

Update Notes

Update Summary

New Website Listing	2/18/2020	UHGB - "Hemoglobin - Urine"
Update Existing Test	2/18/2020	21HYD - "21-Hydroxylase AB, Serum"
Update Existing Test	1/1/2020	ADACT - "Adalimumab Activity and Neutralizing Antibody"
Update Existing Test	1/21/2020	APCAB - "Gastric Parietal Cell Antibody"
Update Existing Test	1/1/2020	ASHKE - "Ashkenazi Jewish Mutation"
Update Existing Test	1/28/2020	BACF - "Bile Acids, Fractionated"
Update Existing Test	1/21/2020	CALPT - "Calprotectin"
Update Existing Test	1/21/2020	CNTMA - "Chlamydia/N. gonorrhoeae and T. vaginalis RNA, Qual, TMA"
Update Existing Test	2/18/2020	COXBA - "Coxsackie B Virus Abs"
Update Existing Test	1/21/2020	DHT - "Dihydrotestosterone"
Update Existing Test	2/25/2020	EBVQL - "Epstein Barr Virus DNA PCR, Qual., CSF"
Update Existing Test	2/18/2020	ECHOA - "Echovirus Abs"
Update Existing Test	2/25/2020	EPBAV - "Epstein-Barr Virus DNA, Quant Real-Time PCR, CSF"
Update Existing Test	2/17/2020	FIBAG - "Fibrinogen Antigen, Nephelometry"
Update Existing Test	1/1/2020	INFX - "Infliximab Quant with Reflex to Ab to Infliximab, Serum"
Update Existing Test	1/1/2020	LACOS - "Lacosamide, Serum/Plasma"
Update Existing Test	2/18/2020	LEPM - "Leptospira Antibody, IgM by Dot Blot"
Update Existing Test	2/18/2020	MNBLD - "Manganese, Serum"
Update Existing Test	1/1/2020	MUPCR - "SureSwab(R), Mycoplasma/Ureaplasma Panel, PCR"
Update Existing Test	1/1/2020	QPOSC - "Posaconazole LC-MS/MS, Serum *"
Update Existing Test	2/18/2020	SHGB - "Hemoglobin - Serum"
Update Existing Test	1/21/2020	SWCN - "C. trachomatis/N. Gonorrhoeae RNA, TMA, Liquid Cytology"
Update Existing Test	2/18/2020	UAAQA - "Amino Acids (Quant) - Urine"
Update Existing Test	1/1/2020	VORIC - "Voriconazole, LC-MS/MS, Serum *"
Inactivate Test With Replacement	2/18/2020	CFTU - "Carnitine, Free and Total, Urine, Random" replaced by CAFTU - "Carnitine, Free and Total, Urine"

New Website Listing			
Effective Date	2/18/2020		
Name	Hemoglobin - Urine		
Code	UHGB		
CPT Code(s)	83069		
Notes			
Specimen Requirements			
Specimen Required	Collect random urine. Centrifuge, separate urine from cells and other sediment. Send 4.0 mL urine supernatant (0.7 mL minimum) frozen in a screw-capped plastic vial.		
Stability	Room temperature: Unacceptable; Refrigerated: 8 hours; Frozen: 1 month		
Performing Information			
Methodology	Quantitative Spectrophotometry		
Reference Range	None detected		
Performed Days	Sunday-Saturday		
Turnaround Time	3-5 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code¹	UHGB		
Interface Order Code	3503240		
Result Code	Name	LOINC Code	AOE/Prompt²
3503240	Hemoglobin - Urine	726-0	No

Update Existing Test	
Effective Date	2/18/2020
Name	21-Hydroxylase Ab
Code	21HYD
Interface Order Code	3687160
Legacy Code	21HYDAB
Notes	The name of this test has changed.
Required Testing Changes	
Name	21-Hydroxylase AB, Serum
CPT Code(s)	83516
Specimen Required	Draw blood in a SST. Centrifuge, separate serum from cells within 2 hours and send 1.0 mL serum (0.3 mL minimum) refrigerated in a screw-capped plastic vial.
Alternate Specimen	Serum: Red-top
Rejection Criteria	Grossly hemolyzed
Stability	After separation from cells: Room temperature: 24 hours; Refrigerated: 7 days; Frozen: 1 month
Methodology	Qualitative Enzyme-Linked Immunosorbent Assay
Reference Range	Negative
Performed Days	Tuesday, Friday
Turnaround Time	3-8 days

Update Existing Test	
Effective Date	1/1/2020
Name	Adalimumab Activity and Neutralizing Antibody
Code	ADACT
Interface Order Code	3618440
Legacy Code	ADACT
Notes	
Required Testing Changes	
CPT Code(s)	80145 (activity); 82397 (antibody)

Update Existing Test	
Effective Date	1/21/2020
Name	Gastric Parietal Cell Antibody
Code	APCAB
Interface Order Code	3007760
Legacy Code	APCAB
Notes	
Required Testing Changes	
Performed Days	Friday

Update Existing Test	
Effective Date	1/1/2020
Name	Ashkenazi Jewish Mutation
Code	ASHKE
Interface Order Code	3515020
Legacy Code	ASHKEN
Notes	
Required Testing Changes	
CPT Code(s)	81412

Update Existing Test	
Effective Date	1/28/2020
Name	Bile Acids, Fractionated
Code	BACF
Interface Order Code	3420000
Legacy Code	BILEACFQ
Notes	
Required Testing Changes	
CPT Code(s)	82542

Update Existing Test	
Effective Date	1/21/2020
Name	Calprotectin
Code	CALPT
Interface Order Code	3000049
Legacy Code	CALPT
Notes	This test is now performed at Warde Medical Laboratory.
Required Testing Changes	
Reference Range	<p>Normal: 27.1 - <50 mcg/g Borderline: 50 - 120 mcg/g Abnormal: >120 mcg/g</p> <p>Borderline results suggest repeat testing in 4 to 6 weeks.</p>

Update Existing Test	
Effective Date	1/21/2020
Name	Chlamydia/N. gonorrhoeae and T. vaginalis RNA, Qual, TMA
Code	CNTMA
Interface Order Code	3435200
Legacy Code	CNTMA
Notes	This test code is used for liquid cytology samples.
Required Testing Changes	
Stability	<p>SurePath™, Aptima® transport Room temperature: 14 days; Refrigerated: 14 days; Frozen: Unacceptable</p> <p>ThinPrep®, Aptima® transport Room temperature: 14 days; Refrigerated: 30 days; Frozen: 30 days</p> <p>SurePath™, fluid Room temperature: 4 days; Refrigerated: 4 days; Frozen: Unacceptable</p> <p>ThinPrep®, fluid Room temperature: 14 days; Refrigerated: 14 days; Frozen: Unacceptable</p>

Update Existing Test	
Effective Date	2/18/2020
Name	Coxsackie B Virus Abs
Code	COXBA
Interface Order Code	3671705
Legacy Code	COXBARP
Notes	CSF is no longer accepted as an alternate specimen.
Required Testing Changes	
Alternate Specimen	Serum: Red-top
Rejection Criteria	Plasma specimens, CSF
Stability	Room temperature: 48 hours ; Refrigerated: 14 days; Frozen: 1 year

Update Existing Test	
Effective Date	1/21/2020
Name	Dihydrotestosterone
Code	DHT
Interface Order Code	3422200
Legacy Code	DHTQ
Notes	EDTA plasma is no longer an acceptable alternate sample.
Required Testing Changes	
Rejection Criteria	SST, Plasma, moderate to grossly hemolyzed specimens, grossly icteric specimens
Stability	Room temperature: 7 days; Refrigerated: 14 days ; Frozen: 30 days
Reference Range	Females: ≤20 ng/dL Males: 12-65 ng/dL

Update Existing Test	
Effective Date	2/25/2020
Name	Epstein Barr Virus DNA PCR, Qual.
Code	EBVQL
Interface Order Code	3421440
Legacy Code	EBVDPCRQ
Notes	Warde Medical Laboratory will no longer accept whole blood for this test. We recommend EDTA plasma for testing. See test code EBQL (3000075).
Required Testing Changes	
Name	Epstein Barr Virus DNA PCR, Qual., CSF
Alternate Specimen	Bone marrow: EDTA or ACD A Fluid: Bronchoalveolar lavage, eye
Stability	Bone marrow: Room temperature: 48 hours; Refrigerated: 8 days; Frozen: Unacceptable CSF, tissue, fluids: Room temperature: 48 hours; Refrigerated: 8 days; Frozen: 30 days

Update Existing Test	
Effective Date	2/18/2020
Name	Echovirus Abs
Code	ECHOA
Interface Order Code	3679930
Legacy Code	ECHOARP
Notes	CSF is no longer accepted as an alternate specimen.
Required Testing Changes	
Alternate Specimen	Serum: Red-top
Rejection Criteria	Plasma specimens, CSF, hemolyzed or grossly lipemic specimens
Stability	Room temperature: 48 hours ; Refrigerated: 14 days; Frozen: 1 year

Update Existing Test

Effective Date	2/25/2020
Name	Epstein-Barr Virus DNA, Quant Real-Time PCR, CSF
Code	EPBAV
Interface Order Code	3400475
Legacy Code	
Notes	Warde Medical Laboratory will no longer accept whole blood or serum. We recommend EDTA plasma for testing. See test code EBVQN (3000071).

Required Testing Changes

Alternate Specimen	Bone marrow: EDTA or ACD A Fluid: Bronchoalveolar lavage, eye
Stability	Bone marrow: Room temperature: 48 hours; Refrigerated: 8 days; Frozen: Unacceptable CSF, tissue, fluids: Room temperature: 48 hours; Refrigerated: 8 days; Frozen: 30 days

Update Existing Test

Effective Date	2/17/2020
Name	Fibrinogen Antigen
Code	FIBAG
Interface Order Code	3420260
Legacy Code	FIBAGQ
Notes	The name of this test has changed.

Required Testing Changes

Name	Fibrinogen Antigen, Nephelometry
-------------	---

Update Existing Test

Effective Date	1/1/2020
Name	Infliximab Quant with Reflex to Ab to Infliximab, Serum
Code	INFX
Interface Order Code	3516100
Legacy Code	INFX
Notes	

Required Testing Changes

CPT Code(s)	80230 (Plus 82397 for antibody, if reflexed at additional cost)
--------------------	---

Update Existing Test	
Effective Date	1/1/2020
Name	Lacosamide, Serum/Plasma
Code	LACOS
Interface Order Code	3513660
Legacy Code	LACOS
Notes	
Required Testing Changes	
CPT Code(s)	80235

Update Existing Test	
Effective Date	2/18/2020
Name	Leptospira Antibody, IgM by Dot Blot
Code	LEPM
Interface Order Code	3619700
Legacy Code	LEPM
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a SST. Centrifuge, remove serum from cells within 2 hours of collection, and send 1.0 mL serum (0.2 mL minimum) refrigerated in a screw-capped plastic vial.
Alternate Specimen	Serum: Red-top Plasma: sodium or lithium heparin
Rejection Criteria	Hemolyzed or grossly lipemic specimens. Heat activated specimens. Body fluid other than serum or plasma

Update Existing Test	
Effective Date	2/18/2020
Name	Manganese, Serum
Code	MNBLD
Interface Order Code	3681130
Legacy Code	MANAR
Notes	
Required Testing Changes	
Specimen Required	Patient preparation: Patient should be encouraged to discontinue nutritional supplements, vitamins, minerals and non-essential over-the-counter medication. Draw blood in dark blue, no additive tube. Centrifuge, separate serum from cells within 2 hours of collection and send 2.0 mL serum (0.5 mL minimum) room temperature in a blue-capped ARUP metal free, screw-capped plastic vial.
Rejection Criteria	Separator tubes, hemolysis, specimens not separated from cells within 2 hours .
Stability	Room temperature: Indefinitely; Refrigerated: Indefinitely; Frozen: Indefinitely
Performed Days	Sunday-Saturday

Update Existing Test	
Effective Date	1/1/2020
Name	SureSwab(R), Mycoplasma/Ureaplasma Panel, PCR
Code	MUPCR
Interface Order Code	3400019
Legacy Code	
Notes	
Required Testing Changes	
CPT Code(s)	87798 x 3, 87563

Update Existing Test	
Effective Date	1/1/2020
Name	Posaconazole LC-MS/MS, Serum
Code	QPOSC
Interface Order Code	3621150
Legacy Code	QPOSC
Notes	
Required Testing Changes	
CPT Code(s)	80187

Update Existing Test	
Effective Date	2/18/2020
Name	Hemoglobin - Serum
Code	SHGB
Interface Order Code	3619980
Legacy Code	SHGBARP
Notes	
Required Testing Changes	
Turnaround Time	3-5 days

Update Existing Test	
Effective Date	1/21/2020
Name	C. trachomatis/N. gonorrhoeae RNA, TMA, Surepath
Code	SWCN
Interface Order Code	3723400
Legacy Code	SWCN
Notes	
Required Testing Changes	
Name	C. trachomatis/N. Gonorrhoeae RNA, TMA, Liquid Cytology
Specimen Required	Send 1.0 mL SurePath™ Preservative Fluid (0.5 mL minimum) refrigerated in an Aptima® transfer tube (green label). Specimen must be transferred to Aptima® tube within 4 days of collection. Specimen may also be sent in Aptima® Vaginal collection tube (orange label) or Aptima® Unisex collection tube (white label).
Alternate Specimen	ThinPrep® (PreservCyt®): Send 1.0 mL fluid in Aptima® transport tube (green label), or Aptima® Vaginal collection tube (orange label) or Aptima® Unisex collection tube (white label).

Update Existing Test			
Effective Date	2/18/2020		
Name	Amino Acids (Quant) - Urine		
Code	UAAQA		
Interface Order Code	3500370		
Legacy Code	UAMINOQ		
Notes			
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt ²
3500370	Amino Acids (Quant) - Urine	12177-2	No

Update Existing Test	
Effective Date	1/1/2020
Name	Voriconazole, LC-MS/MS, Serum
Code	VORIC
Interface Order Code	3804240
Legacy Code	VORICON
Notes	
Required Testing Changes	
CPT Code(s)	80285

Inactivate Test With Replacement			
Effective Date	2/18/2020		
Inactivated Test			
Name	Carnitine, Free and Total, Urine, Random		
Code	CFTU		
Legacy Code¹	CFTU		
Interface Order Code	3600050		
Notes			
Replacement Test			
Name	Carnitine, Free and Total, Urine		
Code	CAFTU		
CPT Code(s)	82379		
Notes			
Specimen Requirements			
Specimen Required	Collect random urine. Send 5.0 mL urine (2.0 mL minimum) frozen in a screw-capped plastic vial. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.		
Rejection Criteria	Refrigerated or room temperature specimens.		
Stability	Room temperature: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month		
Performing Information			
Methodology	Tandem Mass Spectrometry		
Reference Range	By report		
Performed Days	Tuesday		
Turnaround Time	4-11 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code¹	CAFTU		
Interface Order Code	3600133		
Result Code	Name	LOINC Code	AOE/Prompt²
3600134	Carnitine, Free, Urine	17867-3	No
3600135	Carnitine, Total, Urine	17866-5	No
3600136	Carnitine, Esterified, Urine	28589-0	No
3600137	Carnitine, E/F Ratio, Urine	54442-9	No
3600138	Creatinine, Urine	2161-8	No