic ingestion. Symptoms associated with cobalt toxicity vary based on route of exposure and may include cardiomyopathy, allergic dermatitis, pulmonary fibrosis, cough and dyspnea. Blood is the preferred specimen type for evaluating metal ion release from metal-on-metal joint arthroplasty.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	5/20/2019
Name	Cobalt, Serum
Code	COBS
Interface Order Code	3689080
Legacy Code	COBSARP
Notes	
Required Testing Changes	
Specimen Required	Patient Preparation: Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications. Draw blood in a dark blue no-additive tube. Centrifuge and separate serum from cells within 2 hours of collection. Send 2.0 mL serum (0.5 mL minimum) room temperature in a blue-capped ARUP metal-free screw-capped plastic vial. Please contact laboratory for metal-free screw-capped plastic vials. Specimens in other containers will be rejected.
Rejection Criteria	SST, Clotted specimens, serum from a red-top
Stability	Room temperature: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely
Reference Range	≤1.0 µg/L Interpretive Data: Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma cobalt, confirmation with a second specimen collected in a certified metal-free tube is recommended. Serum cobalt levels can be used in the assessment of occupational exposure or toxic ingestion. Symptoms associated with cobalt toxicity vary based on route of exposure, and may include cardiomyopathy, allergic dermatitis, pulmonary fibrosis, cough and dyspnea. Whole blood is the preferred specimen type for evaluating metal ion release from metal-on metal joint arthroplasty. Serum cobalt levels may be increased in asymptomatic patients with metal-on-metal prosthetics and should be considered in the context of the overall clinical scenario.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test

Effective Date	4/22/2019
Name	Cysticercus Ab
Code	CYGAB
Interface Order Code	3501145
Legacy Code	CYGAB
Notes	

Required Testing Changes

Specimen Required	Draw blood in a SST. Centrifuge, separate and send 1.0 mL serum (0.1 mL minimum) refrigerated in a screw-capped plastic vial. Parallel testing is preferred. Convalescent specimens must be received within 30 days from receipt of acute specimen. Mark clearly "acute" or "convalescent".
Reference Range	≥0.8 IV Negative-NO significant level of cysticercosis IgG antibody detected. 0.9-1.1 IV Equivocal-Questionable presence of cyticercosis IgG antibody detected. Repeat tesing in 10-14 days may be helpful. ≥1.2 IV Positive-IgG antibody to cysticercosis detected suggestive of current or past infeciton.
Performed Days	Saturday

Update Existing Test

Effective Date	5/20/2019
Name	Drug Detection Panel, Umbilical Cord Tissue, Qualitative
Code	DDPUC
Interface Order Code	3618900
Legacy Code	DDPUC
Notes	

Required Testing Changes

CPT Code(s)	80307
Specimen Required	Collect at least 8 inches of umbilical cord (approximately the width of a sheet of paper). Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or sterile water. Pat the cord dry and transport the 8 inces of umbilical cord in a screw-capped plastic urine cup or a security kit for Meconium/Umbilical Drug Detection. Trasnport refrigerated.

Result Code	Name	LOINC Code	AOE/Prompt[2]
3618900	Drug Detection Panel, Umbilical Cord Tissue, Qualitative	19146-0	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	5/6/2019
Name	Disulfiram (DEDTC Metabolite), Serum/Plasma
Code	DISUL
Interface Order Code	3501300
Legacy Code	DISULF
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a plain red-top tube. Centrifuge, separate serum from cells and send 7.0 mL serum (3.2 mL minimum) frozen at -70°C in a screw-capped plastic vial
Stability	Room temperature: Undetermined; Refrigerated: Undetermined; Frozen (-20°C): Not stable; Frozen (-70°C): 14 days

Update Existing Test	
Effective Date	6/24/2019
Name	Epstein Barr Virus DNA PCR, Qual.
Code	EBVQL
Interface Order Code	3421440
Legacy Code	EBVDPCRQ
Notes	
Required Testing Changes	
Alternate Specimen	CSF - Send in screw-capped plastic vial. Plasma: EDTA or ACD B - Remove from cells within 2 hours after collection Serum: SST Whole blood: ACD B Fluid: Bronchoalveolar lavage, or eye fluid in a screw-capped plastic vial. Tissue: 3mm fresh tissue submitted in a sterile leakproof plastic container, transport frozen.
Rejection Criteria	Heparinized whole blood, hemolyzed whole blood
Stability	Whole blood: Room temperature: 48 hours; Refrigerated: 8 days; Frozen: Unacceptable Plasma, serum, CSF, tissue, fluids: Room temperature: 48 hours; Refrigerated: 8 days; Frozen: 30 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	6/3/2019
Name	Glucose, Pericardial Fluid
Code	GLPCF
Interface Order Code	3400028
Legacy Code	GLPCF
Notes	
Required Testing Changes	
Specimen Required	Send 3.0 mL pericardial fluid (0.5 mL minimum) frozen in a screw-capped plastic vial.
Methodology	Spectrophotometry

Update Existing Test	
Effective Date	6/3/2019
Name	Glucose, Synovial Fluid
Code	GLUSF
Interface Order Code	3434342
Legacy Code	GLUSF
Notes	
Required Testing Changes	
Specimen Required	Send 1.0 mL synovial fluid (0.5 mL minimum) frozen in a screw-capped plastic vial. Overnight fasting is preferred.

Update Existing Test	
Effective Date	5/20/2019
Name	Histamine, Plasma
Code	HISPL
Interface Order Code	3680810
Legacy Code	HISTAPARP
Notes	
Required Testing Changes	
Rejection Criteria	Lipemic or hemolyzed specimens
Stability	Room temperature: Unacceptable; Refrigerated: 6 hours; Frozen: 6 months

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	5/20/2019
Name	Histamine-Blood
Code	HISTA
Interface Order Code	3503430
Legacy Code	HISTA
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a green sodium or lithium heparin tube. Transfer 1.0 mL (0.5 mL minimum) well-mixed whole blood to a screw-capped plastic vial and freeze. CRITICAL FROZEN.
Stability	Room temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

Update Existing Test	
Effective Date	6/24/2019
Name	HIV-1 Integrase Genotype
Code	HIVIG
Interface Order Code	3434000
Legacy Code	HIVIG
Notes	
Required Testing Changes	
Performed Days	Monday-Saturday

Update Existing Test	
Effective Date	5/6/2019
Name	Isoniazid, Serum/Plasma
Code	ISON
Interface Order Code	3504120
Legacy Code	ISON
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a plain red-top tube. Centrifuge, separate serum from cells, and send 1.0 mL serum (0.4 mL minimum) frozen at -70°C in a screw-capped plastic vial. Collect specimen and ship to Warde Laboratory Sunday-Wednesday only.
Stability	Room temperature: 1 day; Refrigerated: 1 day; Frozen (-20°C): 1 day; Frozen (-70°C): 30 months

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	5/20/2019
Name	Marijuana Metabolite, Umbilical Cord Tissue, Qualitative
Code	MMUCT
Interface Order Code	3600015
Legacy Code	MMUCT
Notes	
Required Testing Changes	
Specimen Required	Collect at least 8 inches of umbilical cord (approximately the width of a sheet of paper). Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or sterile water. Pat the cord dry and place specimen in a screw-capped plastic urine cup or Security Kit for Meconium/Umbilical Drug Detection. Transport refrigerated.
Rejection Criteria	Cords soaking in blood or other fluid, formalin fixed, decomposed tissue.
Stability	Room temperature: 1 week, Refrigerated: 3 weeks; Frozen: 1 year

Update Existing Test			
Effective Date	4/23/2019		
Name	Microsporidia Exam		
Code	MSPOR		
Interface Order Code	3700004		
Legacy Code	MSPOR		
Notes	Please Note: The Specimen Source component is being updated to an AOE prompt.		
Required Testing Changes			
Interface Order Code	3700004		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3700009	Microsporidia Spores	10857-1	No
3700014	Specimen Source	31208-2	**Yes**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	6/17/2019
Name	Collagen Cross-Linked N-Telopeptide (NTx), 24-Hour Urine
Code	NTXUQ
Interface Order Code	3727600
Legacy Code	NTXUQ
Notes	
Required Testing Changes	
Reference Range	18-29 years: 5-88 nM BCE/mM creat 30-39 years: 7-51 nM BCE/mM creat 40-49 years: 5-47 nM BCE/mM creat 50-60 years: 6-43 nM BCE/mM creat Creatinine: By report

Update Existing Test	
Effective Date	4/22/2019
Name	Aluminum - Urine
Code	UALUM
Interface Order Code	3500330
Legacy Code	UALUM
Notes	
Required Testing Changes	
Specimen Required	Patient Preparation: Patients should be encouraged to discontinue vitamins, supplements, and non-essential over-the-counter medications before urine collection. High concentrations of iodine may interfere with elemental testing. Abstinence from iodine-containing medications or contrast agents is reommended at least 1 month before sample collection. Collect 24 hour urine. Refrigerate urine during collection. Mix well and send 8.0 mL urine (6.0 mL minimum) refrigerated in a blue-capped ARUP metal-free screw-capped plastic vial. Record total volume on test requisition and specimen label.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	5/20/2019
Name	Cadmium Urine
Code	UCADA
Interface Order Code	3671370
Legacy Code	UCADARP
Notes	
Required Testing Changes	
Specimen Required	Patient Preparation: Patients should be encouraged to discontinue vitamins, nutritional supplements and non-essential over-the-counter medications. High concentrations of iodine may interfere with elemental testing. Abstinence from iodine-containing medications or contrast agents is recommended at least 1 month before sample collection. Collect 24 hour urine, refrigerate during collection. Mix urine well and send 8.0 mL urine (1.0 mL minimum) refrigerated in a blue-capped ARUP metal-free screw-capped plastic vial. Please contact laboratory for metal-free screw-capped plastic vials. Specimens in other containers will be rejected. If sample is drawn and stored in the appropriate container, the trace elements do not change with time.
Performed Days	Sunday-Saturday
Turnaround Time	3-6 days

Update Existing Test	
Effective Date	5/20/2019
Name	Cobalt-Urine
Code	UCOB
Interface Order Code	3501690
Legacy Code	UCOB
Notes	
Required Testing Changes	
Specimen Required	Patient Preparation: Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications. High concentrations of iodine may interfere with elemental testing. Collection from patients receiving iodinated or gadolmium-based contrast media must be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure. Collect 24 hour urine, refrigerate during collection. Mix well and send 8.0 mL urine (1.0 mL minimum) refrigerated in a blue-capped ARUP metal-free screw-capped plastic vial. Please contact laboratory for metal-free screw-capped plastic vials. Specimens in other containers will be rejected.
Rejection Criteria	Acid preserved urine, urine collected within 72 hours of gadolinium or iodinated contrast media.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	5/20/2019
Name	Mercury Urine
Code	UMERA
Interface Order Code	3671570
Legacy Code	UMERARP
Notes	
Required Testing Changes	
Turnaround Time	3-6 days

Update Existing Test	
Effective Date	5/20/2019
Name	Lead, Urine
Code	UPBA
Interface Order Code	3685350
Legacy Code	ULEADAR
Notes	
Required Testing Changes	
Turnaround Time	3-7 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test

Effective Date	4/22/2019
Name	
Code	USC19
Interface Order Code	3300099
Legacy Code	
Notes	Please Note: Result Code 3300106 was omitted from the previous test Update.

Required Testing Changes

Result Code	Name	LOINC Code	AOE/Prompt[2]
3300101	4-carboxy-NA-PIM	72461-7	No
3300102	FUBIC-ACID	67126-3	No
3300103	5-fluoro-PICA 3, 3-dimethylbutanoic acid	67126-3	No
3300104	CHMINACA-3-methylbutanoic acid	87495-8	No
3300105	FUBICA 3, 3-dimethylbutanoic acid	67126-3	No
3300106	5-fluoro-PIC-ACID	67126-3	No
3300107	CHMIC-ACID	87484-2	No
3300108	4-carboxy-CUMYL-BINACA	67126-3	No
3300109	4-carboxy-AMB-PINACA	87492-5	No
3300111	5-fluoro-PINAC-ACID	87490-9	No
3300112	CHMINACA 3, 3-dimethylbutanoic acid	87487-5	No
3300113	5-fluoro-PINACA 3-methylbutanoic acid	67126-3	No
3300114	5-fluoro-PINACA 3, 3-dimethylbutanoic acid	67126-3	No
3300115	FUBINACA 3-methylbutanoic acid	87493-3	No
3300116	FUBINACA 3, 3-dimethylbutanoic acid	90747-7	No

Update Existing Test

Effective Date	5/20/2019
Name	Thallium - Urine
Code	UTHAL
Interface Order Code	3510310
Legacy Code	UTHAL
Notes	

Required Testing Changes

Turnaround Time	3-6 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Update Existing Test	
Effective Date	5/20/2019
Name	Zinc - Urine
Code	UZINC
Interface Order Code	3511260
Legacy Code	UZINC
Notes	
Required Testing Changes	
Specimen Required	Patient preparation: Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-th-counter medications. High concentrations of iodine or gadolinium may interfere with elemental testing. Collection from patients receiving iodinated or gadolinium-based contrast media must be avoided for a minimum of 72 hours post-exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure. Collect 24 hour urine, refrigerate during collection. Mix well, and send 8.0 mL urine (1.0 mL minimum) refrigerated in blue-capped ARUP metal-free screw-capped plastic vial. Please contact laboratory for metal-free screw-capped plastic vials. Specimens in other containers will be rejected.
Rejection Criteria	Acid preserved urine collected within 72 hours of iodinated or gadolinium-based contrast media. Specimens contaminated with blood or fecal material.
Turnaround Time	3-6 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Inactivate Test With Replacement

Effective Date	5/28/2019

Inactivated Test

Name	Creutzfeldt-Jakob 14-3-3 Protn
Code	CREUT
Legacy Code[1]	CREUTZ
Interface Order Code	3514420
Notes	

Replacement Test

Name	14-3-3 Protein, CSF (Prion Disease)
Code	CSFPR
CPT Code(s)	83520, 0035U (RT-QuIC)
Notes	

Specimen Requirements

Specimen Required	Collect CSF - do not send the first 2.0 mL of CSF flow from tap. Send 5.0 mL CSF (2.0 mL minimum) frozen within 20 minutes of collection, in a screw-capped plastic vial. A random urine is requested, but not required. A patient information form completed by the referring health care professional is required. Please call Client Services for a form. The ordering physician name and phone number are required by the National Prion Lab. If patient resides in California, Pennsylvania or Rhode Island please contact lab for alternate testing.
Rejection Criteria	Bloody sample
Stability	CSF and Urine: Room temperature: 24 hours; Refrigerated: 14 days; Frozen: Indefinitely

Performing Information

Methodology	Immunoassay - Real-Time Quaking-Induced Conversion (RT-QuIC)
Reference Range	By report
Performed Days	Varies
Turnaround Time	10-14 days
Performing Laboratory	Quest Valencia

Interface Information

Legacy Code[1]	CSFPR
Interface Order Code	3700101

Result Code	Name	LOINC Code	AOE/Prompt[2]
3700102	Est Prob Prion Dis in Patient	Not available	No
3700103	RT-QuIC (CSF)*	Not available	No
3700104	T-tau protein (CSF)	Not available	No
3700105	14-3-3 protein (CSF)	31989-7	No
3700106	Comment	48767-8	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Inactivate Test With Replacement

Effective Date	5/20/2019

Inactivated Test

Name	Hypersensitivity Pneum Extend
Code	FARML
Legacy Code[1]	FARMLUNG
Interface Order Code	3688500
Notes	

Replacement Test

Name	Hypersensitivity Pneumonitis Extended
Code	HYPPN
CPT Code(s)	86003 x 3, 86005 (Feather Mix), 86331 x 6, 86606 x 5 (Aspergillus)
Notes	

Specimen Requirements

Specimen Required	Draw blood in two SST's. Centrifuge, separate serum from cells within 2 hours and send two 2.5 mL aliquots of serum (1.0 mL minimum each tube) refrigerated in screw-capped plastic vials.
Alternate Specimen	Serum: red-top
Rejection Criteria	Plasma. Grossly hemolyzed or lipemic specimens
Stability	Room temperature: 2 days; Refrigerated: 14 days; Frozen: 1 year

Performing Information

Methodology	Qualitative Immunodiffusion/Quantitative ImmunoCap® Fluorescent Enzyme Immunoassay
Reference Range	By report
Performed Days	Sunday-Saturday
Turnaround Time	7-10 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code[1]	HYPPN
Interface Order Code	3600116

Result Code	Name	LOINC Code	AOE/Prompt[2]
3600117	A. fumigatus #1 Ab, Precipitin	6808-0	No
3600118	A. fumigatus #6 Ab, Precipitin	6809-8	No
3600119	A. pullulans Ab, Precipitin	6810-6	No
3600120	Pigeon Serum, Ab Precipitin	6733-0	No
3600121	M. faeni Ab, Precipitin	6818-9	No
3600122	T. vulgaris #1 Ab, Precipitin	35317-7	No

3600123	A. flavus Ab, Precipitin	23820-4	No
3600124	A. fumigatus #2 Ab, Precipitin	30036-2	No
3600125	A. fumigatus #3 Ab, Precipitin	15151-4	No
3600126	S. viridis Ab, Precipitin	15209-0	No
3600127	T. candidus Ab, Precipitin	21560-8	No
3600128	Allergen, Fungi/Mold, Phoma betae IgE	6216-6	No
3600129	Allergen, Food, Beef IgE	6039-2	No
3600130	Allergen, Food, Pork IgE	6219-0	No
3600131	Allergen, Animal, Feather Mix IgE	31161-3	No
3600132	Allergen, Interp, Immunocap Score IgE	33536-4	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2019

Inactivate Test With Replacement	
Effective Date	5/6/2019
Inactivated Test	
Name	HPV Typing in Situ
Code	HPVSQ
Legacy Code[1]	HPVIS/Q
Interface Order Code	3511550
Notes	
Replacement Test	
Name	HPV RNA, Low and High Risk, ISH
Code	HPVRA
CPT Code(s)	88365, 88364
Notes	
Specimen Requirements	
Specimen Required	Send formalin fixed paraffin embedded tissue at room temperature.
Stability	Room temperature: Indefinite; Refrigerated: Indefinite; Frozen: Unacceptable
Performing Information	
Methodology	In-Situ Hydridization
Reference Range	By report
Performed Days	Monday-Saturday
Turnaround Time	4-7 days
Performing Laboratory	Quest SJC
Interface Information	
Legacy Code[1]	HPVRA
Interface Order Code	3400161

Result Code	Name	LOINC Code	AOE/Prompt[2]
3400162	Primary Biopsy Site:	22035-0	**Yes**
3400163	Paraffin Block Number:	57723-9	**Yes**
3400164	Quest Internal Number:	Not available	No
3400166	HPV High Risk	Not available	No
3400167	HPV Low Risk	Not available	No