

Update Notes

Update Summary

New Test Activation	3/24/2020	LGI1 - "LGI1 Antibody Test"
New Test Activation	3/24/2020	SP142 - "PD-L1, Clone SP142, IHC"
New Test Activation	3/24/2020	SP263 - "PD-L1, Clone SP263, IHC"
Update Existing Test	2/13/2020	E2 - "Estradiol"
Update Existing Test	2/13/2020	GBM - "Glomerular Basement Membrane IgG Ab"
Update Existing Test	2/24/2020	HMTB - "Heavy Metals Panel, Venous"
Update Existing Test	3/24/2020	LACOS - "Lacosamide, Serum/Plasma"
Update Existing Test	2/25/2020	LEDHN - "Lead - Hair"
Update Existing Test	2/25/2020	TIN - "Tin, Serum"
Update Existing Test	2/25/2020	TTRME - "Amyloidosis, Transthyretin-Associated Familial with Reflex"
Update Existing Test	2/24/2020	UMYO - "Myoglobin, Urine"
Update Existing Test	2/25/2020	ZPHRB - "Porphyrins Evaluation, Whole Blood"
Inactivate Test With Replacement	3/24/2020	PDL1P - "PD-L1 Lung (Pembrolizumab) IHC" replaced by 22C3 - "PD-L1, Clone 22C3, IHC"
Inactivate Test With Replacement	3/30/2020	PRPH - "Propoxyphene, Serum" replaced by PROME - "Propoxyphene and Metabolite, Serum/Plasma"
Inactivate Test With Replacement	3/3/2020	UMUC - "Mucopolysaccharides - Urine" replaced by UMUQ - "Mucopolysaccharides, Quantitative, Urine"
Inactivate Test Without Replacement	3/30/2020	C70E - "Allergen - Insulin, Porcine (C70), IgE"
Inactivate Test Without Replacement	3/30/2020	C71EQ - "Allergen - Insulin, Bovine (C71) IgE"
Inactivate Test Without Replacement	3/30/2020	E205E - "Allergen - Horse Serum (E205) IgE"
Inactivate Test Without Replacement	3/30/2020	F219E - "Allergen - Fennel Seed (F219) IgE"
Inactivate Test Without Replacement	3/30/2020	M70EQ - "Allergen - Pityrosporum orbiculare (M70) IgE"
Inactivate Test Without Replacement	3/30/2020	PHFDG - "Food RAST Port Huron IgG"
Inactivate Test Without Replacement	3/30/2020	RF331 - "Allergen - Saffron (RF331) IgE"
Inactivate Test Without Replacement	3/30/2020	SBIQ - "Allergen - Sugar Beet (RW210) IgE"

New Test Activation			
Effective Date	3/24/2020		
Name	LGI1 Antibody Test		
Code	LGI1		
CPT Code(s)	86255		
Notes			
Specimen Requirements			
Specimen Required	Collect SST tube. Centrifuge, separate serum from cells and send 2.0 mL serum (0.5 mL minimum) refrigerated in a screw-capped plastic vial.		
Alternate Specimen	CSF		
Stability	Room temperature: 72 hours; Refrigerated: 28 days; Frozen: 28 days		
Performing Information			
Methodology	Immunofluorescence assay		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	7-9 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code ¹	LGI1		
Interface Order Code	3400247		
Result Code	Name	LOINC Code	AOE/Prompt ²
3400248	Interpretation	50398-7	No
3400249	Technical Results	19146-0	No
3400250	Methods	49549-9	No
3400251	Methods	8251-1	No
3400252	References	8265-1	No

New Test Activation			
Effective Date	3/24/2020		
Name	PD-L1, Clone SP142, IHC		
Code	SP142		
CPT Code(s)	88360		
Notes			
Specimen Requirements			
Specimen Required	Collect tissue. Send a formalin-fixed paraffin embedded tissue block at room temperature.		
Alternate Specimen	Three unstained glass positively charged slides with 4 microns formalin-fixed paraffin embedded tissue.		
Rejection Criteria	Wet/frozen tissue, cytology smears, non-formalin fixed tissue, non-paraffin embedded tissue, non-charged slides, ProbeOn slides		
Stability	Room temperature: Unknown; Refrigerated: Unknown; Frozen: Unacceptable		
Performing Information			
Methodology	Immunohistochemistry		
Reference Range	See report		
Performed Days	Monday-Friday		
Turnaround Time	7-9 days		
Performing Laboratory	Mayo Medical Laboratories		
Interface Information			
Legacy Code¹	SP142		
Interface Order Code	3800068		
Result Code	Name	LOINC Code	AOE/Prompt²
3800069	Interpretation	59465-5	No
3800071	Participated in the Interpretation	Not Available	No
3800072	Report electronically signed by	19139-5	No
3800073	Material Received	81178-6	No
3800074	Disclaimer	62364-5	No
3800075	Case Number	80398-1	No

New Test Activation			
Effective Date	3/24/2020		
Name	PD-L1, Clone SP263, IHC		
Code	SP263		
CPT Code(s)	88360		
Notes			
Specimen Requirements			
Specimen Required	Collect tissue. Send a formalin-fixed paraffin embedded tissue block at room temperature.		
Alternate Specimen	Three unstained glass positively charged slides with 4 microns formalin-fixed paraffin embedded tissue.		
Rejection Criteria	Wet/frozen tissue, cytology smears, non-formalin fixed tissue, non-paraffin embedded tissue, non charged slides, ProbeOn slides		
Stability	Room temperature: Unknown; Refrigerated: Unknown; Frozen: Unacceptable		
Performing Information			
Methodology	Immunohistochemistry		
Reference Range	See report		
Performed Days	Monday-Friday		
Turnaround Time	7-9 days		
Performing Laboratory	Mayo Medical Laboratories		
Interface Information			
Legacy Code¹	SP263		
Interface Order Code	3800086		
Result Code	Name	LOINC Code	AOE/Prompt²
3800087	Interpretation	59465-5	No
3800088	Participated in the Interpretation	Not Available	No
3800089	Report electronically signed by	19139-5	No
3800091	Material Received	81178-6	No
3800092	Disclaimer	62364-5	No
3800093	Case Number	80398-1	No

Update Existing Test	
Effective Date	2/13/2020
Name	Estradiol
Code	E2
Interface Order Code	1010070
Legacy Code	ESTRA
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a SST. Centrifuge, separate and send 1.0 mL serum (0.5 mL minimum) refrigerated in a screw-capped plastic vial.
Alternate Specimen	Serum: Red-top Plasma: EDTA, sodium or lithium heparin
Rejection Criteria	Grossly lipemic specimens, moderately hemolyzed specimens
Stability	Room temperature: 8 hours; Refrigerated: 7 days ; Frozen: 2 months
Reference Range	<p>Adult Female:</p> <p>Early Follicular: 22-115 pg/mL</p> <p>Mid Follicular: 25-115 pg/mL</p> <p>Ovulatory Peak: 32-517 pg/mL</p> <p>Mid Luteal: 37-246 pg/mL</p> <p>Post-Menopausal:</p> <p>Not on hormone therapy: <26 pg/mL</p> <p>Males:</p> <p>≥19 years of age: <33</p>
Turnaround Time	1-3 days

Update Existing Test	
Effective Date	2/13/2020
Name	Glomerular Basement Membrane IgG Ab
Code	GBM
Interface Order Code	3016100
Legacy Code	GBMAB
Notes	
Required Testing Changes	
Performed Days	Monday, Wednesday, Friday

Update Existing Test	
Effective Date	2/24/2020
Name	Heavy Metal Screen Blood
Code	HMTB
Interface Order Code	3700610
Legacy Code	HVYMTBLD
Notes	The name of this test has changed.
Required Testing Changes	
Name	Heavy Metals Panel, Venous
Methodology	Inductively Coupled Plasma/Mass Spectrometry or Atomic Spectroscopy

Update Existing Test	
Effective Date	3/24/2020
Name	Lacosamide, Serum/Plasma
Code	LACOS
Interface Order Code	3513660
Legacy Code	LACOS
Notes	
Required Testing Changes	
Specimen Required	Draw blood in a plain red-top tube. Centrifuge and separate serum from red cells and send 2.0 mL serum (1.0 mL minimum) refrigerated in a screw-capped plastic vial.
Alternate Specimen	Plasma: Lavender EDTA, green sodium heparin .
Stability	Room temperature: 7 days ; Refrigerated: 14 days ; Frozen: 30 days
Reference Range	See report
Performed Days	Tuesday-Saturday
Turnaround Time	4-6 days
Performing Laboratory	Quest Valencia

Update Existing Test			
Effective Date	2/25/2020		
Name	Lead-Hair/Nails		
Code	LEDHN		
Interface Order Code	3504260		
Legacy Code	LEADHN		
Notes	The name of this test has changed.		
Required Testing Changes			
Name	Lead - Hair		
Result Code	Name	LOINC Code	AOE/Prompt ²
3504260	Lead-Hair	5673-9	No

Update Existing Test			
Effective Date	2/25/2020		
Name	Tin - Blood/Serum		
Code	TIN		
Interface Order Code	3510490		
Legacy Code	TIN		
Notes	The name of this test has changed.		
Required Testing Changes			
Name	Tin, Serum		
Result Code	Name	LOINC Code	AOE/Prompt ²
3510490	Tin, Serum	5748-9	No

Update Existing Test			
Effective Date	2/25/2020		
Name	TTR MET 30 Amyloidosis DNA		
Code	TTRME		
Interface Order Code	3510815		
Legacy Code	TTRMET		
Notes	The name of this test has changed.		
Required Testing Changes			
Name	Amyloidosis, Transthyretin-Associated Familial with Reflex		
Result Code	Name	LOINC Code	AOE/Prompt ²
3510815	Amyloidosis, Transthyretin-Associated Familial with Reflex	Not Available	No

Update Existing Test

Effective Date	2/24/2020
Name	Myoglobin, Urine
Code	UMYO
Interface Order Code	1005050
Legacy Code	UMYO
Notes	

Required Testing Changes

Specimen Required	Collect random urine. Adjust pH to 8-9 by adding 10% Na₂CO₃ (Sodium carbonate). Mix well and send 5.0 mL urine (1.0 mL minimum) refrigerated in a screw-capped plastic urine container.
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Update Existing Test

Effective Date	2/25/2020
Name	Porphyrins, Fractionated, WB
Code	ZPHRB
Interface Order Code	3509190
Legacy Code	PORPHRB
Notes	The name of this test has changed.

Required Testing Changes

Name			
Porphyrins Evaluation, Whole Blood			
Result Code	Name	LOINC Code	AOE/Prompt ²
3509190	Porphyrins Evaluation, Whole Blood	2814-2	No

Inactivate Test With Replacement			
Effective Date	3/24/2020		
Inactivated Test			
Name	PD-L1 Lung (Pembrolizumab) IHC		
Code	PDL1P		
Legacy Code¹	PDL1P		
Interface Order Code	3400074		
Notes			
Replacement Test			
Name	PD-L1, Clone 22C3, IHC		
Code	22C3		
CPT Code(s)	88360		
Notes			
Specimen Requirements			
Specimen Required	Collect tissue. Send a formalin-fixed paraffin embedded tissue block at room temperature.		
Alternate Specimen	Three unstained glass positively charged slides with 4 microns formalin-fixed paraffin embedded tissue.		
Rejection Criteria	Wet/frozen tissue, cytology smears, non-formalin fixed tissue, non-paraffin embedded tissue, non charged slides, ProbeOn slides		
Stability	Room temperature: Unknown; Refrigerated: Unknown; Frozen: Unacceptable		
Performing Information			
Methodology	Immunohistochemistry		
Reference Range	See report		
Performed Days	Monday-Friday		
Turnaround Time	7-9 days		
Performing Laboratory	Mayo Medical Laboratories		
Interface Information			
Legacy Code¹	22C3		
Interface Order Code	3800061		
Result Code	Name	LOINC Code	AOE/Prompt²
3800062	Interpretation	59465-5	No
3800063	Participated in the Interpretation	Not Available	No
3800064	Report electronically signed by	19139-5	No
3800065	Material Received	81178-6	No
3800066	Disclaimer	62364-5	No
3800067	Case Number	80398-1	No

Inactivate Test With Replacement			
Effective Date	3/30/2020		
Inactivated Test			
Name	Propoxyphene, Serum		
Code	PRPH		
Legacy Code¹	PRPH		
Interface Order Code	3509300		
Notes			
Replacement Test			
Name	Propoxyphene and Metabolite, Serum/Plasma		
Code	PROME		
CPT Code(s)	80367 (G0480)		
Notes			
Specimen Requirements			
Specimen Required	Draw blood in a plain red-top tube. Centrifuge, separate and send 2.0 mL serum (0.7 mL minimum) refrigerated in a screw-capped plastic vial.		
Alternate Specimen	Plasma: EDTA, sodium citrate		
Rejection Criteria	SST, PST		
Stability	Room temperature: 14 day; Refrigerated: 14 days; Frozen: 90 days		
Performing Information			
Methodology	Gas Chromatography/Mass Spectrometry		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	7-10 days		
Performing Laboratory	NMS Labs		
Interface Information			
Legacy Code¹	PROME		
Interface Order Code	3300064		
Result Code	Name	LOINC Code	AOE/Prompt ²
3300065	Propoxyphene	3543-6	No
3300066	Norpropoxyphene	10341-6	No

Inactivate Test With Replacement			
Effective Date	3/3/2020		
Inactivated Test			
Name	Mucopolysaccharides - Urine		
Code	UMUC		
Legacy Code¹	UMUC		
Interface Order Code	3505140		
Notes			
Replacement Test			
Name	Mucopolysaccharides, Quantitative, Urine		
Code	UMUQ		
CPT Code(s)	83864, 82570		
Notes			
Specimen Requirements			
Specimen Required	Do not admister low-molecular weight heparin prior to collection. Random urine, early morning specimen preferred. Send 2.0 mL urine (1.0 mL minimum) refrigerated in a screw-capped plastic vial.		
Stability	Room temperature: 7 days; Refrigerated: 90 days; Frozen: 365 days		
Performing Information			
Methodology	Liquid Chromatography - Tandem Mass Spectrometry		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	8-10 days		
Performing Laboratory	Mayo Medical Laboratories		
Interface Information			
Legacy Code¹	UMUQ		
Interface Order Code	3800076		
Result Code	Name	LOINC Code	AOE/Prompt ²
3800077	Reason for Referral	42349-1	Yes
3800078	Dermatan Sulfate	Not Available	No
3800081	Heparan Sulfate	Not Available	No
3800082	Chondroitin-6 Sulfate	Not Available	No
3800083	Keratan Sulfate	92806-9	No
3800084	Interpretation	59462-2	No
3800085	Reviewed By	18771-6	No

Inactivate Test Without Replacement	
Effective Date	3/30/2020
Name	Allergen - Insulin, Porcine (C70), IgE
Code	C70E
Legacy Code	RAC70ES
Interface Code	3720360
Notes	

Inactivate Test Without Replacement	
Effective Date	3/30/2020
Name	Allergen - Insulin, Bovine (C71) IgE
Code	C71EQ
Legacy Code	C71EQ
Interface Code	3723710
Notes	

Inactivate Test Without Replacement	
Effective Date	3/30/2020
Name	Allergen - Horse Serum (E205) IgE
Code	E205E
Legacy Code	E205E
Interface Code	3723780
Notes	

Inactivate Test Without Replacement	
Effective Date	3/30/2020
Name	Allergen - Fennel Seed (F219) IgE
Code	F219E
Legacy Code	F219E
Interface Code	3700011
Notes	

Inactivate Test Without Replacement	
Effective Date	3/30/2020
Name	Allergen - Pityrosporum orbiculare (M70) IgE
Code	M70EQ
Legacy Code	M70EQ
Interface Code	3723760
Notes	

Inactivate Test Without Replacement	
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Effective Date	3/30/2020
Name	Food RAST Port Huron IgG
Code	PHFDG
Legacy Code	PHFDGSP
Interface Code	3708900
Notes	

Inactivate Test Without Replacement

Effective Date	3/30/2020
Name	Allergen - Saffron (RF331) IgE
Code	RF331
Legacy Code	RARF331ES
Interface Code	3722000
Notes	

Inactivate Test Without Replacement

Effective Date	3/30/2020
Name	Allergen - Sugar Beet (RW210) IgE
Code	SBIQ
Legacy Code	SBIQ
Interface Code	3724900
Notes	