

| Update Notes |  |  |
|--------------|--|--|
|              |  |  |

| Update Summary                   |            |   |
|----------------------------------|------------|---|
| Announcement                     | 11/16/2021 | <a href="#">Update to Resulting</a>   |
| New Test Activation              | 11/16/2021 | <a href="#">COVM - "SARS-CoV-2 IgM"</a>   |
| New Test Activation              | 11/16/2021 | <a href="#">NECT - "Nectarine IgE"</a>  |
| New Test Activation              | 11/16/2021 | <a href="#">UWNTM - "Non-tuberculosis mycobacteria PCR"</a>   |
| Update Existing Test             | 11/01/2021 | <a href="#">125VD - "Vitamin D, 1, 25-Dihydroxy"</a>  |
| Update Existing Test             | 11/16/2021 | <a href="#">CHBNP - "NT proBNP"</a>   |
| Update Existing Test             | 11/01/2021 | <a href="#">CHC – "Chlamydia Culture"</a>   |
| Update Existing Test             | 11/01/2021 | <a href="#">CHRNA - "Chlamydia trachomatis Nucleic Acid by TMA"</a>   |
| Update Existing Test             | 11/22/2021 | <a href="#">CNTMA - "Chlamydia/N. gonorrhoeae and T. vaginalis RNA, Qual, TMA"</a>  |
| Update Existing Test             | 11/01/2021 | <a href="#">CORFQ - "Cortisol, Free and Total"</a>  |
| Update Existing Test             | 11/16/2021 | <a href="#">COVG - "SARS Coronavirus 2 IgG Antibody"</a>  |
| Update Existing Test             | 11/16/2021 | <a href="#">DEXAM - "Dexamethasone"</a>   |
| Update Existing Test             | 11/19/2021 | <a href="#">ENTAB - "Enterovirus Panel, CF, Serum"</a>  |
| Update Existing Test             | 11/01/2021 | <a href="#">HIVA – "HIV Ag/Ab 5<sup>th</sup> Gen (Diag)"</a>  |
| Update Existing Test             | 11/01/2021 | <a href="#">HIVS – "HIV Ag/Ab 5<sup>th</sup> Gen (Screen)"</a>  |
| Update Existing Test             | 11/15/2021 | <a href="#">IDHMA - "IDH1 and IDH2 Mutation Analysis, exon 4"</a>   |
| Update Existing Test             | 11/15/2021 | <a href="#">IDHMF - "IDH1 and IDH2 Mutation Analysis FFPE Tissue"</a>   |
| Update Existing Test             | 11/01/2021 | <a href="#">LEAD – "Lead"</a>   |
| Update Existing Test             | 11/01/2021 | <a href="#">METHX - "Methsuximide as Metabolite, Serum/Plasma"</a>  |
| Update Existing Test             | 11/15/2021 | <a href="#">MLH1 - "MLH1 Promoter Methylation"</a>  |
| Update Existing Test             | 11/01/2021 | <a href="#">NAP - "Naproxen (Naprosyn), Serum/Plasma"</a>   |
| Update Existing Test             | 11/22/2021 | <a href="#">NSGON - "Neisseria gonorrhoeae RNA, TMA, Rectal"</a>  |
| Update Existing Test             | 11/01/2021 | <a href="#">RANI - "Ranitidine, Serum/Plasma"</a>   |
| Update Existing Test             | 11/01/2021 | <a href="#">TBNK - "Immunodeficiency Screening"</a>   |
| Update Existing Test             | 11/01/2021 | <a href="#">TIFLU - "Titanium, Fluid"</a>   |
| Update Existing Test             | 11/01/2021 | <a href="#">UHEMS - "Hemosiderin, Urine"</a>  |
| Update Existing Test             | 11/29/2021 | <a href="#">ZAP70 - "ZAP-70"</a>  |
| Inactivate Test With Replacement | 11/16/2021 | <a href="#">BCRPQ - "BCR-ABL1 Gn Rearrange Qnt PCR" replaced by BCRMJ - "BCR-ABL1 Major (p210) Rearrangement, Quantitative PCR"</a> |
| Inactivate Test With Replacement | 11/16/2021 | <a href="#">BCRPQ - "BCR-ABL1 Gn Rearrange Qnt PCR" replaced by BCRMN - "BCR-ABL1 Minor (p190) Rearrangement, Quantitative PCR"</a> |

|                                  |            |   |
|----------------------------------|------------|---|
| Inactivate Test With Replacement | 11/16/2021 | <a href="#">BCRPQ - "BCR-ABL1 Gn Rearrange Qnt PCR" replaced by BCRX - "BCR-ABL1 Rearrangement, Quantitative PCR with Reflex"</a> |
| Inactivate Test With Replacement | 11/16/2021 | <a href="#">PLASI - "Platelet Antibody Screen (Indirect)" replaced by PLABN - "Platelet Ab Screen, S"</a>                         |

## Announcement

### **Resulting Update starting November 16, 2021:**

The following tests, UWAFB, UWBRP, UWBRP, UWBRP, UWBRP, UWBRP and UWNTM will be resulted in Warde's laboratory information system with the following comment:

**SEE REPORT UNDER SEPARATE COVER.  
REPORT SENT WITH COURIER AND OR MAILED.**

For these tests, Warde will send copies of the performing laboratory reports to the ordering facility. Warde will scan copies of the original performing laboratory reports as PDF documents into the Warde laboratory information system. Copies of original reports may also be requested as needed by secure fax or other arrangement from Warde Client Services. Original reports may be uploaded into local EMRs at the discretion of policies determined by the ordering client. Warde is providing original copies of these reports to minimize manual result entry for non-interfaced or low volume miscellaneous tests. Given the growing complexity of esoteric test reports, our goal is to reduce the opportunity for error associated with the manual transcription of complex test results.

| New Test Activation            |   |                   |                               |
|--------------------------------|---|-------------------|-------------------------------|
| <b>Effective Date</b>          | 11/16/2021  |                   |                               |
| <b>Name</b>                    | SARS-CoV-2 IgM  |                   |                               |
| <b>Code</b>                    | COVM  |                   |                               |
| <b>CPT Code(s)</b>             | 86769   |                   |                               |
| <b>Notes</b>                   |   |                   |                               |
| Specimen Requirements          |   |                   |                               |
| <b>Specimen Required</b>       | <p><i>Collect:</i> Serum separator tube (SST).</p> <p><i>Specimen Preparation:</i><br/>Collect whole blood in a Serum separator tube (SST). Allow blood to clot at room temperature for 30-60 minutes then centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial.</p> <p><i>Minimum volume:</i> 0.5 mL</p> <p><i>Transport temperature:</i> Frozen</p> |                   |                               |
| <b>Alternate Specimen</b>      | Red top   |                   |                               |
| <b>Rejection Criteria</b>      | Whole blood frozen, Hyperlipemic or grossly hemolyzed   |                   |                               |
| <b>Stability</b>               | Room temperture: Unacceptable<br>Refrigerated: 7 days<br>Frozen: 14 days  |                   |                               |
| Performing Information         |   |                   |                               |
| <b>Methodology</b>             | Semi-quantitative Enzyme-Linked Immunosorbent Assay   |                   |                               |
| <b>Reference Range</b>         | <p><b>Immune Status Ratio (ISR) value &lt;1.0:</b><br/>no detectable IgM antibody present</p> <p><b>Immuno Status Ratio (ISR) value ≥ 1.0:</b><br/>Antibodies to SARS-CoV-2 detected</p>  |                   |                               |
| <b>Performed Days</b>          | Monday - Saturday   |                   |                               |
| <b>Turnaround Time</b>         | 2 - 3 days  |                   |                               |
| <b>Performing Laboratory</b>   | Viracor Eurofins  |                   |                               |
| Interface Information          |   |                   |                               |
| <b>Legacy Code<sup>1</sup></b> | COVM  |                   |                               |
| <b>Interface Order Code</b>    | 3300271   |                   |                               |
| <b>Result Code</b>             | <b>Name</b>   | <b>LOINC Code</b> | <b>AOE/Prompt<sup>2</sup></b> |
| 3300271                        | SARS-CoV-2 IgM  | 94508-9           | No                            |

| New Test Activation            |  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
|--------------------------------|--|----------------------|-------------------------|---------|---|-------|-----------------|---|-------------|--------------|---|-------------|-------------------|---|--------------|----------|---|---------------|-----------------|---|---------------|----------------------|---|--------|----------------------|--|
| <b>Effective Date</b>          | 11/16/2021   |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Name</b>                    | Nectarine IgE  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Code</b>                    | NECT   |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>CPT Code(s)</b>             | 86003  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Notes</b>                   |  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| Specimen Requirements          |  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Specimen Required</b>       | <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i><br/>Collect 1.0 - 2.0 mL whole blood in red top. Centrifuge and transfer 0.5 mL serum in a screw capped plastic vial.</p> <p><i>Minimum volume:</i> 340 µL</p> <p><i>Transport:</i> Room temperature</p>  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Alternate Specimen</b>      | No alternate specimens   |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Rejection Criteria</b>      | Lipemic samples  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Stability</b>               | Room temperature: 30 days<br>Refrigerate: 30 days<br>Frozen: 30 days   |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| Performing Information         |  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Methodology</b>             | Enzyme Immunoassay   |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Reference Range</b>         | <table border="1"> <thead> <tr> <th>Class</th> <th>IgE (kU/L)</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>&lt;0.35</td> <td>Below Detection</td> </tr> <tr> <td>1</td> <td>0.35 - 0.69</td> <td>Low Positive</td> </tr> <tr> <td>2</td> <td>0.70 - 3.49</td> <td>Moderate Positive</td> </tr> <tr> <td>3</td> <td>3.50 - 17.49</td> <td>Positive</td> </tr> <tr> <td>4</td> <td>17.50 - 49.99</td> <td>Strong Positive</td> </tr> <tr> <td>5</td> <td>50.00 - 99.99</td> <td>Very Strong Positive</td> </tr> <tr> <td>6</td> <td>&gt;99.99</td> <td>Very Strong Positive</td> </tr> </tbody> </table> | Class                | IgE (kU/L)              | Comment | 0 | <0.35 | Below Detection | 1 | 0.35 - 0.69 | Low Positive | 2 | 0.70 - 3.49 | Moderate Positive | 3 | 3.50 - 17.49 | Positive | 4 | 17.50 - 49.99 | Strong Positive | 5 | 50.00 - 99.99 | Very Strong Positive | 6 | >99.99 | Very Strong Positive |  |
| Class                          | IgE (kU/L)   | Comment              |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| 0                              | <0.35  | Below Detection      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| 1                              | 0.35 - 0.69  | Low Positive         |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| 2                              | 0.70 - 3.49  | Moderate Positive    |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| 3                              | 3.50 - 17.49   | Positive             |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| 4                              | 17.50 - 49.99  | Strong Positive      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| 5                              | 50.00 - 99.99  | Very Strong Positive |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| 6                              | >99.99   | Very Strong Positive |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Performed Days</b>          | Varies   |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Turnaround Time</b>         | 2 - 3 days   |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Performing Laboratory</b>   | Viracor Eurofins   |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| Interface Information          |  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Legacy Code<sup>1</sup></b> | NECT   |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| <b>Interface Order Code</b>    | 3300272  |                      |                         |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| Result Code                    | Name   | LOINC Code           | AOE/Prompt <sup>2</sup> |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| 3300273                        | Nectarine IgE  | 7523-4               | No                      |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |
| 3300274                        | Class  | 15871-7              | No                      |         |   |       |                 |   |             |              |   |             |                   |   |              |          |   |               |                 |   |               |                      |   |        |                      |  |

| New Test Activation            |  |                   |                               |
|--------------------------------|--|-------------------|-------------------------------|
| <b>Effective Date</b>          | 11/16/2021   |                   |                               |
| <b>Name</b>                    | Non-tuberculosis mycobacteria PCR  |                   |                               |
| <b>Code</b>                    | UWNTM  |                   |                               |
| <b>CPT Code(s)</b>             | 87551  |                   |                               |
| <b>Notes</b>                   |  |                   |                               |
| Specimen Requirements          |  |                   |                               |
| <b>Specimen Required</b>       | <p><i>Collect:</i> Tissues (fresh or paraffin embedded) and fluids (non-blood)</p> <p><i>Specimen preparation:</i><br/>Collect 1.0 cc tissue or 1.0 mL fluid into a DNA free container labeled with at least two identifiers.</p> <p><i>Minimum volume:</i> Diagnostic yield generally proportional to specimen size.</p> <p><i>Transport temperature:</i><br/>Frozen -20 °C</p> |                   |                               |
| <b>Alternate Specimen</b>      | E-swabs; Formalin-fixed paraffin-embedded tissues (FFPE, PET); non-blood body fluids collected in vacutainer tubes without preservative  |                   |                               |
| <b>Rejection Criteria</b>      | Tissues free-floating in formalin; samples containing SPS, citrate, or heparin; Blood/serum specimens; samples collected on swabs (other than E-swabs)   |                   |                               |
| <b>Stability</b>               | Room temperature: Unacceptable<br>Refrigerated: Unacceptable<br>Frozen: Freeze at -20 °C   |                   |                               |
| Performing Information         |  |                   |                               |
| <b>Methodology</b>             | Polymerase Chain Reaction (PCR)  |                   |                               |
| <b>Reference Range</b>         | See report   |                   |                               |
| <b>Performed Days</b>          | Monday - Friday  |                   |                               |
| <b>Turnaround Time</b>         | 7 - 10 days  |                   |                               |
| <b>Performing Laboratory</b>   | University of Washington   |                   |                               |
| Interface Information          |  |                   |                               |
| <b>Legacy Code<sup>1</sup></b> | UWNTM  |                   |                               |
| <b>Interface Order Code</b>    | 3500039  |                   |                               |
| <b>Result Code</b>             | <b>Name</b>  | <b>LOINC Code</b> | <b>AOE/Prompt<sup>2</sup></b> |
| 3500039                        | Non-tuberculosis mycobacteria PCR  | 18725-2           | No                            |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/01/2021  |
| Name                     | Vitamin D, 1, 25-Dihydroxy  |
| Code                     | 125VD   |
| Interface Order Code     | 1007190   |
| Legacy Code              | VITD125   |
| Notes                    | Update to rejection criteria.   |
| Required Testing Changes |   |
| Rejection Criteria       | Hemolysis, gross lipemia, <b>EDTA plasma from Dark Blue EDTA collection tube.</b> |

| Update Existing Test     |  |
|--------------------------|--|
| Effective Date           | 11/16/2021   |
| Name                     | NT proBNP  |
| Code                     | CHBNP  |
| Interface Order Code     | 3709260  |
| Legacy Code              | CHFBNPSP   |
| Notes                    | Update to specimen preparation.  |
| Required Testing Changes |  |
| Specimen Required        | Centrifuge, separate plasma from cells <b>within one hour</b> and send 1.0 mL plasma in a screw capped plastic vial. |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/01/2021  |
| Name                     | Chlamydia Culture   |
| Code                     | CHC   |
| Interface Order Code     | 3093000   |
| Legacy Code              | CHC   |
| Notes                    | Updates to specimen preparation. We are now accepting respiratory specimens.  |
| Required Testing Changes |   |
| Specimen Preparation     | Swab specimens (endocervix, endourethral, conjunctiva, rectal, peritoneal, nasopharyngeal, <b>throat</b> ) in viral transport medium. Send refrigerated. Specimen source is required. |

| Update Existing Test |   |
|----------------------|---|
| Effective Date       | 11/01/2021  |
| Name                 | Chlamydia trachomatis Nucleic Acid by TMA                       |
| Code                 | CHRNA   |
| Interface Order Code | 3091100   |
| Legacy Code          | CHRNA   |
| Notes                | <b>Aptima® Combo II Urine transport media is now available.</b> |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/22/2021  |
| Name                     | Chlamydia/N. gonorrhoeae and T. vaginalis RNA, Qual, TMA  |
| Code                     | CNTMA   |
| Interface Order Code     | 3435200   |
| Legacy Code              | CNTMA   |
| Notes                    | Updates to specimen preparation, alternate specimens, rejection criteria and stability.   |
| Required Testing Changes |   |
| Specimen Required        | <p><i>Collect:</i> Surepath™ preservative fluid</p> <p><i>Specimen Preparation:</i><br/> <b>Surepath™ fluid must be transferred to Aptima® tube within 4 days of collection.</b> Send 0.5 mL of Surepath™ preservative fluid collected in Aptima® Vaginal collection kit (orange label) or Aptima® Unisex collection kit (white label with purple writing) or Aptima® transfer tube (green label). The source MUST be written on the label.</p> <p><i>Minimum volume:</i><br/>           0.5 mL Surepath™ preservative fluid in Aptima® transfer tube<br/>           1.0 mL PreservCyt® preservative (ThinPrep®) in Aptima® transfer tube</p> |
| Alternate Specimen       | 1.0 mL PreservCyt® Preservative (ThinPrep®) placed in Aptima® Specimen Transfer tube (green label). The source MUST be written on the label. <b>Surepath™ fluid vial. PerservCyt® preservative (ThinPrep®) fluid vial.</b>  |
| Rejection Criteria       | ThinPrep® or SurePath™ material previously processed for cytology; ThinPrep® with excess mucus; <b>SurePath™ vials without the head of the collection device(s) in the fluid; Cervical swabs in Digene® HC cervical sampler; acellular pap adequacy</b>   |
| Stability                | <p>SurePath™, Aptima® transport:<br/>           Room temperature: 14 days<br/>           Refrigerated: 14 days<br/>           Frozen: Unacceptable</p> <p>PreservCyt® (ThinPrep®), Aptima® transport:<br/>           Room temperature: 14 days<br/> <b>Refrigerated: 14 days</b><br/>           Frozen: 30 days</p> <p>SurePath™, Fluid:<br/>           Room temperature: 4 days<br/>           Refrigerated: 4 days<br/>           Frozen: Unacceptable</p> <p>PreservCyt® (ThinPrep®), Fluid<br/> <b>Room temperature: 30 days</b><br/> <b>Refrigerated: 30 days</b><br/> <b>Frozen: 1 year</b></p>   |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/01/2021  |
| Name                     | Cortisol, Free and Total  |
| Code                     | CORFQ   |
| Interface Order Code     | 3420200   |
| Legacy Code              | CORFQ   |
| Notes                    | Updates to stability  |
| Required Testing Changes |   |
| Stability                | Room temperature: 48 hours<br>Refrigerated: 7 days<br><b>Frozen: 1 year</b> |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/16/2021  |
| Name                     | SARS Coronavirus 2 IgG Antibody   |
| Code                     | COVG  |
| Interface Order Code     | 3000226   |
| Legacy Code              | COVG  |
| Notes                    |   |
| Required Testing Changes |   |
| Specimen Required        | <b>Collect: Red top</b><br><br><i>Specimen preparation:</i><br>Centrifuge, remove serum from cells and send 0.5 mL serum refrigerated in a screw capped plastic vial. |
| Alternate Specimen       | Plasma: Sodium or lithium heparin, EDTA   |
| Stability                | <b>Room temperature: 48 hours</b><br><b>Refrigerated: 21 days</b><br>Frozen: 14 days  |
| Reference Range          | Negative: <13.0 AU/mL<br>Positive: ≥13.0 AU/mL  |



| Update Existing Test     |  |            |                         |
|--------------------------|--|------------|-------------------------|
| Effective Date           | 11/16/2021   |            |                         |
| Name                     | Dexamethasone  |            |                         |
| Code                     | DEXAM  |            |                         |
| Interface Order Code     | 3511995  |            |                         |
| Legacy Code              | DEXAMETH   |            |                         |
| Notes                    | Updates to performing lab and additional specimen requirements.  |            |                         |
| Required Testing Changes |  |            |                         |
| Specimen Required        | <p><b>Patient Preparation:</b> Draw specimen between 8:00 am and 10:00 am</p> <p><b>Collect:</b> Red top</p> <p><b>Specimen Preparation:</b><br/>Centrifuge, separate serum from cells. <b>Draw specimen between 8:00 am and 10:00 am and send 0.85 mL serum in a screw capped plastic vial.</b></p> <p><b>Minimum Volume:</b> 0.25 mL</p> <p><b>Transport temperature:</b> Refrigerated</p> |            |                         |
| Alternate Specimen       | Plasma: heparin (sodium or lithium), <b>Sodium fluoride (gray top)</b>   |            |                         |
| Rejection Criteria       | <b>Moderate hemolysis</b> , serum separator tube (SST), room temperature   |            |                         |
| Stability                | <b>Room temperature: 24 hours</b><br><b>Refrigerated: 7 days</b><br><b>Frozen: 2 years</b>   |            |                         |
| Methodology              | Chromatography/Mass Spectrometry   |            |                         |
| Reference Range          | <b>Baseline: &lt;20 ng/dL</b><br><b>1m dexamethasone overnight: 180 - 550 ng/dL (8:00 am - 10:00 am)</b>   |            |                         |
| Performed Days           | Monday   |            |                         |
| Turnaround Time          | 7 - 14 days  |            |                         |
| Performing Laboratory    | Quest SJC  |            |                         |
| Result Code              | Name   | LOINC Code | AOE/Prompt <sup>2</sup> |
| 3511995                  | Dexamethasone  | 14062-4    | No                      |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/19/2021  |
| Name                     | Enterovirus Ab Panel                              |
| Code                     | ENTAB   |
| Interface Order Code     | 3501960   |
| Legacy Code              | ENTERAB   |
| Notes                    | Updates to test name and rejection criteria.      |
| Required Testing Changes |   |
| Name                     | Enterovirus Panel, CF, Serum                      |
| Rejection Criteria       | Gross hemolysis, grossly lipemic, grossly icteric |

| Update Existing Test     |  |
|--------------------------|--|
| Effective Date           | 11/01/2021   |
| Name                     | HIV Ag/Ab 5 <sup>th</sup> Gen (Diag)   |
| Code                     | HIVA   |
| Interface Order Code     | 3010685  |
| Legacy Code              | HIV1/2/A   |
| Notes                    | Update to turnaround time.   |
| Required Testing Changes |  |
| Turnaround time          | <b>1 – 3 days</b> for non-reactive screen. Reactive screen will be repeated in duplicate. If reactive, HIV Differentiation will be performed. If HIV1/HIV2 Supplemental assay is discordant from initial screening results, then HIV nucleic acid testing may be indicated. This requires a dedicated sample, specimens used in other assays cannot be tested. |

| Update Existing Test     |  |
|--------------------------|--|
| Effective Date           | 11/01/2021   |
| Name                     | HIV Ag/Ab 5 <sup>th</sup> Gen (Screen)   |
| Code                     | HIVS   |
| Interface Order Code     | 3010665  |
| Legacy Code              | HIV1/2/AS HIV1/2D discriminatory assay   |
| Notes                    | Update to turnaround time.   |
| Required Testing Changes |  |
| Turnaround time          | <b>1 – 3 days</b> for non-reactive screen. Reactive screen will be repeated in duplicate. If reactive, HIV Differentiation will be performed. If HIV1/HIV2 Supplemental assay is discordant from initial screening results, then HIV nucleic acid testing may be indicated. This requires a dedicated sample, specimens used in other assays cannot be tested. |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/15/2021  |
| Name                     | IDH1 and IDH2 Mutation Analysis, exon 4   |
| Code                     | IDHMA   |
| Interface Order Code     | 3600099   |
| Legacy Code              | IDHMA   |
| Notes                    | Updates to Alternate Specimen: DNA extracted by a CLIA certified lab is no longer accepted.             |
| Required Testing Changes |   |
| Alternate Specimen       | Bone marrow: Lavender EDTA, 3.0 mL  |
| Stability                | <i>Blood/Bone Marrow:</i><br>Room temperature: 24 hours<br>Refrigerated: 5 days<br>Frozen: Unacceptable |

| Update Existing Test     |  |
|--------------------------|--|
| Effective Date           | 11/15/2021   |
| Name                     | IDH1 and IDH2 Mutation Analysis, Exon 4, Formalin-Fixed, Pa  |
| Code                     | IDHMF  |
| Interface Order Code     | 3600097  |
| Legacy Code              |  |
| Notes                    | Update to test name and alternate specimens are no longer accepted.  |
| Required Testing Changes |  |
| Name                     | IDH1 and IDH2 Mutation Analysis FFPE Tissue  |
| Alternate Specimen       | No alternate specimens accepted.   |
| Stability                | <i>Tissue Block:</i><br>Room temperature: Indefinitely<br>Refrigerated: Indefinitely<br>Frozen: Unacceptable |

| Update Existing Test     |                            |
|--------------------------|----------------------------|
| Effective Date           | 11/01/2021                 |
| Name                     | LEAD                       |
| Code                     | LEAD                       |
| Interface Order Code     | 1000370                    |
| Legacy Code              | LEAD                       |
| Notes                    | Update to turnaround time. |
| Required Testing Changes |                            |
| Turnaround time          | 1 – 3 days                 |

| Update Existing Test     |  |
|--------------------------|--|
| Effective Date           | 11/01/2021   |
| Name                     | Methsuximide as Metabolite, Serum/Plasma                               |
| Code                     | METHX  |
| Interface Order Code     | 3504930  |
| Legacy Code              | METHSUX  |
| Notes                    | Updates to specimen stability.   |
| Required Testing Changes |  |
| Stability                | Room temperature: 7 days<br>Refrigerated: 30 days<br>Frozen: 18 months |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/15/2021  |
| Name                     | MLH1 Promoter Methylation, Paraffin   |
| Code                     | MLH1  |
| Interface Order Code     | 3624180   |
| Legacy Code              | MLH1  |
| Notes                    | Update to test name and information on multiple specimen block submissions.   |
| Required Testing Changes |   |
| Name                     | <b>MLH1 Promoter Methylation</b>  |
| Specimen Preparation     | <p><i>Specimen Preparation:</i><br/>Send formalin fixed paraffin embedded tissue block or 5 unstained 5 micron slides in a tissue transport kit.</p> <p>Include surgical pathology report.</p> <p><b>If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing, or individual orders for each sample submitted. A Pathologist Block Selection Fee will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.</b></p> |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/01/2021  |
| Name                     | Naproxen (Naprosyn), Serum/Plasma                                     |
| Code                     | NAP   |
| Interface Order Code     | 3505340   |
| Legacy Code              | NAP   |
| Notes                    | Updates to stability.   |
| Required Testing Changes |   |
| Stability                | Room temperature: 30 days<br>Refrigerated: 30 days<br>Frozen: 30 days |

| Update Existing Test     |  |
|--------------------------|--|
| Effective Date           | 11/22/2021   |
| Name                     | Neisseria gonorrhoeae RNA, TMA, Rectal   |
| Code                     | NSGON  |
| Interface Order Code     | 3400417  |
| Legacy Code              |  |
| Notes                    | Updates to specimen preparation and alternate specimens are not accepted.  |
| Required Testing Changes |  |
| Specimen                 | <p><i>Collect:</i> Rectal Swab</p> <p><i>Specimen preparation:</i><br/> <b>Use the APTIMA® Combo 2 Collection Kit.</b> Insert the swab approximately 3 – 5 cm into the rectum. Rotate swab against the rectal wall at least 3 times. Withdraw the swab carefully. Swabs that are grossly contaminated with feces should be discarded and the collection repeated. Remove the cap from the swab specimen transport tube and immediately place the swab into the transport tube. Carefully break the swab shaft at the score line. Re-cap the swab specimen transport tube tightly, label and send room temperature.</p> |
| Alternate Specimen       | No alternate specimens accepted.   |

| Update Existing Test     |  |
|--------------------------|--|
| Effective Date           | 11/01/2021   |
| Name                     | Ranitidine, Serum/Plasma   |
| Code                     | RANI   |
| Interface Order Code     | 3509580  |
| Legacy Code              | RANI   |
| Notes                    | Updates to stability.  |
| Required Testing Changes |  |
| Stability                | Room temperature: 30 days<br>Refrigerated: 30 days<br>Frozen: 4 months |

| Update Existing Test     |  |
|--------------------------|--|
| Effective Date           | 11/01/2021   |
| Name                     | Immunodeficiency Screening   |
| Code                     | TBNK   |
| Interface Order Code     | 3080090  |
| Legacy Code              | IPFLOW   |
| Notes                    | Updates to stability warning for samples collected on Thursday and Friday.   |
| Required Testing Changes |  |
| Specimen Required        | <i>Specimen Preparation:</i><br>Send 4.0 mL whole blood room temperature in original collection tube. Ship within 24 hours of collection. <b>If a sample collected Thursday or Friday is not received by Saturday, 72 hour stability will be exceeded by Monday and testing will be cancelled.</b> |

| Update Existing Test     |  |
|--------------------------|--|
| Effective Date           | 11/01/2021   |
| Name                     | Titanium, Fluid  |
| Code                     | TIFLU  |
| Interface Order Code     | 3300138  |
| Legacy Code              | TIFLU  |
| Notes                    | Updates to specimen requirements.  |
| Required Testing Changes |  |
| Specimen Required        | Send <b>2.0 mL</b> fluid in a plastic container (Acid washed or trace metal-free). |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/01/2021  |
| Name                     | Hemosiderin, Urine  |
| Code                     | UHEMS   |
| Interface Order Code     | 3680770   |
| Legacy Code              | UHEMSIDAR   |
| Notes                    | Updates to specimen stability.  |
| Required Testing Changes |   |
| Stability                | Room temperature: 1 hour<br><b>Refrigerated: 7 days</b><br>Frozen: 7 days |

| Update Existing Test     |   |
|--------------------------|---|
| Effective Date           | 11/29/2021  |
| Name                     | ZAP-70  |
| Code                     | ZAP70   |
| Interface Order Code     | 3424640   |
| Legacy Code              | ZAP70Q  |
| Notes                    | Updates to minimum volume and alternate specimens are no longer accepted.   |
| Required Testing Changes |   |
| Specimen Required        | <p>Send 5.0 mL whole blood in original tube or a screw capped plastic vial. Specimen must be received at Warde Medical Laboratory the day of collection.</p> <p><b>Minimum volume: 3.0 mL</b></p> <p><i>Transport temperature:</i> Room temperature</p> |
| Alternate Specimen       | <b>No alternate specimens accepted.</b>   |

| Inactivate Test With Replacement |   |
|----------------------------------|---|
| <b>Effective Date</b>            | 11/16/2021  |
| Inactivated Test                 |   |
| <b>Name</b>                      | BCR-ABL1 Gn Rearrange Qnt PCR   |
| <b>Code</b>                      | BCRPQ   |
| <b>Legacy Code<sup>1</sup></b>   | BCRPQ   |
| <b>Interface Order Code</b>      | 3514960   |
| <b>Notes</b>                     |   |
| Replacement Test                 |   |
| <b>Name</b>                      | BCR-ABL1 Major (p210) Rearrangement, Quantitative PCR   |
| <b>Code</b>                      | BCRMJ   |
| <b>CPT Code(s)</b>               | 81206<br>ZB6BS  |
| <b>Notes</b>                     | Please use this code if patient has a previous p210 detected result.  |
| Specimen Requirements            |   |
| <b>Specimen Required</b>         | <p><i>Collect:</i> Lavender EDTA</p> <p><i>Specimen Preparation:</i><br/>Send 5.0 mL whole blood refrigerated in original collection tube. Due to 72 hour stability, samples must arrive at Warde Medical Laboratory the day of collection or within 18 hours of collection. Ship to Warde Sunday through Thursday only.</p> <p><i>Minimum volume:</i> 3.0 mL</p> <p><i>Transport:</i> Room temperature</p> |
| <b>Alternate Specimen</b>        | No Alternate Specimens  |
| <b>Rejection Criteria</b>        | Clotted blood, frozen blood, grossly hemolyzed samples  |
| <b>Stability</b>                 | Room temperature: 72 hours<br>Refrigerated: 72 hours<br>Frozen: Unacceptable  |
| Performing Information           |   |
| <b>Methodology</b>               | Real-Time Polymerase Chain Reaction (PCR)   |
| <b>Reference Range</b>           | p210 < 0.0020 % IS - Not detected   |
| <b>Performed Days</b>            | Monday, Thursday  |
| <b>Turnaround Time</b>           | 4-6 days  |
| <b>Performing Laboratory</b>     | Warde Medical Laboratory  |
| Interface Information            |   |



|                                |                               |                   |                               |
|--------------------------------|-------------------------------|-------------------|-------------------------------|
| <b>Legacy Code<sup>1</sup></b> | BCRMJ                         |                   |                               |
| <b>Interface Order Code</b>    | 3000301                       |                   |                               |
| <b>Result Code</b>             | <b>Name</b>                   | <b>LOINC Code</b> | <b>AOE/Prompt<sup>2</sup></b> |
| 3000302                        | p210 Result                   | 21822-2           | No                            |
| 3000303                        | p210 % IS                     | 69380-4           | No                            |
| 3000304                        | p210 MR                       | 74041-5           | No                            |
| 3000305                        | BCR-ABL1 Major (p210) Comment | 50014-0           | No                            |

| Inactivate Test With Replacement |   |
|----------------------------------|---|
| <b>Effective Date</b>            | 11/16/2021  |
| Inactivated Test                 |   |
| <b>Name</b>                      | BCR-ABL1 Gn Rearrange Qnt PCR   |
| <b>Code</b>                      | BCRPQ   |
| <b>Legacy Code<sup>1</sup></b>   | BCRPQ   |
| <b>Interface Order Code</b>      | 3514960   |
| <b>Notes</b>                     |   |
| Replacement Test                 |   |
| <b>Name</b>                      | BCR-ABL1 Minor (p190) Rearrangement, Quantitative PCR   |
| <b>Code</b>                      | BCRMN   |
| <b>CPT Code(s)</b>               | 81207<br>Z00NU  |
| <b>Notes</b>                     | Please use this code if patient has previous p190 detected result.  |
| Specimen Requirements            |   |
| <b>Specimen Required</b>         | <p><i>Collect:</i> Lavender EDTA</p> <p><i>Specimen Preparation:</i><br/>Send 5.0 mL whole blood refrigerated in original collection tube. Due to 72 hour stability, samples must arrive at Warde Medical Laboratory the day of collection or within 18 hours of collection. Ship to Warde Sunday through Thursday only.</p> <p><i>Minimum volume:</i> 3.0 mL</p> <p><i>Transport temperature:</i> Room temperature</p> |
| <b>Alternate Specimen</b>        | No alternate specimens  |
| <b>Rejection Criteria</b>        | Clotted blood, frozen blood, grossly hemolyzed samples  |
| <b>Stability</b>                 | Room temperature: 72 hours<br>Refrigerated: 72 hours<br>Frozen: Unacceptable  |
| Performing Information           |   |
| <b>Methodology</b>               | Real-Time Polymerase Chain Reaction (PCR)   |
| <b>Reference Range</b>           | p190 < 0.0025 % - Not detected  |
| <b>Performed Days</b>            | Monday, Thursday  |
| <b>Turnaround Time</b>           | 4 - 6 days  |
| <b>Performing Laboratory</b>     | Warde Medical Laboratory  |
| Interface Information            |   |
| <b>Legacy Code<sup>1</sup></b>   | BCRMN   |

| Interface Order Code | 3000286                       |            |                         |
|----------------------|-------------------------------|------------|-------------------------|
| Result Code          | Name                          | LOINC Code | AOE/Prompt <sup>2</sup> |
| 3000287              | p190 Result                   | 21823-0    | No                      |
| 3000288              | p190 % Ratio                  | 55147-3    | No                      |
| 3000289              | BCR-ABL1 Minor (p190) Comment | 50014-0    | No                      |

| Inactivate Test With Replacement |   |
|----------------------------------|---|
| <b>Effective Date</b>            | 11/16/2021  |
| Inactivated Test                 |   |
| <b>Name</b>                      | BCR-ABL1 Gn Rearrange Qnt PCR   |
| <b>Code</b>                      | BCRPQ   |
| <b>Legacy Code<sup>1</sup></b>   | BCRPQ   |
| <b>Interface Order Code</b>      | 3514960   |
| <b>Notes</b>                     |   |
| Replacement Test                 |   |
| <b>Name</b>                      | BCR-ABL1 Rearrangement, Quantitative PCR with Reflex  |
| <b>Code</b>                      | BCRX  |
| <b>CPT Code(s)</b>               | 81206 for p210, plus 81207 if reflexed to p190, at an additional fee. (Or 81479 for whole panel)<br>Z0061   |
| <b>Notes</b>                     | Please use this code if the patient has never had a previous BCR-ABL1 test and/or the previous test was negative.<br><br>If p210 is "Not detected", p190 will be reflexed. If p210 is "DETECTED", p190 will not be reflexed and the p190 components will be resulted as "TNP".  |
| Specimen Requirements            |   |
| <b>Specimen Required</b>         | <p><i>Collect:</i> Lavender EDTA</p> <p><i>Specimen Preparation:</i><br/>Send 5.0 mL whole blood refrigerated in original collection tube. Due to 72 hour stability, samples must arrive at Warde Medical Laboratory the day of collection or within 18 hours of collection. Ship to Warde Sunday through Thursday only.</p> <p><i>Minimum volume:</i> 3.0 mL</p> <p><i>Transport:</i> Room temperature</p> |
| <b>Alternate Specimen</b>        | No alternate specimens.   |
| <b>Rejection Criteria</b>        | Clotted blood, frozen blood, grossly hemolyzed samples.   |
| <b>Stability</b>                 | Room temperature: 72 hours<br>Refrigerated: 72 hours<br>Frozen: Unacceptable  |
| Performing Information           |   |
| <b>Methodology</b>               | Real-Time Polymerase Chain Reaction (PCR)   |
| <b>Reference Range</b>           | p210 < 0.0020 % IS - Not detected<br>p190 < 0.0025 % - Not detected   |
| <b>Performed Days</b>            | Monday, Thursday  |

|                                |                          |                   |                               |
|--------------------------------|--------------------------|-------------------|-------------------------------|
| <b>Turnaround Time</b>         | 4 - 6 days               |                   |                               |
| <b>Performing Laboratory</b>   | Warde Medical Laboratory |                   |                               |
| <b>Interface Information</b>   |                          |                   |                               |
| <b>Legacy Code<sup>1</sup></b> | BCRX                     |                   |                               |
| <b>Interface Order Code</b>    | 3000291                  |                   |                               |
| <b>Result Code</b>             | <b>Name</b>              | <b>LOINC Code</b> | <b>AOE/Prompt<sup>2</sup></b> |
| 3000292                        | p210 Result              | 21822-2           | No                            |
| 3000293                        | p210 % IS                | 69380-4           | No                            |
| 3000294                        | p210 MR                  | 74041-5           | No                            |
| 3000295                        | p190 Result              | 21823-0           | No                            |
| 3000296                        | p190 % IS                | 55147-3           | No                            |
| 3000297                        | BCR-ABL1 Comment         | 50014-0           | No                            |

| Inactivate Test With Replacement |  |
|----------------------------------|--|
| <b>Effective Date</b>            | 11/16/2021   |
| Inactivated Test                 |  |
| <b>Name</b>                      | Platelet Antibody Screen (Indirect)  |
| <b>Code</b>                      | PLASI  |
| <b>Legacy Code<sup>1</sup></b>   | PLASI  |
| <b>Interface Order Code</b>      | 3432400  |
| <b>Notes</b>                     |  |
| Replacement Test                 |  |
| <b>Name</b>                      | Platelet Ab Screen, S  |
| <b>Code</b>                      | PLABN  |
| <b>CPT Code(s)</b>               | 86022  |
| <b>Notes</b>                     |  |
| Specimen Requirements            |  |
| <b>Specimen Required</b>         | <p><i>Patient Prep:</i> Do not collect within 72 hours of platelet transfusion. Transfused platelets will interfere with assay.</p> <p><i>Collect:</i> Red top</p> <p>Centrifuge, separate serum from cells and send 1.5 mL serum frozen in a screw capped plastic vial. Specimens should be frozen as soon as possible after collection. CRITICAL FROZEN.</p> <p><i>Minimum volume:</i> 0.5 mL</p> <p><i>Transport temperature:</i> Critical frozen</p> |
| <b>Alternate Specimen</b>        | No alternate specimens accepted.   |
| <b>Rejection Criteria</b>        | Gross hemolysis; Serum separator tubes   |
| <b>Stability</b>                 | Room temperature: Unacceptable<br>Refrigerated: 48 hours<br>Frozen: 1 year   |
| Performing Information           |  |
| <b>Methodology</b>               | Solid Phase Enzyme-Linked Immunosorbant Assay  |
| <b>Reference Range</b>           | Negative   |
| <b>Performed Days</b>            | Monday - Saturday  |
| <b>Turnaround Time</b>           | 3 - 5 days   |
| <b>Performing Laboratory</b>     | Mayo Clinic Laboratories   |
| Interface Information            |  |
| <b>Legacy Code<sup>1</sup></b>   | PLABN  |

| Interface Order Code | 3800254                           |            |                         |
|----------------------|-----------------------------------|------------|-------------------------|
| Result Code          | Name                              | LOINC Code | AOE/Prompt <sup>2</sup> |
| 3800255              | Overall Result                    | 24375-8    | No                      |
| 3800256              | Interpretation                    | 59466-3    | No                      |
| 3800257              | GPIIb/IIIa (Cell-1)               | 48505-2    | No                      |
| 3800258              | GPIIb/IIIa (Cell-2)               | 48505-2    | No                      |
| 3800259              | GPIa/IIa (Cell-1)                 | 47084-9    | No                      |
| 3800260              | GPIa/IIa (Cell-2)                 | 47084-9    | No                      |
| 3800261              | GPIb/IX                           | 48506-0    | No                      |
| 3800262              | GPIV                              | 87757-1    | No                      |
| 3800263              | HLA Class I                       | 95269-7    | No                      |
| 3800264              | Reason for Request?               | 29548-5    | Yes                     |
| 3800265              | IVIg in last month?               | 95268-9    | Yes                     |
| 3800266              | Plt Transfusion in last 72 hours? | 95268-9    | Yes                     |
| 3800267              | Platelet Count x 10(9)/L ?        | 26515-7    | Yes                     |