

Update Notes		

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Update Existing Test	2/22/2022	<a href="#">JK12P - "JAK2 Exon 12 Mutation Analysis by PCR"</a>
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**Announcement**

**Physician Attestation of Informed Consent:**

The following germline genetic tests from Quest require physician attestation that patient consent has been received if ordering medical facility is located in AK, DE, FL, GA, IA, MA, MN, NV, NJ, OR, SD or VT or test is performed in MA.

ID	NAME	ORDERING_CODE
AGMUT	Alpha-Globin Common Mutation Analysis	3428580
ATCPC	AccuType® CP, Clopidogrel	3420130
BFGAM	Beta-fibrinogen-455G->A Mutation	3400261
CP450	Pain Management, CYP450 3A4/3A5 Genotype, Qual	3435100
F13MA	Factor XIII V34L Mutation Analysis	3400283
FAMED	Familial Mediterranean Fever Mutation	3721060
FVLMA	Factor V Leiden Mutation Analysis	3400370
GAUCH	Gaucher Disease, Mutation Analysis	3515000
HHQ	Hemochromatosis, Hereditary	3426000
MTHFA	Methylenetetrahydrofolate Reductase Mutation	3400501
P202A	Prothrombin (Factor II) 20210G>A Mutation	3400504
PA11G	Plasminogen Act Inhib (PAI-1) Genotype	3426020
VONWI	von Willebrand Disease Gene Sequencing	3400356
WARAT	Warfarin AccuType(R)	3400284
YCMIC	Y Chromosome Microdeletion, DNA Analysis	3428900

**Update Existing Test**

<b>Effective Date</b>	2/22/2022
<b>Name</b>	Beta 2 Microglobulin CSF
<b>Code</b>	BETA2
<b>Interface Order Code</b>	3500552
<b>Legacy Code</b>	CSFB2M
<b>Notes</b>	Updates to alternate specimen.

**Required Testing Changes**

<b>Alternate Specimen</b>	CSF collected in plain red or <b>green (lithium heparin)</b>
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Update Existing Test	
Effective Date	2/22/2022
Name	Coxsackie B Virus Abs
Code	COXBA
Interface Order Code	3671705
Legacy Code	COXBARP
Notes	Updates to TAT.
Required Testing Changes	
Turnaround Time	8 - 14 days

Update Existing Test	
Effective Date	1/21/2022
Name	Dexamethasone
Code	DEXAM
Interface Order Code	3511995
Legacy Code	DEXAMETH
Notes	Updates to alternate specimens, rejection criteria, and stability.
Required Testing Changes	
Alternate Specimen	No alternate specimens.
Rejection Criteria	Grossly lipemic; gross hemolysis; serum separator tubes
Stability	Room temperature: 72 hours Refrigerated: 14 days Frozen: 90 days

Update Existing Test	
Effective Date	2/22/2022
Name	Echovirus Abs
Code	ECHOA
Interface Order Code	3679930
Legacy Code	ECHOARP
Notes	Updates to TAT.
Required Testing Changes	
Turnaround Time	8 - 14 days

Update Existing Test	
Effective Date	2/22/2022
Name	Follicle Stimulating Hormone (FSH)
Code	FSH
Interface Order Code	1000800
Legacy Code	FSH
Notes	Updates to alternate specimens accepted.
Required Testing Changes	
Alternate Specimen	Green lithium heparin, Lavendar EDTA

Update Existing Test	
Effective Date	2/7/2022
Name	Gamma-Hydroxybutyric Acid Screen, Serum/Plasma
Code	GHBS
Interface Order Code	3300800
Legacy Code	GHBS
Notes	Updates to stability.
Required Testing Changes	
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen: 60 days

Update Existing Test	
<b>Effective Date</b>	1/26/2022
<b>Name</b>	Giardia AG, EIA, Stool
<b>Code</b>	GLAG
<b>Interface Order Code</b>	3715150
<b>Legacy Code</b>	GLAGSP
<b>Notes</b>	Updates to specimen preparation, transport temperature, alternate specimen and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p>Specimen Preparation Send 10.0 g or <b>10 mL stool</b> in a Total-Fix® vial. Stool should be placed in preservative within 30 minutes of collection.</p> <p><i>Transport Temperature:</i>  <b>Total-Fix: Room temperature</b>  <b>Cary-Blair: Refrigerated (Cold Packs)</b>  <b>Unpreserved: Frozen</b></p>
<b>Rejection Criteria</b>	Stool: PVA, Ecofix, SAF, <b>Swab</b>
<b>Alternate Specimen</b>	<p><b>10% formalin transport vial</b>  Stool in Cary Blair media  Unpreserved stool</p>
<b>Stability</b>	<p>Total-Fix  Room temperature: 14 days  Refrigerated: 7 days  Frozen: Unacceptable</p> <p>10% formalin  Room temperature: 18 months  Refrigerated: 7 days  Frozen: Unacceptable</p> <p>Cary-Blair  Room temperature: Unacceptable  Refrigerated: 7 days  Frozen: 7 days</p> <p>Unpreserved:  Room temperature: Unacceptable  Refrigerated: 48 hours  Frozen: 14 days</p>

Update Existing Test	
Effective Date	2/22/2022
Name	Islet Cell IgG Cyto Autoabs
Code	ISLCG
Interface Order Code	3700760
Legacy Code	ISLETCYT
Notes	Updates to rejection criteria.
Required Testing Changes	
Rejection Criteria	CSF, Contaminated, hemolyzed or severely lipemic specimens

Update Existing Test	
Effective Date	2/22/2022
Name	JAK2 Exon 12 Mutation Analysis by PCR
Code	JK12P
Interface Order Code	3623000
Legacy Code	JK12P
Notes	Updates to Alternate specimens, rejection criteria and stability.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Lavender EDTA</p> <p><i>Specimen Preparation:</i> Send 5.0 mL whole blood.</p> <p><i>Minimum Volume:</i> Whole blood: 1.0 mL Bone marrow: 1.0 mL <b>Extracted DNA: 40 µL</b></p> <p><i>Transport Temperature:</i> Refrigerated</p>
Alternate Specimen	Bone marrow: EDTA - 3.0 mL <b>Extracted DNA from CLIA-certified laboratory</b>
Rejection Criteria	<b>Plasma, serum, FFPE tissue blocks/slides, frozen tissue.</b> Specimens collected in anticoagulants other than EDTA. Clotted or grossly hemolyzed specimens.
Stability	<p><b>Whole blood, Bone marrow:</b> Room temperature: 24 hours Refrigerated: 5 days Frozen: Unacceptable</p> <p><b>Extracted DNA:</b> Room temperature: 30 days Refrigerated: Indefinitely Frozen: Indefinitely</p>

Update Existing Test	
Effective Date	1/26/2022
Name	Limulus ameobocyte Lysate Assay
Code	LALA
Interface Order Code	3422360
Legacy Code	LALQ
Notes	Updates to rejection criteria, ref range and performed days.
Required Testing Changes	
Rejection Criteria	Glass tubes, body fluids
Reference Range	By report
Performed Days	Tuesday - Saturday

Update Existing Test	
Effective Date	2/22/2022
Name	Luteinizing Hormone
Code	LH
Interface Order Code	1000810
Legacy Code	LH
Notes	Updates to alternate specimen.
Required Testing Changes	
Alternate Specimen	Plasma separator tube, green lithium heparin, lavender EDTA

Update Existing Test	
Effective Date	2/22/2022
Name	Lipase, Fluid
Code	LIPFL
Interface Order Code	3619780
Legacy Code	LIPFL
Notes	Updates to transport temperature.
Required Testing Changes	
Specimen Required	<i>Transport Temperature:</i> Refrigerated



Update Existing Test	
Effective Date	2/22/2022
Name	Myoglobin
Code	MYO
Interface Order Code	1000270
Legacy Code	MYO
Notes	Updates to accepted alternate specimens, stability and ref range.
Required Testing Changes	
Alternate Specimen	Plasma: Green lithium heparin, lavender EDTA Serum: Red top
Stability	Room temperature: 8 days Refrigerated: 14 days Frozen: 1 year
Reference Range	Male: ≤72 ng/mL Female: ≤ 58 ng/mL

Update Existing Test	
Effective Date	2/22/2022
Name	PSA, Ultra Sensitive
Code	PSAUS
Interface Order Code	3683150
Legacy Code	PSAUSARP
Notes	Updates to alternate specimens accepted and stability.
Required Testing Changes	
Alternate Specimen	Plasma: Green lithium heparin, lavender EDTA
Stability	Room temperature: 24 hours Refrigerated: 5 days Frozen: 6 months

Update Existing Test																																				
Effective Date	2/14/2022																																			
Name	Parathyroid Hormone, Intact																																			
Code	PTH																																			
Interface Order Code	1010400																																			
Legacy Code	PTHI																																			
Notes	Updates to rejection criteria, reference range and performing laboratory.																																			
Required Testing Changes																																				
Rejection Criteria	Gross hemolysis, plasma in green sodium or lithium heparin tubes																																			
Reference Range	<p><b>Parathyroid Hormone, Intact</b></p> <table> <tr> <td>&lt;1 Year</td> <td>7-58 pg/mL</td> </tr> <tr> <td>1-7 Years</td> <td>12-55 pg/mL</td> </tr> <tr> <td>8-18 Years</td> <td>12-71 pg/mL</td> </tr> <tr> <td>≥19 Years</td> <td>14-64 pg/mL</td> </tr> </table> <p><b>Interpretive Guide</b></p> <table> <thead> <tr> <th></th> <th>Intact PTH</th> <th>Calcium</th> </tr> </thead> <tbody> <tr> <td>Normal Parathyroid</td> <td>Normal</td> <td>Normal</td> </tr> <tr> <td>Hypoparathyroidism</td> <td>Low or Low Normal</td> <td>Low</td> </tr> <tr> <td>Hyperparathyroidism</td> <td></td> <td></td> </tr> <tr> <td>  Primary</td> <td>Normal or High</td> <td>High</td> </tr> <tr> <td>  Secondary</td> <td>High</td> <td>Normal or Low</td> </tr> <tr> <td>  Tertiary</td> <td>High</td> <td>High</td> </tr> <tr> <td>Non-Parathyroid</td> <td></td> <td></td> </tr> <tr> <td>  Hypercalcemia</td> <td>Low or Low Normal</td> <td>High</td> </tr> </tbody> </table>	<1 Year	7-58 pg/mL	1-7 Years	12-55 pg/mL	8-18 Years	12-71 pg/mL	≥19 Years	14-64 pg/mL		Intact PTH	Calcium	Normal Parathyroid	Normal	Normal	Hypoparathyroidism	Low or Low Normal	Low	Hyperparathyroidism			Primary	Normal or High	High	Secondary	High	Normal or Low	Tertiary	High	High	Non-Parathyroid			Hypercalcemia	Low or Low Normal	High
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Secondary	High	Normal or Low																																		
Tertiary	High	High																																		
Non-Parathyroid																																				
Hypercalcemia	Low or Low Normal	High																																		
Performing Laboratory	Quest SJC																																			

Update Existing Test	
Effective Date	2/22/2022
Name	T3, Reverse, LC/MS/MS
Code	RT3
Interface Order Code	3426700
Legacy Code	RT3Q
Notes	Updates to TAT.
Required Testing Changes	
Turnaround Time	2 - 5 days

Update Existing Test	
Effective Date	2/22/2022
Name	Transferrin Receptor (TFR) Soluble
Code	STRS
Interface Order Code	3702360
Legacy Code	STRSP
Notes	Updates to alternate specimen and rejection criteria.
Required Testing Changes	
Alternate Specimen	Plasma separator tube, green lithium heparin
Rejection Criteria	Contaminated, lipemic, <b>severly hemolyzed</b> , or icteric specimens

Update Existing Test	
Effective Date	2/22/2022
Name	Chloride, Urine
Code	UCHL
Interface Order Code	3618100
Legacy Code	UCHL
Notes	Updates to stability.
Required Testing Changes	
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days

Update Existing Test	
Effective Date	2/22/2022
Name	Sodium, Urine
Code	USOD
Interface Order Code	3624000
Legacy Code	USOD
Notes	Updates to specimen collection requirements and stability.
Required Testing Changes	
Specimen Required	<i>Specimen Preparation:</i> Mix well and send 1.0 mL urine in a screw capped plastic vial. Indicate total volume, and collection time interval.
Stability	Room temperature: 14 days Refrigerated: 14 days Frozen: 30 days

Inactivate Test Without Replacement	
<b>Effective Date</b>	1/21/2022
<b>Name</b>	Heterophile AB with Reflex to Titer
<b>Code</b>	HETRT
<b>Legacy Code</b>	HETRT
<b>Interface Code</b>	3600026
<b>Notes</b>	No alternate test recommendations.