

Update Notes		

Update Summary		
New Test Activation	11/26/2019	<a href="#">HIVBL - "Human Immunodeficiency Virus 1 (HIV-1) Qualitative by NAAT"</a>
New Test Activation	11/26/2019	<a href="#">MMMNG - "Myeloid Malignancies Mutation Panel by Next Gen. Sequencing"</a>
New Website Listing	11/18/2019	<a href="#">HEPDG - "Hepatitis Delta Ag"</a>
New Website Listing	10/24/2019	<a href="#">UPBGR - "Porphobilinogen, Rand Ur"</a>
Update Existing Test	11/18/2019	<a href="#">AMAPQ - "Amino Acids (Quant) - Plasma"</a>
Update Existing Test	11/25/2019	<a href="#">BORDN - "Borrelia species DNA PCR -tick"</a>
Update Existing Test	10/24/2019	<a href="#">CSFPR - "14-3-3 Protein, CSF (Prion Disease)"</a>
Update Existing Test	10/24/2019	<a href="#">FNBAL - "Fungitell with Reflex to Titer (BAL)"</a>
Update Existing Test	10/24/2019	<a href="#">FNBRW - "Fungitell with Reflex to Titer (Bronch Wash)"</a>
Update Existing Test	10/24/2019	<a href="#">FNCSF - "Fungitell with Reflex to Titer (CSF)"</a>
Update Existing Test	10/24/2019	<a href="#">FN SER - "Fungitell with Reflex to Titer (Serum)"</a>
Update Existing Test	11/25/2019	<a href="#">HCVN3 - "Hepatitis C Viral RNA Genotype 1 NS3 Drug Resistance"</a>
Update Existing Test	11/14/2019	<a href="#">HISAG - "Histoplasma Antigen Detect, Urine"</a>
Update Existing Test	11/25/2019	<a href="#">LYMPB - "Lyme Disease (Borrelia spp) DNA, Qualitative, Blood"</a>
Update Existing Test	11/4/2019	<a href="#">MCFS - "Mycobacteria, Culture"</a> <a href="#">MC - "Mycobacteria, Fluorochrome Smear"</a>
Update Existing Test	10/24/2019	<a href="#">NTXS - "N-Telopeptide, Cross-Linked, Serum"</a>
Update Existing Test	11/18/2019	<a href="#">PNEJ - "Pneumocystis Jirovecii by DFA"</a>
Update Existing Test	10/24/2019	<a href="#">PRCAL - "Procalcitonin"</a>
Update Existing Test	11/11/2019	<a href="#">PTH - "Parathyroid Hormone, Intact"</a>
Update Existing Test	11/18/2019	<a href="#">UAAQA - "Amino Acids (Quant) - Urine"</a>
Update Existing Test	10/24/2019	<a href="#">UPBGQ - "Porphobilinogen, 24 Hr Urine"</a>
Update Existing Test	11/18/2019	<a href="#">ZPNYL - "Phenylalanine"</a>
Inactivate Test With Replacement	11/18/2019	<a href="#">A2A - "Alpha-2 Antiplasmin" replaced by AL2PS - "Alpha-2 Plasmin Inhibitor, Plasma"</a>
Inactivate Test With Replacement	11/18/2019	<a href="#">ACYCP - "Acylcarnitines Quantitative, Plasma" replaced by ACYLP - "Acylcarnitine, Plasma"</a>
Inactivate Test With Replacement	11/18/2019	<a href="#">BROMI - "Bromides" replaced by MBMET - "Methyl Bromide Metabolite, Serum/Plasma"</a>
Inactivate Test With Replacement	11/18/2019	<a href="#">G1PU - "Galactose-1-Phosphate Uridyltransferase" replaced by GLPHO - "Galactose-1-Phos Uridyltransferase, RBC"</a>

Inactivate Test With Replacement	11/18/2019	<a href="#">MYOCA - "Myocardial Antibodies-Serum" replaced by MYCAB - "Myocardial Ab with reflex to Titer"</a>
Inactivate Test With Replacement	11/18/2019	<a href="#">SULFA - "Sulfa Drugs, Total" replaced by SULFQ - "Sulfonamides, Quantitative, Serum or Plasma"</a>
Inactivate Test With Replacement	11/18/2019	<a href="#">THRMP - "Thrombophilia Profile" replaced by AATHR - "Thrombophilia Profile"</a>
Inactivate Test With Replacement	11/18/2019	<a href="#">UTHIO - "Thiocyanate - Urine" replaced by THIOU - "Thiocyanate, Urine"</a>

New Test Activation			
Effective Date	11/26/2019		
Name	Human Immunodeficiency Virus 1 (HIV-1) Qualitative by NAAT		
Code	HIVBL		
CPT Code(s)	87535		
Notes	Recommended for newborn testing.		
Specimen Requirements			
Specimen Required	Draw blood in a lavender EDTA. Send 1.0 mL blood (0.4 mL minimum) refrigerated in a original tube or a screw-capped plastic vial.		
Rejection Criteria	Heparinized specimens		
Stability	Room temperature: Unacceptable; Refrigerated: 1 week; Frozen: 1 week		
Performing Information			
Methodology	Qualitative Transcription Mediated Amplification		
Reference Range	Not detected		
Performed Days	Tuesday-Saturday		
Turnaround Time	4-7 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code <sup>1</sup>	HIVBL		
Interface Order Code	3600041		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3600041	Human Immunodeficiency Virus 1 (HIV-1) Qualitative by NAAT	5017-9	No

New Test Activation			
<b>Effective Date</b>	11/26/2019		
<b>Name</b>	Myeloid Malignancies Mutation Panel by Next Gen. Sequencing		
<b>Code</b>	MMMNG		
<b>CPT Code(s)</b>	81455 ZB2ZW		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Draw blood in a lavender EDTA. Send 5.0 mL whole blood (1.0 mL minimum) refrigerated in the original collection tube or a screw-capped plastic vial.		
<b>Alternate Specimen</b>	Bone marrow: lavender EDTA 3.0 ML		
<b>Rejection Criteria</b>	Serum, plasma, tissue, whole blood/bone marrow other than EDTA, clotted or grossly hemolyzed specimens		
<b>Stability</b>	Room temperature: 24 hours; Refrigerated: 5 days; Frozen: Unacceptable		
Performing Information			
<b>Methodology</b>	Massively Parallel Sequencing		
<b>Reference Range</b>	By report		
<b>Performed Days</b>	Varies		
<b>Turnaround Time</b>	14-16 days		
<b>Performing Laboratory</b>	ARUP Reference Laboratory		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	MMMNG		
<b>Interface Order Code</b>	3618421		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3618422	Myeloid Malignancy Proposed Diagnosis	29308-4	Yes
3618423	Myeloid Malignancies Panel Specimen	31208-2	Yes
3618424	Myeloid Malignancies Panel Interp	35474-6	No
3618425	Myeloid Malignancies Panel by NDS	51991-8	No

New Website Listing			
<b>Effective Date</b>	11/18/2019		
<b>Name</b>	Hepatitis Delta Ag		
<b>Code</b>	HEPDG		
<b>CPT Code(s)</b>	87380		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Draw blood in a SST. Centrifuge, remove serum from cells, and send 1.0 mL serum (0.5 mL minimum) frozen in a screw-capped plastic vial.		
<b>Alternate Specimen</b>	Serum: Red-top		
<b>Rejection Criteria</b>	Grossly hemolyzed or lipemic specimens		
<b>Stability</b>	Room temperature: Unacceptable; Refrigerated: 1 week; Frozen: 3 months		
Performing Information			
<b>Methodology</b>	Qualitative Enzyme-Linked Immunosorbent Assay		
<b>Reference Range</b>	By report		
<b>Performed Days</b>	Varies		
<b>Turnaround Time</b>	9-11 days		
<b>Performing Laboratory</b>	ARUP Reference Laboratory		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	HEPDAG		
<b>Interface Order Code</b>	3503340		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3503340	Hepatitis Delta Ag	44754-0	No

New Website Listing			
<b>Effective Date</b>	10/24/2019		
<b>Name</b>	Porphobilinogen, Rand Ur		
<b>Code</b>	UPBGR		
<b>CPT Code(s)</b>	84110		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Send 10.0 mL urine from a first morning collection (2.0 mL minimum) frozen in a screw-capped plastic vial. PROTECT FROM LIGHT.		
<b>Rejection Criteria</b>	Received room temperature, not protected from light.		
<b>Stability</b>	Room temperature: Unacceptable; Refrigerated: 7 day; Frozen: 30 days		
Performing Information			
<b>Methodology</b>	Colorimetric		
<b>Reference Range</b>	By report		
<b>Performed Days</b>	Tuesday, Thursday, Saturday		
<b>Turnaround Time</b>	5-8 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	UPBGRQ		
<b>Interface Order Code</b>	3426600		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3426620	Porphobilinogen, Rand Ur	13797-6	No
3426640	Interpretation	48767-8	No

Update Existing Test	
Effective Date	11/18/2019
Name	Amino Acids (Quant) - Plasma
Code	AMAPQ
Interface Order Code	3500360
Legacy Code	AMINOQ
Notes	Reference ranges will be updated on ARUP report effective November 18, 2019

Update Existing Test	
Effective Date	11/25/2019
Name	Borrelia species DNA PCR -Tick
Code	BORDN
Interface Order Code	3425780
Legacy Code	BORRSPTQ
Notes	

Required Testing Changes	
Specimen Required	Send <b>one fresh intact</b> deer tick in <b>1-10 mL</b> 70% ethanol in a sterile screw capped container.
Rejection Criteria	<b>Specimens submitted in formalin will not be accepted</b>

Update Existing Test	
Effective Date	10/24/2019
Name	14-3-3 Protein, CSF (Prion Disease)
Code	CSFPR
Interface Order Code	3700101
Legacy Code	
Notes	<b>This test is now approved for patients from all U.S. states.</b>

Required Testing Changes	
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 service for a form. The ordering physician name and phone number are required by the National Prion Lab.

Update Existing Test	
Effective Date	10/24/2019
Name	Fungitell with Reflex to Titer (BAL)
Code	FNBAL
Interface Order Code	3300141
Legacy Code	FNBAL
Notes	
Required Testing Changes	
Specimen Required	Send 3.0 mL BAL ( <b>1.0 mL minimum</b> ) frozen in a sterile, screw-capped plastic (polypropylene) container.
Stability	Room temperature: 4 days; Refrigerated: 7 days; Frozen: 1 month

Update Existing Test	
Effective Date	10/24/2019
Name	Fungitell with Reflex to Titer (Bronch Wash)
Code	FNBRW
Interface Order Code	3300144
Legacy Code	FNBRW
Notes	
Required Testing Changes	
Specimen Required	Send 3.0 mL bronch wash ( <b>1.0 mL minimum</b> ) frozen in a sterile, screw-capped plastic (polypropylene) container.
Stability	Room temperature: 4 days; Refrigerated: 7 days; Frozen: 1 month

Update Existing Test	
Effective Date	10/24/2019
Name	Fungitell with Reflex to Titer (CSF)
Code	FNCSF
Interface Order Code	3300147
Legacy Code	FNCSF
Notes	
Required Testing Changes	
Specimen Required	Send <b>3.0 mL</b> CSF ( <b>1.0 mL minimum</b> ) frozen in a sterile, screw-capped plastic (polypropylene) container.
Stability	Room temperature: 4 days; Refrigerated: 7 days; Frozen: 1 month

Update Existing Test	
Effective Date	10/24/2019
Name	Fungitell with Reflex to Titer (Serum)
Code	FNSER
Interface Order Code	3300150
Legacy Code	FNSER
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a ST. Centrifuge, remove serum from cells and send 1.0 mL serum ( <b>0.5 mL minimum</b> ) frozen in a screw-capped plastic vial.
Stability	Room temperature: <b>4 days</b> ; Refrigerated: <b>7 days</b> ; Frozen: 1 month

Update Existing Test	
Effective Date	11/25/2019
Name	Hepatitis C Viral RNA Genotype 1 NS3 Drug Resistance
Code	HCVN3
Interface Order Code	3434950
Legacy Code	HCVN3
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a lavender EDTA, Centrifuge, remove plasma from cells within 24 hours of collection. And send 2.0 mL plasma (0.6 mL minimum) <b>frozen</b> in a screw-capped plastic vial. HCV Genotype 1 is required for this test.
Stability	Room temperature: <b>Unacceptable</b> ; Refrigerated: <b>72 hours</b> ; Frozen: 42 days

Update Existing Test	
Effective Date	11/14/2019
Name	Histoplasma Antigen Detect, Urine
Code	HISAG
Interface Order Code	3705240
Legacy Code	UHISAGS
Notes	
Required Testing Changes	
Methodology	Enzyme Immunoassay
Reference Range	<0.2 ng/mL



Update Existing Test	
Effective Date	11/25/2019
Name	Lyme Disease (Borrelia spp) DNA, Qualitative, Blood
Code	LYMPB
Interface Order Code	3435320
Legacy Code	LYMPB
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a lavender EDTA tube. Send 1.0 mL whole blood (0.5 mL minimum) refrigerated in original tube or in a screw-capped plastic vial.
Alternate Specimen	Whole blood: ACD solution A (yellow-top)

Update Existing Tests	
Effective Date	11/4/2019
Name	Mycobacteria, Culture
Code	MCFS
Interface Order Code	3700051
Legacy Code	MCFS
Name	Mycobacteria, Fluorochrome Smear
Code	MC
Interface Order Code	3700064
Legacy Code	MC
Notes	
Required Testing Changes	
Specimen Required	Send 10.0 mL body fluids or lower respiratory tract specimens. Collected in a sterile, screw-capped leak-proof container.
Alternate Specimen	<p>Preferred:</p> <p>Urine (clean catch midstream or catheter collection): <b>40.0 ml (20.0 mL minimum)</b>.            CSF <b>2.0 mL</b> (1.0 mL minimum)            Tissue (1-2 cm x 1-2 cm piece recommended) - place tissue and needle biopsies in sterile leak proof container with small amount of saline.            Gastric lavage: <b>10.0 mL</b> in a sterile leak proof container, must be neutralized with sodium bicarbonate within 4 hours of collection (<b>2.0 mL</b> minimum)  <b>1.0 mL exudate, aspirate, lesion material, ocular specimen collected in a sterile leak-proof container</b></p> <p><b>Acceptable:</b></p> <p><b>Swabs in Amies liquid; Amies gel swab transport system; samples in Anaerobic Transport medium, ONLY if it is an irreplaceable sample type; throat/oral/swabs from cystic fibrosis patients; Stuarts or Eswab ONLY if tissue biopsy or wound aspirate is not available</b></p>
Rejection Criteria	24 hour urine or sputum specimens, specimen in formalin, alcohol, EDTA, lithium heparin or conventional blood culture bottles, throat/oral/sputum swabs from non-cystic fibrosis patients, urine in preservative tubes

Update Existing Test	
Effective Date	10/24/2019
Name	N-Telopeptide, Cross-Linked, Serum
Code	NTXS
Interface Order Code	3717980
Legacy Code	NTXS
Notes	
Required Testing Changes	
Performed Days	Wednesday
Turnaround Time	3-10 days
Performing Laboratory	Quest Valencia

Update Existing Test	
Effective Date	11/18/2019
Name	Pneumocystis Jirovecii by DFA
Code	PNEJ
Interface Order Code	3620720
Legacy Code	PNEUMOARP
Notes	
Required Testing Changes	
CPT Code(s)	87281, 87015

Update Existing Test	
Effective Date	10/24/2019
Name	Procalcitonin
Code	PRCAL
Interface Order Code	3689100
Legacy Code	PROCALARP
Notes	
Required Testing Changes	
Alternate Specimen	Serum: Red-top Plasma: lithium heparin
Rejection Criteria	Plasma: Citrate, EDTA

Update Existing Test	
Effective Date	11/11/2019
Name	Parathyroid Hormone, Intact
Code	PTH
Interface Order Code	1010400
Legacy Code	PTHI
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a lavender EDTA. Centrifuge, remove plasma from cells and send 1.5 mL plasma (1.0 mL minimum) frozen in a screw-capped plastic vial. <b>Label as PLASMA.</b>
Alternate Specimen	Serum: 2.0 mL serum (1.0 mL minimum) frozen.
Rejection Criteria	Grossly hemolyzed specimens, heparinized plasma
Stability	Plasma: Room temperature: 48 hours; Refrigerated: 72 hours; Frozen: 6 months Serum: Room temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months
Reference Range	<1 Year: 7-58 pg/mL 1-7 years: 12-55 pg/mL 8-18 years: 12-71 pg/mL > or = 19 years: 14-64 pg/mL

Update Existing Test	
Effective Date	11/18/2019
Name	Amino Acids (Quant) - Urine
Code	UAAQA
Interface Order Code	3500370
Legacy Code	UAMINOQ
Notes	Reference ranges will be updated on ARUP report effective November 18, 2019.

Update Existing Test			
Effective Date	10/24/2019		
Name	Porphobilinogen, 24 Hr Urine		
Code	UPBGQ		
Interface Order Code	3426500		
Legacy Code	UPBG24Q		
Notes			
Required Testing Changes			
Specimen Required	Collect 24 hour urine in an IATA-approved sterile screw-capped plastic container, protected from light. Keep refrigerated during collection. Send a 10 mL urine aliquot (2 mL minimum) refrigerated in a screw-capped plastic container. PROTECT FROM LIGHT. Provide 24 hour urine volume.		
Alternate Specimen	10.0 mL urine from a 24 hour collection can be alkalized with sodium carbonate (5g Na <sub>2</sub> CO <sub>3</sub> ) to a pH of 6-7. Send refrigerated and protected from light.		
Rejection Criteria	Received room temperature, not protected from light, pH <4.0		
Reference Range	24 hour Porphobilinogen: <2.4 mg/24 hr Creatinine: By report		
Turnaround Time	3-8 days		
Performing Laboratory	Quest SJC		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3420710	Total Volume	3167-4	Yes
3426520	Porphobilinogen, 24 Hr Ur	2810-0	No
3426540	Interpretation	48767-8	No

Update Existing Test			
Effective Date	11/18/2019		
Name	Phenylalanine		
Code	ZPNYL		
Interface Order Code	3508640		
Legacy Code	PHENYL		
Notes			
Required Testing Changes			
Rejection Criteria	Hemolyzed specimens		
Reference Range	0-30 days: 30-95 µmol/L 1 month-11 months: 30-90 µmol/L 1 year and older: 30-82 µmol/L		

Inactivate Test With Replacement			
<b>Effective Date</b>	11/18/2019		
Inactivated Test			
<b>Name</b>	Alpha-2 Antiplasmin		
<b>Code</b>	A2A		
<b>Legacy Code<sup>1</sup></b>	A2A		
<b>Interface Order Code</b>	3500325		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Alpha-2 Plasmin Inhibitor, Plasma		
<b>Code</b>	AL2PS		
<b>CPT Code(s)</b>	85410		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Draw blood in a light blue sodium citrate tube. See appendices for coagulation test collection instructions. Send 1.0 mL plasma (0.5 mL minimum) frozen in a screw-capped plastic vial. <b>CRITICAL FROZEN.</b>		
<b>Rejection Criteria</b>	Gross hemolysis, gross lipemia		
<b>Stability</b>	Room temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 14 days		
Performing Information			
<b>Methodology</b>	Chromogenic		
<b>Reference Range</b>	Adults: 80-140% Normal, full-term and premature infants may have mildly decreased levels (> or = 50%) which reach adult levels within < or = 90 days postnatal.		
<b>Performed Days</b>	Monday-Friday		
<b>Turnaround Time</b>	4-5 days		
<b>Performing Laboratory</b>	Mayo Medical Laboratories		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	AL2PS		
<b>Interface Order Code</b>	3800009		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3800009	Alpha-2 Plasmin Inhibitor, P	27810-1	No

Inactivate Test With Replacement			
<b>Effective Date</b>	11/18/2019		
Inactivated Test			
<b>Name</b>	Acylcarnitines Quantitative, Plasma		
<b>Code</b>	ACYCP		
<b>Legacy Code<sup>1</sup></b>	ACYCP		
<b>Interface Order Code</b>	3802105		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Acylcarnitine, Plasma		
<b>Code</b>	ACYLP		
<b>CPT Code(s)</b>	82017		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Draw blood in a green sodium heparin tube. Centrifuge as soon as possible after collection, separate and send 1.0 mL plasma (0.2 mL minimum) frozen in a screw-capped plastic vial. Freeze immediately after separation. Patient should be in a well fed state.		
<b>Rejection Criteria</b>	Gross hemolysis, received room temperature or refrigerated		
<b>Stability</b>	Room temperature: 1 hour; Refrigerated: 1 hour; Frozen: 92 days		
Performing Information			
<b>Methodology</b>	Liquid Chromatography - Tandem Mass Spectrometry		
<b>Reference Range</b>	By report		
<b>Performed Days</b>	Tuesday, Thursday, Saturday		
<b>Turnaround Time</b>	7-9 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	ACYLP		
<b>Interface Order Code</b>	3400204		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3400205	Interpretation	46252-3	No
3400206	Acetylcarnitine, C2	30191-1	No
3400207	Propionylcarnitine, C3	30551-6	No
3400208	Malonylcarnitine, C3DC	55940-1	No
3400209	Butyryl-/isobutyrylcarn, C4	43243-5	No
3400211	Methylmalonylcarn, C4DC	39010-4	No
3400212	OH-Butyrylcarnitine, C4OH	39000-5	No
3400213	Isovaleryl-/2-methylbut, C5	30531-8	No
3400214	Tiglyl/methylcrotonyl, C5:1	69573-4	No

3400215	Glutarylcarnitine, C5DC	30349-5	No
3400216	OH-Isovalerylcarnitin, C5OH	39001-3	No
3400217	Hexanoylcarnitine, C6	30358-6	No
3400218	Adipoylcarnitine, C6DC	39002-1	No
3400219	OH-Hexanoylcarnitine, C6OH	30236-4	No
3400220	Octanoylcarnitine, C8	30540-9	No
3400221	Octenoylcarnitine, C8:1	30541-7	No
3400222	Suberylcarnitine, C8DC	39014-6	No
3400223	Decanoylcarnitine, C10	30327-1	No
3400224	Decenoylcarnitine, C10:1	30328-9	No
3400225	Decadienoylcarnitine, C10:2	53471-9	No
3400226	Dodecanoylcarnitine, C12	30331-3	No
3400227	Dodecenoylcarnitine, C12:1	30332-1	No
3400228	OH-Dodecanoylcarn, C12OH	30233-1	No
3400229	Tetradecanoylcarnitine, C14	30565-6	No
3400230	Tetradecenoylcarn, C14:1	30566-4	No
3400231	Tetradecadienoylcarn, C14:2	30564-9	No
3400232	OH-Tetradecanoylcarn, C14OH	30238-0	No
3400233	OH-Tetradecenoyl, C14:1-OH	30190-3	No
3400234	Hexadecanoylcarnitine, C16	30356-0	No
3400235	Hexadecenoylcarn, C16:1	30357-8	No
3400236	OH-Hexadecanoylcarn, C16OH	30234-9	No
3400237	OH-Hexadecenoyl, C16:1-OH	30235-6	No
3400238	Stearoylcarnitine, C18	30560-7	No
3400239	Oleoylcarnitine, C18:1	30542-5	No
3400240	Linoleoylcarnitine, C18:2	30534-2	No
3400241	OH-Oleoylcarn, C18:1-OH	30312-3	No
3400242	OH-Linoleoylcarn, C18:2-OH	30237-2	No



Inactivate Test With Replacement			
<b>Effective Date</b>	11/18/2019		
Inactivated Test			
<b>Name</b>	Bromides		
<b>Code</b>	BROMI		
<b>Legacy Code<sup>1</sup></b>	BROM		
<b>Interface Order Code</b>	3500878		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Methyl Bromide Metabolite, Serum/Plasma		
<b>Code</b>	MBMET		
<b>CPT Code(s)</b>	82542		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Avoid exposure to gadolinium or iodine based contrast media for 96 hours prior to specimen collection. Do not use disinfectant containing iodine, such as Betadine prior to draw. Draw blood in a dark blue EDTA. Centrifuge, separate serum from cells within 2 hours of collection and send 2.0 mL serum (0.7 mL minimum) refrigerated in a ARUP blue-capped metal-free screw-capped plastic vial.		
<b>Alternate Specimen</b>	Serum: Dark blue plain		
<b>Rejection Criteria</b>	Separator tubes		
<b>Stability</b>	Room temperature: 1 month; Refrigerated: 1 month; Frozen: 1 year		
Performing Information			
<b>Methodology</b>	Quantitative Inductively Coupled Plasma - Mass Spectrometry		
<b>Reference Range</b>	By report		
<b>Performed Days</b>	Varies		
<b>Turnaround Time</b>	10-13 days		
<b>Performing Laboratory</b>	ARUP Reference Laboratory		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	MBMET		
<b>Interface Order Code</b>	3600043		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3600043	Methyl Bromide Metabolite, Serum/Plasma	9790-7	No

Inactivate Test With Replacement															
<b>Effective Date</b>	11/18/2019														
Inactivated Test															
<b>Name</b>	Galactose-1-Phosphate Uridyltransferase														
<b>Code</b>	G1PU														
<b>Legacy Code<sup>1</sup></b>	G1PU														
<b>Interface Order Code</b>	3502970														
<b>Notes</b>															
Replacement Test															
<b>Name</b>	Galactose-1-Phos Uridyltransferase, RBC														
<b>Code</b>	GLPHO														
<b>CPT Code(s)</b>	82775														
<b>Notes</b>															
Specimen Requirements															
<b>Specimen Required</b>	Draw blood in a lavender EDTA tube. Send 7.0 mL whole blood (3.0 mL minimum) refrigerated.														
<b>Alternate Specimen</b>	Whole blood: Sodium or lithium heparin														
<b>Rejection Criteria</b>	Grossly hemolyzed specimens														
<b>Stability</b>	Room temperature: Unacceptable; Refrigerated: 5 days; Frozen: Unacceptable														
Performing Information															
<b>Methodology</b>	Enzymatic/Liquid Chromatography-Tandem Mass Spectrometry														
<b>Reference Range</b>	<p>Reference Interval: Greater than or equal to 19.4 U/g Hb</p> <p>Interpretive Data: One U/g Hb is equivalent to one umol/hour/gram of hemoglobin (umol/hr/g Hb).</p> <table> <tr> <td>Genotype</td> <td>Galactose-1-Phosphate Uridyltransferase Activity (μmol h-1 gHb-1)</td> </tr> <tr> <td>Classic galactosemia (G/G)</td> <td>Less than or equal to 0.7</td> </tr> <tr> <td>Duarte galactosemia (D/G)</td> <td>3.1-7.8</td> </tr> <tr> <td>Classic galactosemia carrier (G/N)</td> <td>6.5-16.2</td> </tr> <tr> <td>Duarte homozygous (D/D)</td> <td>6.4-16.5</td> </tr> <tr> <td>Duarte carrier (D/N)</td> <td>12.0-24.0</td> </tr> <tr> <td>Normal (N/N)</td> <td>Greater than or equal to 19.4</td> </tr> </table>	Genotype	Galactose-1-Phosphate Uridyltransferase Activity (μmol h-1 gHb-1)	Classic galactosemia (G/G)	Less than or equal to 0.7	Duarte galactosemia (D/G)	3.1-7.8	Classic galactosemia carrier (G/N)	6.5-16.2	Duarte homozygous (D/D)	6.4-16.5	Duarte carrier (D/N)	12.0-24.0	Normal (N/N)	Greater than or equal to 19.4
Genotype	Galactose-1-Phosphate Uridyltransferase Activity (μmol h-1 gHb-1)														
Classic galactosemia (G/G)	Less than or equal to 0.7														
Duarte galactosemia (D/G)	3.1-7.8														
Classic galactosemia carrier (G/N)	6.5-16.2														
Duarte homozygous (D/D)	6.4-16.5														
Duarte carrier (D/N)	12.0-24.0														
Normal (N/N)	Greater than or equal to 19.4														
<b>Performed Days</b>	Monday, Wednesday, Friday														
<b>Turnaround Time</b>	4-7 days														
<b>Performing Laboratory</b>	ARUP Reference Laboratory														
Interface Information															
<b>Legacy Code<sup>1</sup></b>	GLPHO														

<b>Interface Order Code</b>	3600044		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3600044	Galactose-1-Phos Uridyltransferase, RBC	10970-2	No

Inactivate Test With Replacement			
<b>Effective Date</b>	11/18/2019		
Inactivated Test			
<b>Name</b>	Myocardial Antibodies-Serum		
<b>Code</b>	MYOCA		
<b>Legacy Code<sup>1</sup></b>	MYOCAR		
<b>Interface Order Code</b>	3505260		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Myocardial Ab with reflex to Titer		
<b>Code</b>	MYCAB		
<b>CPT Code(s)</b>	86255, plus 86256 if titered, at additional cost		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Draw blood in a SST. Centrifuge, separate serum from cells within 2 hours of collection and send 0.5 mL serum (0.2 mL minimum) refrigerated in a screw-capped plastic vial. Positive results will be titered to endpoint.		
<b>Alternate Specimen</b>	Serum: Red-top		
<b>Rejection Criteria</b>	Severely hemolyzed or lipemic specimesn, plasma		
<b>Stability</b>	Room temperature: 48 days; Refrigerated: 14 days; Frozen: 6 months		
Performing Information			
<b>Methodology</b>	Indirect Immunofluorescence		
<b>Reference Range</b>	Negative <1:40		
<b>Performed Days</b>	Tuesday-Friday		
<b>Turnaround Time</b>	3-10 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	MYCAB		
<b>Interface Order Code</b>	3400201		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3400202	Myocardial Antibody Screen, IFA	42181-8	No
3400203	Myocardial Antibody Titer	56633-1	No

Inactivate Test With Replacement			
<b>Effective Date</b>	11/18/2019		
Inactivated Test			
<b>Name</b>	Sulfa Drugs, Total		
<b>Code</b>	SULFA		
<b>Legacy Code<sup>1</sup></b>	SULFA		
<b>Interface Order Code</b>	3510120		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Sulfonamides, Quantitative, Serum or Plasma		
<b>Code</b>	SULFQ		
<b>CPT Code(s)</b>	80375 (G0480)		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Draw blood in a red-top tube. Centrifuge, separate serum from cells within 2 hours of collection. Send 1.0 mL serum (0.4 mL minimum) refrigerated in a screw-capped plastic vial.		
<b>Alternate Specimen</b>	Plasma: EDTA		
<b>Rejection Criteria</b>	Separator tubes		
<b>Stability</b>	Room temperature: 24 hours; Refrigerated: 3 months; Frozen: 3 months		
Performing Information			
<b>Methodology</b>	Quantitative Spectrophotometry		
<b>Reference Range</b>	By report		
<b>Performed Days</b>	Varies		
<b>Turnaround Time</b>	10-12 days		
<b>Performing Laboratory</b>	ARUP Reference Laboratory		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	SULFQ		
<b>Interface Order Code</b>	3600046		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3600046	Sulfonamides, Quantitative, Serum/Plasma	4040-2	No

Inactivate Test With Replacement	
<b>Effective Date</b>	11/18/2019
Inactivated Test	
<b>Name</b>	Thrombophilia Profile
<b>Code</b>	THRMP
<b>Legacy Code<sup>1</sup></b>	THRMP
<b>Interface Order Code</b>	3515520
<b>Notes</b>	
Replacement Test	
<b>Name</b>	Thrombophilia Profile
<b>Code</b>	AATHR
<b>CPT Code(s)</b>	81240-F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G->A variant 85300-AT activity 85303-Protein C activity 85306-Protein S antigen, free 85307-Activated protein resistance V 85379-D-Dimer 85384-Fibrinogen 85390-26-Special coagulation interpretation 85610-PT 85613-DRVVT 85670-Thrombin time 85730-APTT
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	Whole blood and plasma are required. Whole blood: Draw blood in a yellow ACD and send 6.0 mL whole blood (3.0 mL minimum) room temperature. Plasma: draw blood in 3-4 light blue 3.2% sodium citrate tubes. See appendices for coagulation test collection instructions. Send 6.0 mL plasma (5.0 mL minimum) frozen in 1.0 mL aliquots in 6 plastic screw-capped vials. Specimen must be drawn prior to initiation of anticoagulants and thrombolytic therapy.
<b>Alternate Specimen</b>	Whole blood: EDTA or 3.2% sodium citrate
<b>Rejection Criteria</b>	Gross hemolysis, lipemia or ictericia
<b>Stability</b>	Plasma: Room Temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 14 days Whole blood: Room temperature: 7 days; Refrigerated: 14 days; Frozen: 14 days
Performing Information	
<b>Methodology</b>	Latex Immunoassay, Chromogenic Assay, Direct Mutation Analysis, Clauss, Optical Clot-Based
<b>Reference Range</b>	By report
<b>Performed Days</b>	Monday - Friday

<b>Turnaround Time</b>	5 - 10 days		
<b>Performing Laboratory</b>	Mayo Medical Laboratories		
<b>Interface Information</b>			
<b>Legacy Code<sup>1</sup></b>	AATHR		
<b>Interface Order Code</b>	3500044		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3500045	Thrombophilia Profile	27811-9	No

Inactivate Test With Replacement			
<b>Effective Date</b>	11/18/2019		
Inactivated Test			
<b>Name</b>	Thiocyanate - Urine		
<b>Code</b>	UTHIO		
<b>Legacy Code<sup>1</sup></b>	UTHIO		
<b>Interface Order Code</b>	3510350		
<b>Notes</b>			
Replacement Test			
<b>Name</b>	Thiocyanate, Urine		
<b>Code</b>	THIOU		
<b>CPT Code(s)</b>	84430, 82570		
<b>Notes</b>			
Specimen Requirements			
<b>Specimen Required</b>	Send 2.0 mL urine (1.0 mL minimum) refrigerated in a screw-capped plastic vial.		
<b>Rejection Criteria</b>	Received room temperature		
<b>Stability</b>	Room Temperature: 5 days; Refrigerated: 30 days; Frozen: 30 days		
Performing Information			
<b>Methodology</b>	Colorimetry, High Performance Liquid Chromatography/Tandem Mass Spectrometry		
<b>Reference Range</b>	None Detected		
<b>Performed Days</b>	Varies		
<b>Turnaround Time</b>	10 - 14 days		
<b>Performing Laboratory</b>	NMS Labs		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	THIOU		
<b>Interface Order Code</b>	3300058		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3300059	Thiocyanate, Urine	3004-9	No
3300061	Thiocyanate, Urine (creatinine corrected)	21562-4	No
3300062	Creatinine, Urine	2161-8	No
3300063	Specific Gravity, Urine	5810-7	No