

JUNE 2021

Update Notes

New collection kit required for the <u>HPUBT - "H. pylori, Urea Breath Test"</u>. Please contact Client Services at 800-760-9969 to order the BreathID®Hp IDkit HP™ Two Collection Kit.

Update Summary		
Announcement	6/1/2021	Update Announcement
New Test Activation	6/29/2021	FT15C - "Forensic Urine Drug Abuse Scrn 15 w/Conf"
Update Existing Test	6/2/2021	HIVBL – "Human Immunodeficiency Virus 1 (HIV-1) Qualitative by
		NAAT"
Update Existing Test	6/10/2021	IL28B - "Interleukin 28B (IL28B) Variant (rs12979860), Varies"
Update Existing Test	6/7/2021	<u>UDEXM - "Dextromethorphan and Metabolite Ratio - Total, Urine"</u>
Update Existing Test	3/22/2021	ZPYRR - "Pyruvate Kinase Enzyme Activity, Blood"
Inactivate Test With Replacement	6/22/2021	23BPG - "2,3-Dinor-11Beta-Prostaglandin F2 Alpha, Urine"
		replaced by 23BPR - "2,3-Dinor 11 Beta-Prostaglandin F2 Alpha,
	- 1 1	Random, Urine"
Inactivate Test(s) With Replacement	6/22/2021	HPUBP - "H. pylori, Urea Breath, Pediatric" AND HPYLB — "H pylori Urea Breath Test" replaced by HPUBT - "Helicobacter pylori, Urea
		Breath Test"
Inactivate Test With Replacement	6/8/2021	LCWNP - "West Nile Virus (PCR)-CSF" replaced by WNCSF - "West
	0,0,00	Nile Virus, RNA, PCR, CSF"
Inactivate Test With Replacement	6/29/2021	NPT - "Panorama Prenatal Test" replaced by PAN - "Panorama
		Prenatal Test w/No Microdeletion Panel"
Inactivate Test With Replacement	6/29/2021	NPT22 - "Panorama Prenatal 22q Deletion Test" replaced by
		PAN22 - "Panorama Prenatal Test with 22Q11 Microdeletion Panel"
landina Tark With Bardanan	C /20 /2024	
Inactivate Test With Replacement	6/29/2021	NPTFP - "Panorama Extended Prenatal Test" replaced by PANFP - "Panorama Prenatal Test with Extended Microdeletion Panel"
Inactivate Test With Replacement	6/8/2021	WPCRF - "West Nile Virus RNA, RT-PCR, Plasma" replaced by WNVS
machine restriction in apparent	0,0,2021	- "West Nile Virus RNA, PCR, Serum"
Inactivate Test Without Replacement	6/30/2021	GROPE - "Grouper IgE*"
Inactivate Test Without Replacement	6/21/2021	RF339 - "Allergen - Allspice IgE"

Announcement

- Hologic Urine Aptima[®] Combo II Media is now available for the following tests: CHGTM, CHRNA, GCRNA, MUPCR and TRIVA.
- Respiratory specimens including nasopharyngeal, throat, BAL and bronchial washes are now acceptable specimens for CHC Chlamydia Culture.

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Now Test Activeties			
New Test Activation Effective Date	6/29/2021		
Name	Forensic Urine Drug Abuse Scrn 15 w/Conf		
Code	FT15C		
CPT Code(s)	80307 plus other CPTs if positives confirmed, at additional cost		
Notes	Specimen must be collected as a Chain of custody, and accompanied by a Warde Chain of custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive sample stored for one year. Interfacing for forensic testing is not available at this time. Analytes Tested: Amphetamines, Barbiturates, Benzodiazepines, Cocaine (as Benzylecgonine), Ethanol, Methadone, Opiates (Oxycodone and Oxymorphone), Phencyclidine, Propoxyphene		
Specimen Requirements			
Specimen Required	Collect: Random Urine. Send 50.0 mL urine in a screw capped plastic urine container. Newborn minimum requires 1.0 mL urine and 0.5-5.0 mL for positive confirmations. Minimum volume: 30.0 mL Transport Temperature: Refrigerated		
*Rejection Criteria	Urine catheter cup (with needle)		
Stability	Room temperature: 48 hours; Refrigerated: 14 days; Frozen: 30 days		
Performing Information			
Methodology	Enzyme Immunoassay, Gas Chromatography/Mass Spectrometry, Liquid Chromatography/Tandem Mass Spectrometry		
Reference Range	See report		
Performed Days	Sunday - Friday		
Turnaround Time	1 - 3 days		
Performing Laboratory	Warde Medical Laboratory		
Legacy Code ¹	FT15C		

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Update Existing Test			
Effective Date	6/2/2021		
Name	Human Immunodeficiency Virus 1 (HIV-1) Qualitative by NAAT		
Code	HIVBL		
Interface Order Code	3600041		
Legacy Code	HIVBL		
Notes	Update to specimen preparation		
Required Testing Change	es established to the second of the second o		
Specimen Required	Specimen Preparation: Centrifuge and separate plasma within 24 hours of collection.		

Update Existing Test	
Effective Date	6/10/2021
Name	Interleukin 28B (IL28B) Polymorp
Code	IL28B
Interface Order Code	3514950
Legacy Code	IL28BP
Notes	Update to test name.
Required Testing Change	es es
Name	Interleukin 28B (IL28B) Variant (rs12979860), Varies

Update Existing Test				
Effective Date	6/7/2021			
Name	Dextromethorphan and Metabolite Ratio - Total, Urine			
Code	UDEXM			
Interface Order Code	3302500			
Legacy Code	UDEXM			
Notes	Update to performed days.			
Required Testing Changes				
Performed Days	Monday - Sunday			

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Update Existing Test			
Effective Date	3/22/2021		
Name	Pyruvate Kinase - RBC		
Code	ZPYRR		
Interface Order Code	3509500		
Legacy Code	PYRR		
Notes	Updates to test name, specimen requirements and alternate specimens.		
Required Testing Change	es es		
Name	Pyruvate Kinase Enzyme Activity, Blood		
Specimen Required	Send 6.0 mL whole blood refrigerated in original collection tube. Collect: Lavender EDTA		
Alternate Specimen	Whole blood: Yellow ACD B		

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Inactivate Test With Rep	lacement		
Effective Date	6/22/2021		
Inactivated Test			
Name	2,3-Dinor-11Beta-Prostaglandin F2 Alpha, Urine		
Code	23BPG		
Legacy Code ¹	23BPG		
Interface Order Code	3807250		
Notes			
	Replacement Test		
Name	2,3-Dinor 11 Beta-Prostaglandin F2 Alpha, Random, Urine		
Code	23BPR		
CPT Code(s)	84150, 82570		
Notes	A 24 hour Urine test code for 2,3-Dinor 11 Beta-Prostaglandin F2 Alpha will also be available in a future Warde Update.		
Specimen Requirements			
Specimen Required	Patient Preparation: 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 alpha. Collect: Random urine Specimen Preparation: Send 5.0 mL urine in screw capped plastic vial. Minimum Volume: 4.0 mL Transport Temperature: Refrigerated		
Rejection Criteria	24hr urine collection		
Stability	Room Temperature: 8 hours Refrigerated: 14 days Frozen: 30 days		
Performing Information			
Methodology	Liquid Chromatography/Tandem Mass Spectrometry, Enzymatic Colorimetric Assay		
Reference Range	<1802 pg/mg creatinine		
Performed Days	Monday, Thursday		
Turnaround Time	4 -7 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			

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Legacy Code ¹	23BPR		
Interface Order Code	3800223		
Result Code	Name LOINC Code AOE/Prompt ²		
3800224	2,3-dinor 11B-Prostaglandin F2a 97658-9 No		
3800225	Creatinine, Random, U 2161-8 No		

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Inactivate Test(s) With R	Replacement		
Effective Date	6/22/2021		
	Inactivated Test		
Name	H. pylori, Urea Breath, Pediatric		
Code	HPUBP		
Legacy Code ¹	HPUBP		
Interface Order Code	3725001		
Notes			
	Inactivated Test		
Name	H pylori Urea Breath Test		
Code	HPYLB		
Legacy Code ¹	HPYLB		
Interface Order Code	3422890		
Notes			
	Replacement Test		
Name	Helicobacter pylori, Urea Breath Test		
Code	HPUBT		
CPT Code(s)	83013		
Notes	HPUBT replaces both HPUBP and HPYLB.		
Specimen Requirements			
Specimen Required	Patient Preparation: Patient should fast one hour before collection of baseline breath sample. Citrica Powder contains a small amount of aspartame sweetener. Test may not be suitable for patients with phenylketonuria whose dietary phenylalanine should be restricted. Use of antimicrobials, proton pump inhibitors, or bismuth preparations within two weeks prior to administering the BreathID®Hp IDkit HP™ Two Collection Kit may cause a false negative result. However, a positive result is still valid. Contact Client Services for new collection kit. Collect: BreathID®Hp IDkit HP™ Two Collection Kit Test can only be collected from patients 3 years old or greater. Human breath: Paired breath samples (pre and post) collected in BreathID®Hp IDkit HP™ Two Collection Kit bags must be submitted together. Follow instructions provided with kit. Transport Temperature: Room Temperature		
Rejection Criteria	Specimen types other than BreathID®Hp IDkit HP™ Two bags. Specimens from patients less than spears of age Stability or temperature exceeded.		

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Stability	Room temperature: 14 days Refrigerated: Unacceptable Frozen: Unacceptable		
Performing Information			
Methodology	Molecular Cor	relation Spectrom	netry
Reference Range	ľ	Negative	
Performed Days	Monday - Friday		
Turnaround Time	2 - 4 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code ¹	HPUBT		
Interface Order Code	3000277		
Result Code	Name LOINC Code AOE/Prompt ²		
3000277	Helicobacter pylori, Urea Breath Test	29891-9	No

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Inactivate Test With Replacement				
Effective Date	6/8/2021			
	Inactivated Test			
Name	West Nile Virus (PCR)-CSF			
Code	LCWNP			
Legacy Code ¹	LCWNP			
Interface Order Code	3806505			
Notes				
	Replacement Test			
Name	West Nile Virus, RNA, PC	R, CSF		
Code	WNCSF			
CPT Code(s)	87798			
Notes				
Specimen Requirements				
Specimen Requirements	Do not centrifuge or heat inactivate. Send 0.5 mL CSF in a s	crew canned plastic vial		
	bo not centinuge of heat mactivate. Send 0.5 me est in a s	crew capped plastic viai.		
	Collect: Cerebral Spinal Fluid (CSF)			
	concett. Cerebral Spirital Fluid (est)			
Specimen Required	Minimum volume: 0.3 mL			
Transport temperature: Refrigerated				
	Room temperature: Unacceptable			
Stability	Refrigerated: 7 days			
,	Frozen: 7 days			
Performing Information				
Methodology	Real-Time Polymerase Chain Re	action (PCR)		
Reference Range	Negative			
, and the second	Monday - Friday			
Performed Days	,			
T d Time	3 - 5 days			
Turnaround Time				
Performing Laboratory	Mayo Clinic Laboratories			
Interface Information				
Legacy Code ¹	WNCSF			
Interface Order Code	3800222			
Result Code	Name LOINC Code			
3800222	West Nile Virus, RNA, PCR, CSF 34461-4	No		

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·				
Inactivate Test With Rep	placement			
Effective Date	6/29/2021			
	Inactivated Test			
Name	Panoram	a Prenatal Test		
Code		NPT		
Legacy Code ¹		NPT		
Interface Order Code	3	302718		
Notes				
Name	Replacement Test	at/Na Naiseada	Jotica Donal	
Name Code	Panorama Prenatal Te	PAN	eletion Panel	
	81420	IAN		
CPT Code(s)	ZB4KH			
Notes				
Specimen Requirements				
Specimen Required	Panorama Kit Special kit required for blood collection. Please call lab for kit. Transport temperature: Room temperature			
Rejection Criteria	Specimens received refrigerated or frozen			
Stability	Room temperature: 7 days Refrigerated: Unacceptable Frozen: Unacceptable			
Performing Information				
Methodology	Targeted Seque	ncing of cell-free	· DNA	
Reference Range	Se	e report		
Performed Days	Monday - Friday			
Turnaround Time	12 - 16 days			
Performing Laboratory		Natera		
Interface Information				
Legacy Code ¹		PAN		
Interface Order Code	3302531			
Result Code	Name	LOINC Code	AOE/Prompt ²	
3302532	Is the patient pregnant?	Not available	Yes	
3302533	Expected Due Date (MM/DD/YYYY)	Not available	Yes	
3302534	Is this an in-vitro fertilized pregnancy?	Not available	Yes	
3302535	Is this a twin pregnancy?	Not available	Yes	
3302536	I want gender results included in this report.	Not available	Yes	
3302537	Maternal Weight (in pounds)	Not available	Yes	
3302538	What type of billing?	Not available	Yes	
3302539	Report Summary	Not available	No	

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•			
Inactivate Test With Rep	lacement		
Effective Date	6/	29/2021	
	Inactivated Test		
Name	Panorama Pren	atal 22q Deletion	Test
Code		NPT22	
Legacy Code ¹	NPT22		
Interface Order Code	3	302719	
Notes			
	Replacement Test		
Name	Panorama Prenatal Test v		odeletion Panel
Code		PAN22	
CPT Code(s)	81420, 81422 (for 22q11.2) ZB4KI		
Notes			
Specimen Requirements			
Specimen Required	Special Kit required for blood collection. Please	e call lab for kit.	
Rejection Criteria	Specimens received refrigerated or frozen		
Stability	Room temperature: 7 days Refrigerated: Unacceptable Frozen: Unacceptable		
Performing Information			
Methodology	Targeted sequencing of cell - free DNA		e DNA
Reference Range	Se	e report	
Performed Days	Monday - Friday		
Turnaround Time	12 - 16 days		
Performing Laboratory	Natera		
Interface Information			
Legacy Code ¹	PAN22		
Interface Order Code	3302540		
Result Code	Name	LOINC Code	AOE/Prompt ²
3302541	Is the patient pregnant?	Not available	Yes
3302542	Expected Due Date (MM/DD/YYYY)	Not available	Yes
3302543	Is this an in-vitro fertilized pregnancy?	Not available	Yes
3302544	Is this a twin pregnancy?	Not available	Yes
3302545	I want gender results included in this report.	Not available	Yes
3302546	Maternal Weight (in pounds)	Not available	Yes
3302547	What type of billing?	Not available	Yes
3302548	Report Summary	Not available	No

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Inactivate Test With Rep	lacement		
Effective Date	6/29/2021		
	Inactivated Test		
Name	Panorama Ext	ended Prenatal T	est
Code		NPTFP	
Legacy Code ¹	NPTFP		
Interface Order Code	3302720		
Notes			
	Replacement Test		
Name	Panorama Prenatal Test wi		rodeletion Panel
Code		PANFP	
CPT Code(s)	81507		
	ZB4KJ		
Notes Specimen Requirements			
Specimen Requirements	Special kit required for blood collection. Please	call lab for bit	
Specimen Required		can lab for kit.	
Rejection Criteria	Specimens received refrigerated or frozen.		
Stability	Room temperature: 7 days Refrigerated: Unacceptable Frozen: Unacceptable		
Performing Information			
Methodology	Targeted sequer	ncing of cell - free	e DNA
Reference Range	See report		
Performed Days	Monday - Friday		
Turnaround Time	12 - 16 days		
Performing Laboratory	Natera		
Interface Information			
Legacy Code ¹	PANFP		
Interface Order Code	3302551		
Result Code	Name	LOINC Code	AOE/Prompt ²
3302552	Is the patient pregnant?	Not available	Yes
3302553	Expected Due Date (MM/DD/YYYY)	Not available	Yes
3302554	Is this an in-vitro fertilized pregnancy?	Not available	Yes
3302555	Is this a twin pregnancy?	Not available	Yes
3302556	I want gender results included in this report.	Not available	Yes
3302557	Maternal Weight (in pounds)	Not available	Yes
3302558	What type of billing?	Not available	Yes
3302559	Report Summary	Not available	No

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Inactivate Test With Rep	lacement			
Effective Date	6/8/2021			
	Inactivated Test			
Name	West Nile Virus RNA, RT-PCR, Plasma			
Code	West the trias has no			
Legacy Code ¹	WNVPCRF			
Interface Order Code	3511440			
Notes	331110			
	Replacement Test			
Name	West Nile Viro	us RNA, PCR, Seru	ım	
Code	WNVS			
CPT Code(s)	87798			
Cri Code(s)				
Notes				
Specimen Requirements				
	Centrifuge and separate serum within 6 hours plastic vial.	of collection. Ser	nd 0.5 mL serum in a screw capped	
Specimen Required	Minimum: 0.3 mL			
	Transport temperature: Refrigerated			
Alternate Specimen	Serum: Red top			
Rejection Criteria	Plasma			
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 7 days			
Performing Information				
Methodology	Real-Time Polymerase Chain Reaction (PCR)			
Reference Range	Negative			
Performed Days	Monday - Friday			
Turnaround Time	3 - 5 days			
Performing Laboratory	Mayo Clinic Laboratories			
Interface Information				
Legacy Code ¹	WNVS			
Interface Order Code	3800221			
Result Code	Name	LOINC Code	AOE/Prompt ²	
3800221	West Nile Virus RNA, PCR, Serum	32361-8	No	

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Inactivate Test Without Replacement		
Effective Date	6/30/2021	
Name	Grouper IgE*	
Code	GROPE	
Legacy Code	GROPE	
Interface Code	3350260	
Notes		

Inactivate Test Without Replacement		
Effective Date	6/21/2021	
Name	Allergen - Allspice IgE	
Code	RF339	
Legacy Code	RARF339ES	
Interface Code	3721870	
Notes		

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