

## Update Notes

## Update Summary

Update Existing Test	5/17/2021	<a href="#">A1AG - "Alpha-1 Acid Glycoprotein"</a>
Update Existing Test	5/17/2021	<a href="#">ASHKE - "Ashkenazi Jewish Mutation"</a>
Update Existing Test	5/17/2021	<a href="#">CDHLA - "Celiac Disease Genotyping"</a>
Update Existing Test	5/17/2021	<a href="#">DPYD - "Dihydropyrimidine Dehydrogenase (DPYD), 3 Variants"</a>
Update Existing Test	5/11/2021	<a href="#">ENCS - "Encephalopathy, Autoimmune Evaluation, Serum"</a>
Update Existing Test	5/11/2021	<a href="#">EPSEB - "Epilepsy-Autoimmune Evaluation, Serum"</a>
Update Existing Test	5/4/2021	<a href="#">HEPDG - "Hepatitis Delta Ag"</a>
Update Existing Test	5/17/2021	<a href="#">HIVBL - "Human Immunodeficiency Virus 1 (HIV-1) Qualitative by NAAT"</a>
Update Existing Test	5/17/2021	<a href="#">HLB57 - "HLA-B*5701 Associate Variant Genotyping"</a>
Update Existing Test	5/4/2021	<a href="#">IBUPR - "Ibuprofen (Advil, Motrin)"</a>
Update Existing Test	5/17/2021	<a href="#">NARCO - "Narcolepsy (HLA-DQB1*06:02) Genotyping"</a>
Update Existing Test	5/17/2021	<a href="#">PNP - "Pneumocystis jirovecii, Qualitative Real-Time PCR"</a>
Update Existing Test	5/11/2021	<a href="#">PNPAB - "Paraneoplastic Ab Eval, Serum"</a>
Update Existing Test	5/17/2021	<a href="#">PWSA - "Angelman and Prader-willi Syndrome by Methylation"</a>
Inactivate Test With Replacement	5/24/2021	<a href="#">CRYAN - "Cryptosporidium Antigen, DFA" replaced by CRYDE - "Cryptosporidium Antigen, EIA"</a>
Inactivate Test With Replacement	5/24/2021	<a href="#">GLCRA - "Giardia/Cryptosporidium Antigen" replaced by GCAGP - "Giardia and Cryptosporidium Antigen Panel"</a>
Inactivate Test With Replacement	5/18/2021	<a href="#">HISCP - "Histoplasma capsulatum DNA PCR"</a>

Update Existing Test	
Effective Date	5/17/2021
Name	Alpha-1 Acid Glycoprotein
Code	A1AG
Interface Order Code	3500312
Legacy Code	A1AG
Notes	Updates to stability.
Required Testing Changes	
Stability	Room temperature: 8 hours Refrigerated: 8 days <b>Frozen: 3 months</b>

Update Existing Test	
Effective Date	5/17/2021
Name	Ashkenazi Jewish Mutation
Code	ASHKE
Interface Order Code	3515020
Legacy Code	ASHKEN
Notes	Updates to alternate specimens, rejection criteria and stability.
Required Testing Changes	
Alternate Specimen	Whole blood: <b>Yellow</b> ACD A or B
Rejection Criteria	<b>Plasma or serum, Heparinized specimens. Frozen specimens in glass collection tubes.</b>
Stability	Room temperature: 72 hours <b>Refrigerated: 7 days</b> Frozen: 30 days

Update Existing Test	
Effective Date	5/17/2021
Name	Celiac Disease Genotyping
Code	CDHLA
Interface Order Code	3621300
Legacy Code	CDHLA
Notes	Updates to alternate specimens, rejection criteria, and stability.
Required Testing Changes	
Specimen Required	Send 3.0 mL whole blood refrigerated.
Alternate Specimen	Whole blood: Yellow ACD A or B
Rejection Criteria	<b>Frozen specimens in glass collection tubes.</b>
Stability	Room temperature: 72 hours Refrigerated: 7 days <b>Frozen: 30 days</b>

Update Existing Test	
Effective Date	5/17/2021
Name	Dihydropyrimidine Dehydrogenase (DPYD), 3 Variants
Code	DPYD
Interface Order Code	3689500
Legacy Code	DPYD
Notes	Updates to alternate specimen, rejection criteria and stability.
Required Testing Changes	
Alternate Specimen	Whole blood: Yellow ACD A or B
Rejection Criteria	Plasma or serum, heparinized specimens. <b>Frozen specimens in glass collection tubes.</b>
Stability	Room temperature: 72 hours <b>Refrigerated: 7 days</b> Frozen: 30 days

Update Existing Test	
Effective Date	5/11/2021
Name	Encephalopathy, Autoimmune Evaluation, Serum
Code	ENCS
Interface Order Code	3800079
Legacy Code	ENCS
Notes	Updates to CPT codes.
Required Testing Changes	
CPT Code(s)	86255 x 19, 86341, plus others as appropriate, at additional cost.

Update Existing Test	
Effective Date	5/11/2021
Name	Epilepsy-Autoimmune Evaluation, Serum
Code	EPSER
Interface Order Code	3500038
Legacy Code	EPSER
Notes	Updates to CPT codes.
Required Testing Changes	
CPT Code(s)	86255 x 16, 86341, plus others as appropriate, at additional cost.

Update Existing Test	
Effective Date	5/4/2021
Name	Hepatitis Delta Ag
Code	HEPDG
Interface Order Code	3503340
Legacy Code	HEPDAG
Notes	Updates to specimen requirements and stability.
Required Testing Changes	
Specimen Required	Centrifuge, remove serum from cells within 2 hours of collection and send 1.0 mL serum frozen in a screw capped plastic vial. <b>CRITICAL FROZEN</b>
Stability	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 14 days

Update Existing Test			
Effective Date	5/17/2021		
Name	Human Immunodeficiency Virus 1 (HIV-1) Qualitative by NAAT		
Code	HIVBL		
Interface Order Code	3600041		
Legacy Code	HIVBL		
Notes	Updates to transport temperature, alternate specimens and stability.		
Required Testing Changes			
Specimen Required	<p><i>Collect:</i> Draw blood in a lavender EDTA. Send 1.0 mL blood (0.4 mL minimum) refrigerated in an original tube or a screw capped plastic vial.</p> <p><b>Transport Temperature: Frozen</b></p>		
Alternate Specimen	Yellow ACD		
Rejection Criteria	Heparinized specimens		
Stability	Room temperature: Unacceptable <b>Refrigerated: 72 hours</b> <b>Frozen: 90 days</b>		
Methodology	Qualitative Transcription Mediated Amplification		
Reference Range	Not detected		
Performed Days	Sunday - Saturday		
Turnaround Time	3 - 7 days		
Performing Laboratory	ARUP Reference Laboratory		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3600041	Human Immunodeficiency Virus 1 (HIV-1) Qualitative by NAAT	5017-9	No

Update Existing Test	
Effective Date	5/17/2021
Name	HLA-B*5701 Associate Variant Genotyping
Code	HLB57
Interface Order Code	3621200
Legacy Code	HLB57
Notes	Updates to alternate specimen, rejection criteria and stability.
Required Testing Changes	
Alternate Specimen	Whole blood: Yellow ACD A or B
Rejection Criteria	Plasma, serum, <b>heparinized</b> specimens. <b>Frozen specimens in glass collection tubes.</b>
Stability	Room temperature: 72 hours Refrigerated: 7 days <b>Frozen: 30 days</b>

Update Existing Test	
Effective Date	5/4/2021
Name	Ibuprofen (Advil, Motrin)
Code	IBUPR
Interface Order Code	3503740
Legacy Code	IBUPROF
Notes	Updates to turnaround time.
Required Testing Changes	
Turnaround Time	<b>11 - 14 days</b>

Update Existing Test	
Effective Date	5/17/2021
Name	Narcolepsy (HLA-DQB1*06:02) Genotyping
Code	NARCO
Interface Order Code	3621400
Legacy Code	NARCO
Notes	Updates to alternate specimen, rejection criteria and stability.
Required Testing Changes	
Alternate Specimen	Whole blood: Yellow ACD A or B
Rejection Criteria	Frozen specimens in glass collection tubes.
Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 30 days

Update Existing Test	
Effective Date	5/17/2021
Name	Pneumocystis jrovecii DNA, Qualitative Real-Time PCR
Code	PNP
Interface Order Code	3426380
Legacy Code	PNEUMOPCR
Notes	Updates to test name, specimen requirements and stability.
Required Testing Changes	
Name	<b>Pneumocystis jrovecii, Qualitative Real-Time PCR</b>
Specimen Required	1.0 mL bronchoalveolar lavage, bronchial wash, or sputum collected in a sterile, leak-proof container.  <i>Minimum: 0.5 mL</i>
Stability	Room temperature: 24 hours Refrigerated: 7 days Frozen: 30 days

Update Existing Test	
Effective Date	5/11/2021
Name	Paraneoplastic Ab Eval, Serum
Code	PNPAB
Interface Order Code	3512040
Legacy Code	PNPABMA
Notes	Updates to CPT codes.
Required Testing Changes	
CPT Code(s)	83519 x 3, 86255 x 9, plus 83519 and/or 84182 and /or 86255 and/or 86256 and/or 86341 as appropriate, at additional cost.

Update Existing Test	
Effective Date	5/17/2021
Name	Angelman and Prader-willi Syndrome by Methylation
Code	PWSA
Interface Order Code	3688850
Legacy Code	PWSARP
Notes	Updates to alternate specimens, rejection criteria and stability.
Required Testing Changes	
Alternate Specimen	<b>Whole blood: Yellow ACD A or B</b>
Rejection Criteria	<b>Frozen specimens in glass collection tubes.</b>
Stability	Room temperature: 72 hours Refrigerated: 7 days <b>Frozen: 30 days</b>



Inactivate Test With Replacement			
Effective Date	5/24/2021		
Inactivated Test			
Name	Cryptosporidium Antigen, DFA		
Code	CRYAN		
Legacy Code <sup>1</sup>	CRYAN		
Interface Order Code	3700003		
Notes			
Replacement Test			
Name	Cryptosporidium Antigen, EIA		
Code	CRYDE		
CPT Code(s)	87328		
Notes			
Specimen Requirements			
Specimen Required	<b>Stool in Total-Fix<sup>®</sup></b> <b>Send 10.0 g or 10.0 mL room temperature in a Total-Fix<sup>®</sup> transport vial.</b>  Minimum: 5.0 g or 5.0 mL		
Alternate Specimen	Stool: Cary-Blair media or 10% formalin		
Rejection Criteria	Stool in PVA, concentrated specimens. <b>Unpreserved stool.</b>		
Stability	<b>Room temperature: 18 months</b> <b>Refrigerated: Unacceptable</b> <b>Frozen: Unacceptable</b>		
Performing Information			
Methodology	Enzyme Immunoassay		
Reference Range	Not detected		
Performed Days	Tuesday, Thursday, Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Quest Valencia		
Interface Information			
Legacy Code <sup>1</sup>	CRYDESP		
Interface Order Code	3719100		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3719100	Cryptosporidium Antigen Detection	6371-9	No
3719110	Specimen Source:	31208-2	Yes



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000003481 F 12/08/1988 32 Y

Referral Testing

Collected: 05/06/2021 11:54 Received: 05/06/2021 11:54

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Cryptosporidium Antigen Detect, Not detected, Not detected, QDRL

@ Test Performed By:
Quest Diagnostics Nichols Institute
Thomas McDonald M.D., Laboratory Director
27027 Tourney Road
Valencia, CA 91355-5386
CLIA #05D0550302

Specimen Source: STOOL QDRL

Performing Site:
QDRL: QUEST DIAGNOSTICS REFERENCE LAB VALENCIA 27027 Tourney Road Valencia CA 91355

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

Inactivate Test With Replacement	
<b>Effective Date</b>	5/24/2021
Inactivated Test	
<b>Name</b>	Giardia/Cryptosporidium Antigen
<b>Code</b>	GLCRA
<b>Legacy Code<sup>1</sup></b>	GLCRA
<b>Interface Order Code</b>	3722200
<b>Notes</b>	
Replacement Test	
<b>Name</b>	Giardia and Cryptosporidium Antigen Panel
<b>Code</b>	GCAGP
<b>CPT Code(s)</b>	87328, 87329
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> The patient must not use barium products, antacids, antidiarrheal medications, or laxatives containing oil prior to collection of a specimen for parasitological exam.</p> <p><i>Collect:</i> Send 10.0 g or 10.0 mL preserved stool in a Total-Fix® transport vial. Stool should be placed in preservative within 30 minutes of collection. Fill to the line on transport vial. Mix contents thoroughly until homogenous.</p> <p><i>Minimum Volume:</i> 5.0 g or 5.0 mL</p>
<b>Alternate Specimen</b>	Stool in 10% formalin (Add formalin to cover stool sample)
<b>Rejection Criteria</b>	Unpreserved stool; Stool specimens that have been previously concentrated; Stool specimens preserved Cary-Blair, PVA, or SAF.
<b>Stability</b>	Room temperature: 60 days Refrigerated: Unacceptable Frozen: Unacceptable
Performing Information	
<b>Methodology</b>	Immunoassay
<b>Reference Range</b>	See report
<b>Performed Days</b>	Tuesday, Thursday and Saturday
<b>Turnaround Time</b>	3 - 5 days
<b>Performing Laboratory</b>	Quest Valencia

Interface Information			
<b>Legacy Code<sup>1</sup></b>	GCAGP		
<b>Interface Order Code</b>	3700441		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3700442	Giardia Ag, EIA, Stool	6412-4	No
3700443	Specimen Source	31208-2	Yes
3700444	Cryptosporidium Ag, EIA	39534-3	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000003481 F 12/08/1988 32 Y

Referral Testing

Collected: 05/06/2021 12:16 Received: 05/06/2021 12:16

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Giardia and Cryptosporidium Antigen Panel, SEE BELOW, QDRL.

GIARDIA AG, EIA, STOOL

Micro Number: 10000477
Test Status: Final
Specimen Source: NOT GIVEN
Specimen Quality: Adequate
Giardia Result 1: Not Detected
Reference Range: Not Detected

NOTE: Due to intermittent shedding, one negative sample does not necessarily rule out the presence of a parasitic infection.

TEST PERFORMED AT:
QUEST DIAGNOSTICS NICHOLS VALENCIA
27027 TOURNEY ROAD VALENCIA, CA 91355-5386
THOMAS MCDONALD, MD

Table with 3 columns: Specimen Source, Result, Site. Row 1: Stool, SEE BELOW, QDRL. Row 2: Cryptosporidium Ag, EIA, SEE BELOW, QDRL.

CRYPTOSPORIDIUM ANTIGEN, EIA

Micro Number: 10000476
Test Status: Final
Specimen Source: NOT GIVEN
Specimen Quality: Adequate
Cryptosporidium: Not Detected
Reference Range: Not Detected

Performing Site:
QDRL: QUEST DIAGNOSTICS REFERENCE LAB VALENCIA 27027 Tourney Road Valencia CA 91355

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

Inactivate Test With Replacement	
<b>Effective Date</b>	5/18/2021
<b>Name</b>	Histoplasma capsulatum DNA PCR
<b>Code</b>	HISCP
<b>Legacy Code</b>	HISTCPCR
<b>Interface Code</b>	3511600
<b>Notes</b>	Replacement test is <b>HPCDP</b> . Please refer to APRIL 2021 update for HPCDP test information.