Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2021 Updated Version

Update Notes
Update made to the HIS result number for test IODCU. The update is highlighted in the test build information.

Update Summary		
New Test Activation	10/19/2021	CLOME - "Clobazam and Metabolite, Serum/Plasma"
Update Existing Test	10/18/2021	ANS - "Sports 1 Expanded"
Update Existing Test	10/4/2021	CMVQR - "Cytomegalovirus DNA, Quantitative, Real-Time PCR"
Update Existing Test	10/4/2021	RABAR - "Rabies Antibody Screen (RFFIT)"
Inactivate Test With Replacement	10/19/2021	AMLNK - "Acute Myeloid Leukemia Prognostic Panel (Normal Karyotype)" replaced by ACMYL - "Acute Myeloid Leukemia Prognostic Panel (Normal Karyotype)"
Inactivate Test With Replacement	10/19/2021	ELEFL - "Electrolytes & Glucose Panel (Vitreous), Fluid" replaced by EGPVF - "Electrolytes & Glucose Panel (Vitreous), Fluid"
Inactivate Test With Replacement	10/19/2021	ICRUR - "Iodine/Creatinine Ratio, Random, Urine" replaced by IODCU - "Iodine/Creatinine Ratio, Random, Urine"
Inactivate Test With Replacement	10/19/2021	UIOD - "Iodine, 24 Hour, Urine" replaced by IOD24 - "Iodine, 24 Hr, U"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2021 Updated Version

New Test Activation			
Effective Date	10/19/2021		
Name	Clobazam and Metabolite, Serum/Plasma		
Code	CLOME		
CPT Code(s)	80339 (G0480)		
Notes			
Specimen Requirements			
Specimen Required	*Collect:* Red top tube *Specimen Preparation:* Separate from cells ASAP within two hours of collection. Transfer 2.0 mL serum to a sterile screw capped plastic vial. *Minimum:* 0.3 mL *Transport temperature:* Refrigerated		
Rejection Criteria	Gel separator tubes. Hemolyzed specimens		
Stability	Room temperature: 3 days Refrigerated: 2 weeks Frozen: 2 months (Avoid repeated freeze thaw cycles)		
Performing Information			
Methodology	Quantitative High Performance Liquid Chromatography/Tandem Mass Spectrometry		
Reference Range	Clobazam: Therapeutic Range: 30 - 300 ng/mL Toxic: >500 ng/mL N-Desmethylclobazam: Therapeutic range: 300 - 3000 ng/mL		
Performed Days	Monday, Wednesday, Saturday		
Turnaround Time	2 - 6 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code[1]	CLOME		
Interface Order Code	3300192		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3300193	Clobazam	3487-6	No
3300194	N-Desmethylclobazam	35107-2	No

Warde Medical Laboratory

LABORATORY REPORT

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

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

Referral Testing

Collected: 10/01/2021 11:24 Received: 10/01/2021 11:24

Test Name	Result	Flag	Ref-Ranges	Units	Site
Clobazam and Metabolite, Serum/Plasma					
Clobazam	301		30-300	ng/mL	ARRL

INTERPRETIVE INFORMATION: Clobazam and Metabolite, Quant, S/P

Clobazam
Therapeutic Range: 30-300 ng/mL
Toxic Range: Greater than 500 ng/mL

N-Desmethylclobazam
Therapeutic Range: 300-3000 ng/mL
Toxic Range: Greater than 5000 ng/mL

Clobazam is a benzodiazepine drug indicated for adjunctive treatment for seizures associated with Lennox-Gastaut syndrome in patients 2 years and older. The therapeutic range is based on serum, pre-dose (trough) draw collection at steady-state concentration. The pharmacokinetics of clobazam are influenced by drug-drug interactions and by poor CYP2C19 metabolism. The metabolite, N-desmethylclobazam has about 20% activity of clobazam. Adverse effects may include constipation, somnolence, sedation and skin rash. The concomitant use of clobazam with other central nervous system (CNS) depressants may increase the risk of somnolence and sedation.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

N-Desmethylclobazam	**3124**	**H**	300-3000	ng/mL	ARRL

Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Tracy I. George, MD

Performing Site:
ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

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

D001000008
WX0000003481
Printed D&T: 10/01/21 11:29

Ordered By: CLIENT CLIENT
WX00000000002063

William G. Finn, M.D. - Medical Director
Form: MM RL1

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2021 Updated Version

Update Existing Test	
Effective Date	10/18/2021
Name	Anabolic Steroids
Code	ANS
Interface Order Code	3500432
Legacy Code	ANS
Notes	**There are updates to the Test Name**. **The following analytes are included in this panel:** Anabolic Agents 1 Testosterone and/or Met Bolasterone Metb Boldenone Metb Calusterone Metb Clenbeterol Clostebol Metb Danazol and/or Metb DHCMT Metb Dihydrotestosterone Desoxymethyltestosterone Drostanolone and/or Metb Estra 4, 9 Dien3,17 Dione Fluoxymesterone Metb Formebolone Metb Furazabol Metb 4 Hydroxytestosterone Met 6a Methylandrostendione Mestanolone Metb Mesterolone and/or Metb Methandrostenolone Metb Methandriol and/or Metb Methasterone Metb Methenolone and/or Metb Methylnortestosterone Met Methyltestosterone Metb Methyl 1 testosterone Met Mibolerone Metb Nandrolone Metb Norclostebol Metb Norethandrolone Metb Oxabolone Metb Oxandrolone and/or Metb Oxymesterone Oxymetholone Metb Prostanozol Metb Stanozolol Metb Stenbolone Metb Testolactone Metb

	T/E Ratio T/E Ration, QN Trenbolone Metb Drug Class tested Masking Agents Probenecid Epitestosterone

Required Testing Changes			
Name	**Sports 1 Expanded**		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt²**
3500432	**Sports 1 Expanded**		No

Update Existing Test	
Effective Date	10/4/2021
Name	Cytomegalovirus DNA, Quantitative, Real-Time PCR
Code	CMVQR
Interface Order Code	3435370
Legacy Code	CMVQR
Notes	Updates to alternate specimens, and result component name change.
Required Testing Changes	
Alternate Specimen	Whole blood: ACD Serum (Red top Tube, **NO** Serum Separator Tube SST), CSF, Amniotic Fluid, Plasma ***Please note: Eye fluid, urine and BAL are no longer accepted as alternate specimens**
Stability	*Whole Blood:* Room temperature: 48 hours Refrigerated: 8 days Frozen: Unacceptable *Serum, CSF, Amniotic fluid, Plasma:* Room temperature: 48 hours Refrigerated: 8 days Frozen: 30 days
Reference Range	See report

Result Code	Name	LOINC Code	AOE/Prompt²
3435371	**CMV DNA, QN PCR**	34720-3	No
3435372	Specimen Source	31208-2	**Yes**
3435373	CMV DNA, QN PCR	96396-7	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2021 Updated Version

Update Existing Test	
Effective Date	10/4/2021
Name	Rabies Antibody Screen (RFFIT)
Code	RABAR
Interface Order Code	3600025
Legacy Code	
Notes	Separate specimens must be submitted when multiple tests are ordered.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2021 Updated Version

Inactivate Test With Replacement	
Effective Date	10/19/2021
Inactivated Test	
Name	Acute Myeloid Leukemia Prognostic Panel (Normal Karyotype)
Code	AMLNK
Legacy Code[1]	AMLNK
Interface Order Code	3700155
Notes	
Replacement Test	
Name	Acute Myeloid Leukemia Prognostic Panel (Normal Karyotype)
Code	ACMYL
CPT Code(s)	81218 (CEBPA), 81310 (NPM), 81245 (FLT3 ITD), 81246 (FLT3 KTD) ZB19I
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Lavender EDTA and green sodium heparin *Specimen Preparation:* Send 5.0 mL whole blood collected in Lavender EDTA *Minimum volume:* 3.0 mL *Transport temperature:* Room temperature
Alternate Specimen	Bone marrow: 3.0 mL bone marrow (1.0 mL minimum) collected in Lavender EDTA tube. Cell pellet collected in a sterile transport tube
Stability	Whole blood/bone marrow Room temperature: 7 days Refrigerated: 7 days Frozen: Unacceptable Cell Pellet: Room temperature: Unacceptable Refrigerated: 30 days Frozen: 30 days
Performing Information	
Methodology	Varies by test
Reference Range	See report
Performed Days	Varies by test
Turnaround Time	6 - 8 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2021 Updated Version

Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code[1]	ACMYL		
Interface Order Code	3400567		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400568	Specimen Source	31208-2	**Yes**
3400569	Sample ID	Not available	**Yes**
3400570	CEBPA Mutation	64012-8	No
3400571	NPM Mutation, Cell-based	54448-6	No
3400572	FLT3 ITD	79210-1	No
3400573	FLT3 TKD	79210-1	No
3400574	FLT3 ITD Size	Not available	No
3400575	FLT3 ITD Allelic Ratio	92844-0	No
3400576	FLT3 TKD Allelic Ratio	Not available	No

Warde Medical Laboratory

LABORATORY REPORT

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

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

Referral Testing

Collected: 10/01/2021 11:14 Received: 10/01/2021 11:14

Test Name	Result	Flag	Ref-Ranges	Units	Site
Acute Myeloid Leukemia Prognostic Panel (Normal Karyotype)					
Specimen Source	Blood				QCRL
Sample ID	123456				QCRL
CEBPA Mutation	NOT DETECTED				QCRL

Reference Range:
NOT DETECTED

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD, MBA

NPM Mutation, Cell-based	NOT DETECTED				QCRL

Reference Range:
NOT DETECTED

A mutation at exon 12 of the NPM gene is a predictor of favorable prognosis in acute myeloid leukemia (AML) cases with a normal karyotype; it is also an indication of good response to induction chemotherapy.

This assay can detect 5% of mutant cells in the background of wildtype cells. The PCR amplification was performed using NPM intron 11 forward primer and 6-fam-labeled NPM exon 12 reverse primer. The wildtype displayed a 212bp peak, while the NPM mutant displayed a 216bp peak in addition to the NPM wildtype peak. The % of mutant to total (peak height) will be reported.

This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.

This test was developed and its analytical performance characteristics 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.

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD, MBA

FLT3 ITD	NOT DETECTED				QCRL

Reference Range:

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

Warde Medical Laboratory

LABORATORY REPORT

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

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

Referral Testing

Collected: 10/01/2021 11:14 Received: 10/01/2021 11:14

Test Name	Result	Flag	Ref-Ranges	Units	Site
NOT DETECTED					
FLT3 TKD	NOT DETECTED				QCRL
Reference Range: NOT DETECTED					
FLT3 ITD Size	NOT DETECTED				QCRL
UNITS OF MEASURE: Base pairs (bp)					
FLT3 ITD Allelic Ratio	4.08				QCRL
FLT3 TKD Allelic Ratio	0.10				QCRL

FLT3 mutations have been described in approximately 30% of acute myeloid leukemia cases. Both ITD and TKD mutations activate FLT3 kinase activity and promote malignancy. FLT3-ITD mutations are associated with a poor prognosis, high relapse rates, and reduced overall survival.

For additional information, please refer to
https://education.questdiagnostics.com/faq/FAQ221
(This link is being provided for informational/educational purposes only.)

Genomic DNA was extracted from the patient sample and tested for the presence of FLT3 gene ITD (Internal Tandem Duplication) and TKD (Tyrosine Kinase Domain) mutations. The TKD test detects mutations in codons 835 and 836, but cannot distinguish between them. Genomic regions of interest were amplified by fluorescence-labelled primers. The TKD product was further digested with the EcoRV restriction enzyme. The ITD PCR product and the enzyme digested TKD product were analyzed by fragment analysis. The assay can detect 5 mutation containing cells in the background of 100 total cells or 0.05 allelic ratio.

This test was developed and its analytical performance characteristics 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.

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD, MBA

Warde Medical Laboratory

LABORATORY REPORT

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

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

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

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

D001000007
WX0000003481
Printed D&T: 10/01/21 11:22

Ordered By: CLIENT CLIENT
WX00000000002063

William G. Finn, M.D. - Medical Director
Form: MM RL1

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2021 Updated Version

Inactivate Test With Replacement			
Effective Date	10/19/2021		
Inactivated Test			
Name	Electrolytes & Glucose Panel (Vitreous), Fluid		
Code	ELEFL		
Legacy Code[1]	ELEFL		
Interface Order Code	3300090		
Notes			
Replacement Test			
Name	Electrolytes & Glucose Panel (Vitreous), Fluid		
Code	EGPVF		
CPT Code(s)	84302, 83520, 82438, 84520, 82945, 82570		
Notes			
Specimen Requirements			
Specimen Required	*Collect:* Fluid *Specimen Preparation:* Send 2.0 mL vitreous fluid refrigerated in a screw capped plastic vial. Sodium and potassium results will be affected if specimen is collected in a gray top tube since these tubes contain sodium fluoride and potassium oxalate. *Minimum volume:* 1.0 mL *Transport temperature:* Refrigerated		
Stability	Room temperature: Undetermined Refrigerated: Undetermined Frozen: Undetermined		
Performing Information			
Methodology	Colorimetry, Chemistry Analyzer		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	5 - 7 days		
Performing Laboratory	NMS Labs		
Interface Information			
Legacy Code[1]	EGPVF		
Interface Order Code	3300201		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3300202	Creatinine (Vitreous Fluid)	12190-5	No
3300203	Sodium (Vitreous Fluid)	12908-0	No
3300204	Potassium (Vitreous Fluid)	Not available	No

3300205	Chloride (Vitreous Fluid)	54370-2	No
3300206	Glucose (Vitreous Fluid)	2344-0	No
3300207	Urea Nitrogen (Vitreous Fluid)	Not available	No

Warde Medical Laboratory

LABORATORY REPORT

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

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

Referral Testing

Collected: 10/01/2021 11:31 Received: 10/01/2021 11:31

Test Name	Result	Flag	Ref-Ranges	Units	Site
Electrolytes & Glucose Panel (Vitreous), Fluid					
Creatinine (Vitreous Fluid)	**10.0**	**H**		mg/dL	NMRL
Reporting Limit: 0.0500 mg/dL Normal: 0.6 - 1.3 mg/dL Analysis by Colorimetry (C)					
Sodium (Vitreous Fluid)	100			mmol/L	NMRL
Reporting Limit: 80.0 mmol/L Normal: 135 - 150 mmol/L Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride. Analysis by Chemistry Analyzer					
Potassium (Vitreous Fluid)	**200**	**H**		mmol/L	NMRL
Reporting Limit: 1.00 mmol/L Normal: <15 mmol/L Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate. Analysis by Chemistry Analyzer					
Chloride (Vitreous Fluid)	**300**	**H**		mmol/L	NMRL
Reporting Limit: 70.0 mmol/L Normal: 105 - 135 mmol/L Analysis by Chemistry Analyzer					
Glucose (Vitreous Fluid)	**400**	**H**		mg/dL	NMRL
Reporting Limit: 35.0 mg/dL Normal: <200 mg/dL Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia. Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20°C). Analysis by Chemistry Analyzer					
Urea Nitrogen (Vitreous Fluid)	**500**	**H**		mg/dL	NMRL
Reporting Limit: 3.00 mg/dL Normal: 8 - 20 mg/dL					

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

Warde Medical Laboratory

LABORATORY REPORT

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

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

Referral Testing

Collected: 10/01/2021 11:31 Received: 10/01/2021 11:31

Test Name	Result	Flag	Ref-Ranges	Units	Site
Analysis by Chemistry Analyzer					
Testing performed at NMS Labs, Inc. 200 Welsh Road Horsham, PA 19044-2208 CLIA 39D0197898					

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

D001000012
WX0000003481
Printed D&T: 10/01/21 11:49

Ordered By: CLIENT CLIENT
WX00000000002063

William G. Finn, M.D. - Medical Director
Form: MM RL1

Inactivate Test With Replacement			
Effective Date	10/19/2021		
Inactivated Test			
Name	Iodine/Creatinine Ratio, Random, Urine		
Code	ICRUR		
Legacy Code[1]	ICRUR		
Interface Order Code	3800001		
Notes			
Replacement Test			
Name	Iodine/Creatinine Ratio, Random, Urine		
Code	IODCU		
CPT Code(s)	83789, 82570		
Notes			
Specimen Requirements			
Specimen Required	*Patient Preparation:* Do not draw specimen within 96 hours of administering iodine or gadolinium-based contrast media. *Collect:* Random urine *Specimen Preparation:* Send 3.0 mL urine aliquot refrigerated in a screw capped plastic vial. *Minimum volume:* 2.0 mL *Transport temperature:* Refrigerated		
Stability	Room temperature: 14 days Refrigerated: 30 days Frozen: 30 days		
Performing Information			
Methodology	Inductively Coupled Plasma/Mass Spectrometry(ICP-MS); Enzymatic Colorimetric Assay		
Reference Range	0 - 17 years: Not established >=18 years: <584 mcg/g creatinine		
Performed Days	Monday, Wednesday, Friday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			
Legacy Code[1]	IODCU		
Interface Order Code	3800238		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3800250	Iodine Concentration Interpretation	77202-0	No
3800251	Iodine Concentration	Not available	No

3800252	Iodine/Creat Ratio, U	55928-6	No
3800253	Creatinine, Random, U	2161-8	No

Warde Medical Laboratory

LABORATORY REPORT

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

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

Referral Testing

Collected: 10/01/2021 12:00 Received: 10/01/2021 12:00

Test Name	Result	Flag	Ref-Ranges	Units	Site

Iodine/Creatinine Ratio, Random, Urine

Iodine Concentration Interpretation — SEE BELOW — MMRL

```
WORLD HEALTHCARE ORGANIZATION (WHO)
CRITERIA FOR ASSESSING IODINE STATUS

Children >6 Years Old and Adults:
<20 mcg/L - Insufficient intake, severe iodine
deficiency
20-49 mcg/L - Insufficient intake, moderate iodine
deficiency
50-99 mcg/L - Insufficient intake, mild iodine
deficiency
100-199 mcg/L - Adequate intake, adequate nutrition
200-299 mcg/L - Above intake requirements, may
pose a slight risk of more than adequate nutrition
>299 mcg/L - Excessive intake, risk of adverse
health consequences

Pregnant Women:
<150 mcg/L - Insufficient intake
150-249 mcg/L - Adequate intake
250-499 mcg/L - Above requirements
>499 mcg/L - Excessive intake

Lactating Women:
<100 mcg/L - Insufficient intake
>99 mcg/L - Adequate intake

------------------ADDITIONAL INFORMATION------------------
This test was developed and its performance characteristics
determined by Mayo Clinic in a manner consistent with CLIA
requirements. This test has not been cleared or approved by
the U.S. Food and Drug Administration.
```

Iodine Concentration	92			mcg/L	MMRL
Iodine/Creat Ratio, U	100		<584	mcg/g Cr	MMRL
Creatinine, Random, U	92		16 - 326	mg/dL	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
```

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

Warde Medical Laboratory

LABORATORY REPORT

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

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

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

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2021 Updated Version

Inactivate Test With Replacement	
Effective Date	10/19/2021
Inactivated Test	
Name	Iodine, 24 Hour, Urine
Code	UIOD
Legacy Code[1]	UIOD
Interface Order Code	3800004
Notes	
Replacement Test	
Name	Iodine, 24 Hr, U
Code	IOD24
CPT Code(s)	83789
Notes	
Specimen Requirements	
Specimen Required	*Patient Preparation:* Do not collect within 96 hours of administering iodine or gadolinium - base contrast media. If this test is used in conjunction with the (131)I uptake test, then specimen collection should begin immediately after the dose of (131)I is given (ie: the patient should void and discard urine just prior to the (131)I, and all subsequent urine should be collected for the next 24 hours). The last void should be included in the collection. *Collect:* 24 hours urine (refrigerate during collection) *Specimen Preparation:* Mix well and send 10.0 mL urine refrigerated in a screw capped plastic urine container. *Minimum volume:* 0.3 mL *Transport temperature:* Refrigerated
Stability	Room temperature: 146 days Refrigerated: 146 days Frozen: 146 days
Performing Information	
Methodology	Inductively Coupled Plasma/Mass Spectrometry
Reference Range	Iodine, 24 hour urine 0-17 years: Not Established ≥18 years: 75-851 mcg/24 hour
Performed Days	Monday, Wednesday, Friday
Turnaround Time	3 - 5 days
Performing Laboratory	Mayo Clinic Laboratories

Interface Information			
Legacy Code[1]	IOD24		
Interface Order Code	3800232		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3800233	Collection Duration	13362-9	**Yes**
3800234	Urine Volume	3167-4	**Yes**
3800235	Iodine, 24 Hr, U	2492-7	No
3800236	Iodine Concentration	26842-5	No
3800237	Iodine Concentration Interpretation	77202-0	No

Warde Medical Laboratory

LABORATORY REPORT

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

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

Referral Testing

Collected: 10/01/2021 11:49 Received: 10/01/2021 11:49

Test Name	Result	Flag	Ref-Ranges	Units	Site
Iodine, 24 Hr, U					
Collection Duration	2			h	MMRL
Urine Volume	4			mL	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

Iodine, 24 Hr, U	120		75 - 851	mcg/24 h	MMRL
Iodine Concentration	40000			mcg/L	MMRL
Iodine Concentration Interpretation	SEE BELOW				MMRL

WORLD HEALTHCARE ORGANIZATION (WHO)
CRITERIA FOR ASSESSING IODINE STATUS

Children >6 Years Old and Adults:
<20 mcg/L - Insufficient intake, severe iodine deficiency
20-49 mcg/L - Insufficient intake, moderate iodine deficiency
50-99 mcg/L - Insufficient intake, mild iodine deficiency
100-199 mcg/L - Adequate intake, adequate nutrition
200-299 mcg/L - Above intake requirements, may pose a slight risk of more than adequate nutrition
>299 mcg/L - Excessive intake, risk of adverse health consequences

----------ADDITIONAL INFORMATION----------
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

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

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