

Update Notes		

Update Summary		
New Test Activation	10/22/2019	AMNCS - "Amino Acids Quantitative by LC-MS/MS, CSF"
New Test Activation	10/22/2019	BRAFD - "BRAF Mutation Analysis"
New Test Activation	10/22/2019	CMVAV - "Cytomegalovirus IgG Avidity"
New Test Activation	10/22/2019	ENCS - "Encephalopathy, Autoimmune Evaluation, Serum"
New Test Activation	10/22/2019	FLEU - "Fecal Leukocyte Stain"
New Test Activation	10/22/2019	HAMAB - "Human Anti-Mouse Antibody (HAMA)"
Update Existing Test	10/22/2019	Allergen, IgE - "Allergen, IgE"
Update Existing Test	9/27/2019	ASCA - "Saccharomyces cerevisiae IgG IgA"
Update Existing Test	10/8/2019	B27 - "HLA-B27 Screening"
Update Existing Test	9/27/2019	BRUAB - "Brucella Antibodies, IgG & IgM With Reflex to Agglutination"
Update Existing Test	10/7/2019	C5C - "Complement Component C5"
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Update Existing Test	10/8/2019	CD48 - "CD4/CD8"
Update Existing Test	10/8/2019	CMVQA - "Cytomegalovirus DNA, Quantitative"
Update Existing Test	10/8/2019	COPS - "Copper"
Update Existing Test	10/8/2019	HBVQL - "Hepatitis B Virus (HBV) DNA, Qualitative"
Update Existing Test	10/8/2019	HBVQN - "Hepatitis B Virus (HBV) DNA, Quantitative"
Update Existing Test	9/27/2019	IBDP - "Inflammatory Bowel Disease Differentiation Panel"
Update Existing Test	9/27/2019	MTBNR - "Mycobacterium tuberculosis Complex, PCR, Non-Respiratory"
Update Existing Test	9/27/2019	PNCSF - "Paraneoplastic Ab Eval-CSF"
Update Existing Test	9/27/2019	PNPAB - "Paraneoplastic Ab Eval, Serum"
Update Existing Test	9/27/2019	RUBEG - "Rubeola (Measles) IgG Antibody"
Update Existing Test	10/8/2019	TBNK - "Immunodeficiency Screening"
Update Existing Test	9/27/2019	VENLA - "Venlafaxine and Metabolite Qnt"
Update Existing Test	10/8/2019	ZINC - "Zinc, Plasma"
Inactivate Test Without Replacement	11/1/2019	RG203 - "Salt Grass IgE"

New Test Activation			
Effective Date	10/22/2019		
Name	Amino Acids Quantitative by LC-MS/MS, CSF		
Code	AMNCS		
CPT Code(s)	82139		
Notes			
Specimen Requirements			
Specimen Required	Collect CSF. Centrifuge CSF to separate and remove cellular material. Freeze supernatant. Send 0.5 mL CSF supernatant (0.3 mL minimum) frozen in a screw-capped plastic vial. CRITICAL FROZEN. Clinical information is needed for appropriate interpretation including age, gender, diet and family history. Please contact WML Client Services for Biochemical Genetics Patient History form.		
Stability	Room temperature: Unacceptable; Refrigerated: 24 hours; Frozen: 1 month		
Performing Information			
Methodology	Quantitative Liquid Chromatography/Tandem Mass Spectrometry		
Reference Range	By report		
Performed Days	Monday-Friday		
Turnaround Time	4-7 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code¹	AMNCS		
Interface Order Code	3600038		
Result Code	Name	LOINC Code	AOE/Prompt²
3600038	Amino Acids Quantitative by LC-MS/MS CSF	32610-8	No

New Test Activation			
Effective Date	10/22/2019		
Name	BRAF Mutation Analysis		
Code	BRAFD		
CPT Code(s)	81210		
Notes			
Specimen Requirements			
Specimen Required	Send formalin fixed paraffin embedded tissue.		
Alternate Specimen	Blood: 5.0 mL (4.0 mL minimum) EDTA whole blood, refrigerated		
Stability	Tissue: Room temperature: Indefinite; Refrigerated: Indefinite; Frozen: Do not freeze Whole Blood: Room temperature: 72 hours; Refrigerated: 72 hours; Frozen: Do not freeze		
Performing Information			
Methodology	Direct Sequencing		
Reference Range	Not detected		
Performed Days	Tuesday-Saturday		
Turnaround Time	5-6 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code¹	BRAFD		
Interface Order Code	3400399		
Result Code	Name	LOINC Code	AOE/Prompt²
3400401	Specimen Source	31208-2	Yes
3400402	Paraffin Block Number:	57723-9	Yes
3400403	BRAF Mutation Analysis	53844-7	No

New Test Activation			
Effective Date	10/22/2019		
Name	Cytomegalovirus IgG Avidity		
Code	CMVAV		
CPT Code(s)	86644		
Notes			
Specimen Requirements			
Specimen Required	Draw blood in a SST. Centrifuge, remove serum from cells, and send 0.5 mL serum (0.25 mL minimum) refrigerated in a screw-capped plastic vial.		
Alternate Specimen	Serum: Red-top		
Stability	Room temperature: 7 days; Refrigerated: 14 days; Frozen: 30 days		
Performing Information			
Methodology	Immunoassay		
Reference Range	>0.70		
Performed Days	Sunday, Tuesday-Friday		
Turnaround Time	3-5 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code¹	CMVAV		
Interface Order Code	3400192		
Result Code	Name	LOINC Code	AOE/Prompt²
3400192	Cytomegalovirus IgG Avidity	52984-2	No

New Test Activation			
Effective Date	10/22/2019		
Name	Encephalopathy, Autoimmune Evaluation, Serum		
Code	ENCS		
CPT Code(s)	83519 x 3, 86255 x 17, 86341, plus others as appropriate, at additional cost		
Notes			
Specimen Requirements			
Specimen Required	Draw blood in a plain red-top. Centrifuge, remove serum from cells and send 4.0 mL serum (2.5 mL minimum) refrigerated in a screw-capped plastic vial.		
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	Sunday-Saturday		
Turnaround Time	9-12 days		
Performing Laboratory	Mayo Medical Laboratories		
Interface Information			
Legacy Code¹	ENCS		
Interface Order Code	3800079		
Result Code	Name	LOINC Code	AOE/Prompt²
3800079	Encephalopathy, Autoimmune Evaluation, Serum	19146-0	No

New Test Activation			
Effective Date	10/22/2019		
Name	Fecal Leukocyte Stain		
Code	FLEU		
CPT Code(s)	89055		
Notes			
Specimen Requirements			
Specimen Required	Patients should refrain from ingesting barium for 7 days before specimen collection. Place 10 g or 10mL stool in a Total-Fix® transport vial and send room temperature. Minimum volume 5 g or 5 mL. Stool must be collected in a clean dry container. Add stool to bring the liquid to the "fill to here" line and mix contents until homogeneous.		
Alternate Specimen	Stool in Zn-PVA.		
Rejection Criteria	Stool in Cary-Blair, frozen stool, specimens containing barium or received in other than Zn-PVA or Total-Fix®, unpreserved stool.		
Stability	Room temperature: 6 months; Refrigerated: Not recommended; Frozen: Unacceptable		
Performing Information			
Methodology	Microscopy		
Reference Range	By report		
Performed Days	Sunday-Saturday		
Turnaround Time	4-6 days		
Performing Laboratory	Quest Valencia		
Interface Information			
Legacy Code¹	FLEU		
Interface Order Code	3700094		
Result Code	Name	LOINC Code	AOE/Prompt²
3700094	Fecal Leukocyte Stain	13655-6	No

New Test Activation			
Effective Date	10/22/2019		
Name	Human Anti-Mouse Antibody (HAMA)		
Code	HAMAB		
CPT Code(s)	83520		
Notes			
Specimen Requirements			
Specimen Required	Draw blood in a plain red-top. Centrifuge, remove serum from cells and send 1.0 mL serum (0.5 mL minimum) frozen in a screw-capped plastic vial.		
Rejection Criteria	SST, gross lipemia		
Stability	Room temperature: Unacceptable; Refrigerated: 24 hours; Frozen (-20°C): 21 days; Frozen (-70°C): 90 days		
Performing Information			
Methodology	Enzyme Linked Immunosorbent Assay		
Reference Range	≤74 ng/mL		
Performed Days	Thursday		
Turnaround Time	9-16 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code¹	HAMAB		
Interface Order Code	3400191		
Result Code	Name	LOINC Code	AOE/Prompt²
3400191	Human Anti-mouse Antibody (HAMA)	14975-7	No

Update Existing Test	
Effective Date	10/22/2019
Name	Allergen, IgE
Code	See Notes Below
Notes	Reference range change effective for all IgE allergen testing performed at Warde Medical Laboratory.
Required Testing Changes	
Reference Range	Class kU/L Level of Allergen Specific IgE Antibody
	0 <0.10 Undetectable
	0/1 0.10-0.34 Very Low Level
	1 0.35-0.69 Low Level
	2 0.70-3.49 Moderate Level
	3 3.50-17.4 High Level
	4 17.5-49.9 Very High Level
5 50-100 Very High Level	
6 >100 Very High Level	

Update Existing Test	
Effective Date	9/27/2019
Name	Saccharomyces cerevisiae IgG IgA
Code	ASCA
Interface Order Code	3017360
Legacy Code	ASCA
Notes	
Required Testing Changes	
Performed Days	Friday
Turnaround Time	7 days

Update Existing Test	
Effective Date	10/8/2019
Name	HLA-B27 Screening
Code	B27
Interface Order Code	3080980
Legacy Code	HLAB27
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a lavender EDTA tube. Send 4.0 mL whole blood (1.0 mL minimum) room temperature in the original tube. Send within 24 hours of collection. If a sample collected Thursday is not received by Saturday, 72 hour stability will be exceeded by Monday and testing will be canceled.
Performed Days	Monday-Saturday

Update Existing Test			
Effective Date	9/27/2019		
Name	Brucella Antibodies, IgG & IgM With Reflex to Agglutination		
Code	BRUAB		
Interface Order Code	3500880		
Legacy Code	BRUAB		
Notes			
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt ²
3500880	Brucella Antibody	10349-9	No

Update Existing Test	
Effective Date	10/7/2019
Name	Complement Component C5
Code	C5C
Interface Order Code	3420120
Legacy Code	C5CQ
Notes	
Required Testing Changes	
Rejection Criteria	Plasma, gross lipemia, hemolysis, microbial contamination
Stability	Room temperature: 7 days; Refrigerated: 7 days; Frozen: 7 days
Performed Days	Monday, Wednesday, Friday
Turnaround Time	6-8 days

Update Existing Test	
Effective Date	10/7/2019
Name	C7 Complement
Code	C7
Interface Order Code	3501010
Legacy Code	C7
Notes	
Required Testing Changes	
Stability	Room temperature: 21 days; Refrigerated: 21 days; Frozen: 21 days

Update Existing Test	
Effective Date	10/8/2019
Name	CD4/CD8
Code	CD48
Interface Order Code	3080150
Legacy Code	CD4/CD8
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a lavender EDTA tube. Send 4.0 mL whole blood (1.0 mL minimum) room temperature. Ship within 24 hours of collection. If a sample collected Thursday is not received by Saturday, 72 hour stability will be exceeded by Monday and testing will be canceled.
Performed Days	Monday-Saturday

Update Existing Test	
Effective Date	10/8/2019
Name	Cytomegalovirus DNA, Quantitative
Code	CMVQA
Interface Order Code	3092501
Legacy Code	CMVQA
Notes	
Required Testing Changes	
Performed Days	Monday, Wednesday, Friday

Update Existing Test	
Effective Date	10/8/2019
Name	Copper
Code	COPS
Interface Order Code	1004750
Legacy Code	COPS
Notes	
Required Testing Changes	
Performed Days	Monday-Friday

Update Existing Test	
Effective Date	10/8/2019
Name	Hepatitis B Virus (HBV) DNA, Qualitative
Code	HBVQL
Interface Order Code	3092000
Legacy Code	HBVQUAL
Notes	
Required Testing Changes	
Performed Days	Monday-Friday

Update Existing Test	
Effective Date	10/8/2019
Name	Hepatitis B Virus (HBV) DNA, Quantitative
Code	HBVQN
Interface Order Code	3041500
Legacy Code	HBVQUANT
Notes	
Required Testing Changes	
Performed Days	Monday-Friday

Update Existing Test	
Effective Date	9/27/2019
Name	Inflammatory Bowel Disease Differentiation Panel
Code	IBDP
Interface Order Code	3016300
Legacy Code	IBDP
Notes	
Required Testing Changes	
Performed Days	Friday
Turnaround Time	7 days

Update Existing Test	
Effective Date	9/27/2019
Name	Mycobacterium Tuberculosis Complex, PCR, Non-Respiratory
Code	MTBNR
Interface Order Code	3400041
Legacy Code	
Notes	
Required Testing Changes	
Specimen Required	Send 10.0 mL urine (5.0 mL minimum) refrigerated in a sterile screw-capped plastic vial.
Rejection Criteria	Un-neutralized gastric lavage
Stability	Room temperature: Unacceptable; Refrigerated: 5 days; Frozen: 30 days
Methodology	Real-Time Polymerase Chain Reaction (PCR)
Turnaround Time	3-6 days

Update Existing Test			
Effective Date	9/27/2019		
Name	Paraneoplastic Ab Eval-CSF		
Code	PNCSF		
Interface Order Code	3515080		
Legacy Code	PNPABCSF		
Notes			
Required Testing Changes			
CPT Code(s)	86255 x 9, plus 83519 and/or 84182 x 3 and/or 86255 x 9 and/or 86256 x 5 and/or 86341 as appropriate, at additional cost		
Result Code	Name	LOINC Code	AOE/Prompt ²
3515080	Paraneoplastic Ab Eval-CSF	53715-9	No

Update Existing Test			
Effective Date	9/27/2019		
Name	Paraneoplastic Ab Eval, Serum		
Code	PNPAB		
Interface Order Code	3512040		
Legacy Code	PNPABMA		
Notes			
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt ²
3512040	Paraneoplastic Ab Eval, Serum	57771-8	No

Update Existing Test	
Effective Date	9/27/2019
Name	Rubeola (Measles) IgG Antibody
Code	RUBEG
Interface Order Code	3007910
Legacy Code	RUBEG
Notes	
Required Testing Changes	
Reference Range	<p><13.5 AU/mL Negative: No antibody detected</p> <p>13.5 - 16.4 AU/mL Equivocal: Repeat testing in 10 - 14 days may be helpful</p> <p>>= 16.5 AU/mL Positive: IgG antibody to Rubeola detected which may indicate current or previous exposure/immunization to Rubeola.</p>

Update Existing Test	
Effective Date	10/8/2019
Name	Immunodeficiency Screening
Code	TBNK
Interface Order Code	3080090
Legacy Code	IPFLOW
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a lavender EDTA tube. Send 4.0 mL whole blood (1.0 mL minimum) room temperature. Ship within 24 hours of collection. If a sample collected Thursday is not received by Saturday, 72 hour stability will be exceeded by Monday and testing will be canceled.
Performed Days	Monday-Saturday

Update Existing Test			
Effective Date	9/27/2019		
Name	Venlafaxine and Metabolite Qnt		
Code	VENLA		
Interface Order Code	3510990		
Legacy Code	VENLAF		
Notes			
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt ²
3510990	Venlafaxine and Metabolite Qnt	62849-5	No

Update Existing Test	
Effective Date	10/8/2019
Name	Zinc, Plasma
Code	ZINC
Interface Order Code	1004900
Legacy Code	ZINC
Notes	
Required Testing Changes	
Performed Days	Monday-Friday

Inactivate Test Without Replacement	
Effective Date	11/1/2019
Name	Salt Grass IgE
Code	RG203
Legacy Code	RARG203
Interface Code	3060160
Notes	Test no longer available