

JULY 2021

Update Notes

Update Summary		
New Test Activation	7/27/2021	<u>23BPT - "2,3-Dinor 11 Beta-Prostaglandin F2 Alpha, 24 Hour,</u> <u>Urine"</u>
New Test Activation	7/27/2021	MGP3 - "Myasthenia Gravis Panel 3"
Update Existing Test	8/2/2021	ADMTS - "ADAMTS 13 Activity with Reflex to Inhibitor"
Update Existing Test	7/12/2021	BERY - "Beryllium, Serum/Plasma"
Update Existing Test	7/19/2021	UMEQG - "Methaqualone, Urine"
Update Existing Test	7/12/2021	USIL - "Silver, Urine"
Update Existing Test	7/12/2021	ZSIL - "Silver, Serum/Plasma"
Inactivate Test With Replacement	7/12/2021	UBATH - "Bath Salts, Urine" replaced by UBSP - "Bath Salts Panel (Qualitative), Urine"
Inactivate Test Without Replacement	7/5/2021	CAHEE - "Cat Hair and Epithelium IgE*"
Inactivate Test Without Replacement	6/18/2021	U17CR – "17-OH Cortico w/Creat 24-HR Ur"



New Test Activation						
Effective Date	7	7/27/2021				
Name	2,3-Dinor 11 Beta-Prosta	2,3-Dinor 11 Beta-Prostaglandin F2 Alpha, 24 Hour, Urine				
Code		23BPT				
CPT Code(s)	84150, 82570					
Notes	-	Patients should avoid aspirin or NSAIDs for 2 weeks or 72 hours, respectively prior to collecting a specimen. These medications may lower concentrations of prostaglandin F2 Alpa.				
Specimen Requirements						
Specimen Required	<i>Collect</i> : 24 hour urine Collect 24 hour urine with no preservative. Resend 5.0 mL urine in a screw capped plastic v <i>Minimum Volume:</i> 4.0 mL <i>Transport temperature:</i> Refrigerated		en during collection. Mix well and			
Rejection Criteria	Random urine collection	Random urine collection				
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: 30 days					
Performing Information						
Methodology	Liquid Chromatography/Tandem Mas	s Spectrometry, E	nzymatic Colorimetric Assay			
Reference Range		g/mg creatinine				
Performed Days	Monday, Thursday					
Turnaround Time	4 - 7 days	4 - 7 days				
Performing Laboratory	Mayo Cl	inic Laboratories				
Interface Information						
Legacy Code ¹		23BPT				
Interface Order Code		3800226				
Result Code	Name	LOINC Code	AOE/Prompt ²			
3800228	2,3-dinor 11B-Prostaglandin F2a	94381-1	No			
3800229	Creatinine, 24 HR, U	2162-6	No			
3800230	Collection Duration	13362-9	Yes			
3800231	Urine Volume	3167-4	Yes			
3800227	Creatinine Concentration, 24 HR, U	20624-3	No			



EXAMPLE, REPORT WX0000003039 M 12/05/1988 32 Y

	Referral Testi	ng			
	Collected: 06	6/16/202	1 15:34 Rece	ived: 06/16/2021	15:34
Test Name	Result	Flag	Ref-Ranges	<u>Units</u>	<u>Site</u>
2,3-Dinor 11 Beta-Prostaglandin F2 A	Alpha, 24 Hour, Ur	ine			
2,3-dinor 11B-Prostaglandin F2a	400		<1802	pg/mg Cr	MMRL
ADDITIONAL Cautions: 2,3BPG will be deco taken aspirin within two weeks hours. This test was developed and it determined by Mayo Clinic in a requirements. This test has no the U.S. Food and Drug Adminis Creatinine, 24 HR, U Collection Duration Urine Volume Creatinine Concentration, 24 HR, U	reased in individua s or other NSAIDs w ts performance char a manner consistent ot been cleared or	ls who ithin acteri with	have 72 stics CLIA	mg/24 h h mL mg/dL	MMRL MMRL MMRL MMRL

Test Performed by: Mayo Clinic Laboratories - Rochester Superior Drive 3050 Superior Drive NW, Rochester, MN 55901 Lab Director: William G. Morice M.D. Ph.D.; CLIA# 24D1040592

> Performing Site: MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901



New Test Activation							
Effective Date	7,	/27/2021					
Name	Myasthenia Gravis Panel 3						
Code		MGP3					
CPT Code(s)	83519 x 3, 86255, plus 86256 if reflexed to tite	er, at an addition	al fee				
Notes	ncludes Acetylcholine Receptor Binding Antibody, Acetylcholine Receptor Blocking Antibody, *Acetylcholine Receptor Modulating Antibody, Striated Muscle Antibody with Reflex to Titer. f Striated Muscle Antibody Screen is positive, then Striated Muscle Antibody Titer will be performed at an additional charge.						
Specimen Requirements							
Specimen Required	<i>Collect:</i> Serum separator tube (SST) Centrifuge, separate serum from cells and send 2.0 mL serum in a screw capped plastic vial. <i>Minimum volume:</i> 0.8 mL <i>Transport temperature:</i> Refrigerated						
Alternate Specimen	Serum: Red top	Serum: Red top					
Rejection Criteria	Gross hemolysis, grossly lipemic, microbially c	Gross hemolysis, grossly lipemic, microbially contaminated, grossly icteric					
Stability	Room temperature: 4 days Refrigerated: 14 days Frozen: 30 days						
Performing Information							
Methodology	Radioimmunoassay (RIA), Radiobindin	g assay (RBA), Im	munofluorescent Assay (IFA)				
Reference Range	Se	ee report					
Performed Days	Monday, Thursday						
Turnaround Time	3 - 7 days						
Performing Laboratory	C	uest SJC					
Interface Information							
Legacy Code ¹		MGP3					
Interface Order Code	3	3400432					
Result Code	Name	LOINC Code	AOE/Prompt ²				
3400434	Acetylcholine Rec Bind Ab	11034-6	No				
3400435	Acetylcholine Rec Bloc Ab	11561-8	No				
3400436	Acetylcholine Rec Mod Ab	11562-6	No				
3400433	Striated Muscle Ab Screen	13931-1	No				
3400437	Striated Muscle Ab Titer	5372-8	No				



EXAMPLE, REPORT

WX000003039 M 12/05/1988 32 Y

		Referral Testi	•				
		Collected: 06	/16/2021	15:43	Received:	06/16/2021	15:43
Test Name		<u>Result</u>	Flag	Ref-Ranges	. !	<u>Units</u>	<u>Site</u>
Mvasthonia	Gravis Panel 3						
Acetylcholine Rec		0.30			,	nmol/L	QCRL
	rence Ranges for Acetylcho nding Antibody:	line Receptor					
-	ative: < or =0.30 nmol/L						
-	vocal: 0.31-0.49 nmol/L itive: > or =0.50 nmol/L						
Acetylcholine Rec		<15		<15	(% Inhibition	QCRL
Test	Performed at:						
~	t Diagnostics Nichols Inst	itute					
	8 Ortega Highway Juan Capistrano, CA 92675	-2042 I Maramio	ca MD,	PhD, MBA			
Acetylcholine Rec	c Mod Ab	31			(% Inhibition	QCRL
	erence Range: % INHIBITION						
have Capi been	test was developed and it been determined by Quest strano. It has not been cl- validated pursuant to the ical purposes.	Diagnostics Nichols eared or approved D	s Inst: by FDA	itute San . This ass	Juan		
Ques	Performed at: t Diagnostics Nichols Inst 8 Ortega Highway	itute					
	Juan Capistrano, CA 92675	-2042 I Maramio NEGATIVE	ca MD,	PhD, MBA NEGATIVE			QCRL
have Capi been	test was developed and it been determined by Quest strano. It has not been cl validated pursuant to the ical purposes.	Diagnostics Nichol: eared or approved D	s Inst: cy FDA	itute San . This ass	Juan		
Ques 3360	Performed at: t Diagnostics Nichols Inst 8 Ortega Highway Juan Capistrano, CA 92675		ca MD,	PhD, MBA			

C616000006	Ordered By:	CLIENT CLIENT
WX000003039	WX00000000	001595
Printed D&T: 06/16/21 15:54		



EXAMPLE, REPORT WX0000003039 M 12/05/1988 32 Y

	Referra	l Testing				
	Col	lected: 06/16/202	1 15:43	Received:	06/16/2021	15:43
Test Name Striated Muscle Ab Titer	<u>Result</u> .TNP	<u>Flag</u>	Ref-Ranges	<u>8 U</u>	<u>nits</u>	<u>Site</u> QCRL
Test not performed. Ref criteria was not met.	lex testing not re	quired since	establishe	d		
Test Performed at: Quest Diagnostics Nicho 33608 Ortega Highway San Juan Capistrano, CA		Maramica MD,	PhD, MBA			
					Perform	ming Site:

QCRL: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675



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

WX0000003481 F 12/08/1988 32 Y

	Referral T	•		
	Collecte	ed: 06/18/2021 16:35	Received: 06/18/202	21 16:35
<u>Test Name</u>	<u>Result</u>	Flag Ref-R	anges <u>Units</u>	<u>Site</u>
Myasthenia Gravis Panel 3				
Acetylcholine Rec Bind Ab	1.25	н	nmol/L	QCRL
Reference Ranges for Acet Binding Antibody:	ylcholine Receptor			
Negative: < or =0.30 nmo Equivocal: 0.31-0.49 nmo Positive: > or =0.50 nmo	l/L			
Test Performed at: Quest Diagnostics Nichols 33608 Ortega Highway				
San Juan Capistrano, CA Acetylcholine Rec Bloc Ab	92675-2042 I Ma 33	ramica MD, PhD, H <15	MBA % Inhibition	QCRL
Test Performed at: Quest Diagnostics Nichols 33608 Ortega Highway	Institute			
San Juan Capistrano, CA Acetylcholine Rec Mod Ab	92675-2042 I Ma 55	ramica MD, PhD, H	MBA % Inhibition	QCRL
Reference Range: <32% INHIBITION				
This test was developed a have been determined by Q Capistrano. It has not be been validated pursuant t clinical purposes.	uest Diagnostics Ni en cleared or appro	chols Institute ved by FDA. This	San Juan assay has	
Test Performed at: Quest Diagnostics Nichols 33608 Ortega Highway San Juan Capistrano, CA Striated Muscle Ab Screen		ramica MD, PhD, AB NEGA		QCRL
This test was developed a have been determined by Q Capistrano. It has not be	uest Diagnostics Ni	chols Institute	San Juan	

have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

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

C618000010	C
WX0000003481	V
Printed D&T: 06/18/21 16:37	

Ordered By: CLIENT CLIENT WX00000000002063 William G. Finn, M.D. - Medical Director Form: MM RL1 PAGE 1 OF 2



QC ACCOUNT (WARDE) 300 W. TEXTILE ANN ARBOR MI 48108 **EXAMPLE, REPORT** WX0000003481 F 12/08/1988 32 Y

		Refe	rral Testing				
			Collected: 06/18/202	1 16:35	Received:	06/18/2021	16:35
Test Name		<u>Result</u>	Flag	Ref-Ranges	<u>i L</u>	<u>Jnits</u>	<u>Site</u>
Quest 33608	Performed at: Diagnostics Nichol Ortega Highway Juan Capistrano, CA D Titer		I Maramica MD, H	PhD, MBA <1:40			QCRL
Quest 33608	Performed at: Diagnostics Nichol Ortega Highway Juan Capistrano, CA		I Maramica MD,	PhD, MBA		Perform	ning Site:

QCRL: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675



Update Existing Test	
Effective Date	8/2/2021
Name	ADAMTS 13 Activity with Reflex to Inhibitor
Code	ADMTS
Interface Order Code	3723500
Legacy Code	ADMTS
Notes	Updates to rejection criteria and reference range.
Required Testing Change	es
Rejection Criteria	Hemolyzed specimens, serum, EDTA plasma, clotted specimens, grossly lipemic, grossly icteric
	ADAMTS13 Activity: 0.68 - 1.63 IU/mL
Reference Range	ADAMTS13 Inhibitor: <0.4 BEU
	If the ADAMTS13 Activity result is < or = 0.30 IU/mL, then ADAMTS13 Inhibitor will be performed at additional charge.

Update Existing Test	
Effective Date	7/12/2021
Name	Beryllium, Serum/Plasma
Code	BERY
Interface Order Code	3500545
Legacy Code	BERY
Notes	Updates to specimen requirements.
Required Testing Change	25
Specimen Required	Centrifuge, separate serum from cells and send 5.0 mL serum refrigerated in an acid washed plastic screw capped plastic vial.



Update Existing Test					
Effective Date	7/19/2021				
Name	Methaqualone by GC/MS Urine				
Code	l	UMEQG			
Interface Order Code	3423020				
Legacy Code	UI	METHAQ			
Notes	Updates to name, specimen requirements, s	•			
	days, turnaround time	e and performing	laboratory.		
Required Testing Change					
Name		ualone, Urine			
Specimen Required Stability	Collect: Random Urine Send 2.0 mL urine in a screw capped plastic vial. Minimum Volume: 0.7 mL Transport Temperature: Refrigerated Room temperature: 7 days Refrigerated: 14 days				
Methodology	Frozen: 1 year Gas Chromatography/Mass Spectrometry (GCMS)				
Reference Range	0.1 mcg/mL				
Performed Days	Varies				
Turnaround Time	9 - 11 days				
Performing Laboratory	NMS Labs				
Result Code	Name	LOINC Code	AOE/Prompt ²		
3423020	Methaqualone, Urine	3787-9	No		

Update Existing Test					
Effective Date	7/12/2021				
Name	Silver, Urine				
Code	USIL				
Interface Order Code	3509960				
Legacy Code	USIL				
Notes	Updates to stability.				
Required Testing Change	Required Testing Changes				
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen: 30 days				



Update Existing Test	
Effective Date	7/12/2021
Name	Silver, Serum/Plasma
Code	ZSIL
Interface Order Code	3509950
Legacy Code	SIL
Notes	
Required Testing Change	es
Stability	Room temperature: 25 days Refrigerated: 25 days Frozen: 25 days



Inactivate Test With Rep	lacement					
Effective Date	7	/12/2021				
	Inactivated Test					
Name	Bath	Bath Salts, Urine				
Code		UBATH				
Legacy Code ¹		UBATH				
Interface Order Code		3300200				
Notes						
	Replacement Test					
Name	Bath Salts Pan	el (Qualitative), U	Irine			
Code		UBSP				
CPT Code(s)	80371 (G0480)					
Notes						
Specimen Requirements						
Specimen Required	Collect: Random urine Send 3.0 mL urine in a screw capped plastic vial. Minimum volume: 2.0 mL Transport Temperature: Refrigerated					
Stability	Room temperature: 7 days Refrigerated: 30 days Frozen (-20°C): 30 days					
Performing Information						
Methodology	High Performance Liquid Chrom		m Mass Spectrometry			
Reference Range		ee report				
Performed Days Turnaround Time	Varies 9 - 11 days					
Performing Laboratory	NMS Labs					
Interface Information						
Legacy Code ¹	UBSP					
Interface Order Code	3300132					
Result Code	Name	LOINC Code	AOE/Prompt ²			
3300133	alpha-PHP/alpha-PiHP	Not available	No			
3300134	4-chloro alpha-PVP	Not available	No			
3300135	Eutylone	Not available	No			
3300136	Benzylone	Not available	No			
3300137	N-butyl Pentylone 86193-0 No					



EXAMPLE, REPORT

WX000003039 M 12/05/1988 32 Y

		F	Referral Tes	•				
			Collected:	06/16/2021	15:55	Received:	06/16/2021	15:55
Test Name		Re	<u>esult</u>	Flag	Ref-Ranges	<u>l</u>	<u>Jnits</u>	<u>Site</u>
Bath Sal	ts Panel (Qualitative	e), Urine						
alpha-PHP/a	•		ositive			r	ng/mL	NMRL
4-chloro alpl	Reporting Limit: 5.0 Synonym(s): a-PHP; a- alpha-Pyrrolidinohex: alpha-Pyrrolidinohex: alpha-Pyrrolidinoisoh Alpha-PHP and alpha-I Pyrrolidinohexiophen Pyrrolidinohexanopher Pyrrolidinoisohexanop stimulants of the pyr structurally related have been sold as now for their stimulating are used as alternat: cocaine. Alpha-PHP and its iso differentiated. If a please contact the la ha-PVP Reporting Limit: 5.0 Synonym(s): 4-Cl-alph 4-chloro-alpha-pyrroi 4-chloro alpha-PVP (4 pyrrolidinovaleropher of the pyrrolidinopher related to alpha-PVP (4 pyrrolidinovaleropher of the pyrclidinopher stimulating and empat alternative to amphet Analysis by High Peri Tandem Mass Spectrom Reporting Limit: 5.0 Eutylone is classifie belongs to the beta-I subclass, which inclu- methylone, butylone, ethylone, a Analysis by High Peri Tandem Mass Spectrom	PiHP; ophenone; inophenone; inophenone; iexanophenone; ie	psychoactive none series th P. These com tive substance ogenic effects etamine, MDMA, iHP are not esting is need ositive phenone; 4C1-P ha- sychoactive st that is struc pound has been NPS) for its ects and is us , and/or cocai id Chromatogr 4S) ositive hetic stimulant edioxyampheta ic stimulants entylone. uid Chromatogr	pounds s (NPS) and and/or ed, VP imulant turally sold as ed as an ne. aphy/ t and mine			ng/mL ng/mL	NMRL

C616000008	Ordered By:	CLIENT CLIENT
WX000003039	WX00000000	001595
Printed D&T: 06/18/21 16:29		



EXAMPLE, REPORT

WX000003039 M 12/05/1988 32 Y

		Referral Testi	ng				
		Collected: 06	/16/2021	15:55	Received	: 06/16/2021	15:55
<u>Test Name</u> Benzylone		<u>Result</u> Positive	<u>Flag</u>	Ref-Ranges	-	<u>Units</u> ng/mL	Site NMRL
N-butyl Per	Reporting Limit: 5.0 ng/mL Synonym(s): BMDP; N-benzyl met 3,4-Methylenedioxy-N-benzylcat N-benzyl-3,4-methylenedioxycat Benzylone is classified as a s belongs to the beta-keto-methy subclass, which includes synth methylone, butylone, ethylone, Analysis by High Performance 1 Tandem Mass Spectrometry (LC-M Mylone Reporting Limit: 5.0 ng/mL Synonym(s): N-butylpentylone; N-butyl Pentylone is classified stimulant and belongs to the b methylenedioxyamphetamine subd synthetic stimulants methylone and N-ethylpentylone. Analysis by High Performance 1 Tandem Mass Spectrometry (LC-M This test was developed and it characteristics determined by been cleared or approved by th Administration. Testing performed at NMS Labs, 200 Welsh Road Horsham, PA 19044-2208 CLIA 39D0197898	thinone; thinone synthetic stimulant ylenedioxyamphetami: hetic stimulants , and N-ethylpentyl- Liquid Chromatograp MS/MS) Positive bk-BBDP; bk-Butyl- ed as a synthetic beta-keto- class, which include e, butylone, ethylor Liquid Chromatograp MS/MS) ts performance NMS Labs. It has in he US Food and Drug	ne one. ny/ K es ne, ny/			ng/mL	NMRL



Inactivate Test Without Replacement				
Effective Date	7/5/2021			
Name	Cat Hair and Epithelium IgE*			
Code	CAHEE			
Legacy Code	CAHEE			
Interface Code	3350960			
Notes	Suggested replacement is RAE1 - "Cat Dander IgE"			

Inactivate Test Without Replacement				
Effective Date	6/18/2021			
Name	17-OH Cortico w/Creat 24-HR Ur			
Code	U17CR			
Legacy Code	17OHCORQ			
Interface Code	3424960			
Notes	Suggested replacement is UFC01 - "Urine Free Cortisol"			