Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Update Notes

Update Summary		
Announcement	5/1/2022	RESULTING UPDATE
New Test Activation	5/24/2022	EEEVA - "Eastern Equine Encephalitis Virus Antibody, IFA (Serum)"
Update Existing Test	5/16/2022	B27A - "HLA B-27"
Update Existing Test	5/16/2022	C1QBA - "Circulating Immune Complex, C1q Binding"
Update Existing Test	5/16/2022	COCCP - "Coccidioides Antibody, Panel, Serum"
Update Existing Test	5/16/2022	COCSF - "Coccidioides Antibodies by Complement fixation and Immunodiffusion, CSF"
Update Existing Test	5/16/2022	COSER - "Coccidioides Ab by CF & ID, Serum"
Update Existing Test	5/16/2022	CY2D6 - "Cytochrome P450 2d6 Genotype"
Update Existing Test	5/16/2022	DDPUC - "Drug Detection Panel, Umbilical Cord Tissue, Qualitative"
Update Existing Test	4/18/2022	DISUL - "Disulfiram (DEDTC Metabolite), Serum/Plasma"
Update Existing Test	4/28/2022	ENCS - "Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum"
Update Existing Test	4/28/2022	EPCSF - "Epilepsy, Autoimmune/Epilepsy, Autoimmune Paraneoplastic Evaluation, CSF"
Update Existing Test	4/28/2022	EPSER - "Epilepsy, Autoimmune/Paraneoplastic Evaluation, Serum"
Update Existing Test	5/16/2022	FAPIA - "Fungal Antibodies (ID)"
Update Existing Test	5/16/2022	HDMUT - "Huntington Disease Mutation"
Update Existing Test	5/16/2022	INFBM - "Influenza B Virus Ab, IgM"
Update Existing Test	5/16/2022	JK12P - "JAK2 Exon 12 Mutation Analysis by PCR"
Update Existing Test	4/15/2022	NSE - "Neuron Specific Enolase, Serum"
Inactivate Test With Replacement	5/16/2022	BUPMQ - "Buprenorphine, Meconium, Quantitative" replaced by BUPML - "Buprenorphine and Metabolite - Total (Qual), Meconium"
Inactivate Test With Replacement	5/16/2022	RAJIC - "Raji Cell Immune Complex Assay" replaced by CICC3 - "Circulating Immune Complex, C3 fragments"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Announcement

All tests reported with “SEE REPORT UNDER SEPARATE COVER.” will now result with the following message:

SEE REPORT UNDER SEPARATE COVER.

REPORT WILL BE SENT TO THE ORDERING LABORATORY VIA PRINTER OR FAX. ADDITIONAL COPIES OF THE ORIGINAL REPORT MAY ALSO BE OBTAINED BY CALLING WARDE LAB CLIENT SERVICES at 800-760-9969.

Our goal is to maintain our standard of excellence by reducing turnaround times, therefore we will no longer mail the reports. Warde will scan copies of the original performing laboratory reports as PDF documents into the Warde laboratory information system. Warde will then send the PDF report to the ordering facility’s laboratory via printer or fax. Copies of the original report may be obtained by contacting Client Services at 800-760-9969.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

New Test Activation			
Effective Date	5/24/2022		
Name	Eastern Equine Encephalitis Virus Antibody, IFA (Serum)		
Code	EEEVA		
CPT Code(s)	86652 x 2		
Notes			
Specimen Requirements			
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Send 1.0 mL serum. *Minimum volume:* 0.1 mL T*ransport Temperature:* Room temperature		
Rejection Criteria	Grossly hemolyzed, Grossly lipemic, Grossly icteric		
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days		
Performing Information			
Methodology	Immunofluorescence Assay (IFA)		
Reference Range	E. Equine Encephalitis (IgG): <1:16 E. Equine Encephalitis (IgM): <1:16		
Performed Days	Monday - Friday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code[1]	EEEVA		
Interface Order Code	3400496		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400497	E. Equine Enceph. Virus IgG	10896-9	No
3400498	E. Equine Enceph. Virus IgM	10898-5	No
3400499	Interpretation	24006-9	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003039 M 12/05/1988 33 Y

Referral Testing

Collected: 04/12/2022 08:30 Received: 04/13/2022 16:19

Test Name	Result	Flag	Ref-Ranges	Units	Site
Eastern Equine Encephalitis Virus Antibody, IFA (Serum)					
E. Equine Enceph. Virus IgG	<1:16				QCRL
E. Equine Enceph. Virus IgM	<1:16				QCRL

Due to the recent Eastern Equine Encephalitis outbreak, samples from cases with a high clinical suspicion should be forwarded to Public Health for further testing. Please contact client services if follow-up requested.

Interpretation	SEE NOTE				QCRL

ANTIBODY NOT DETECTED

REFERENCE RANGE: IgG <1:16
IgM <1:16

NOTE: Specimens positive for arbovirus antibody are CDC reportable. Please contact your local public health agency.

This highly sensitive test usually detects IgG and/or IgM antibody in acute specimens. Human infections are seasonal, from mid-summer to late summer, occurring from New England to Texas. Minimal cross reactivity with other Group A arboviruses (i.e., Western Equine Encephalitis virus) is observed.

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

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

D613000030
WX0000003039
Printed D&T: 04/13/22 16:21

Ordered By: CLIENT CLIENT
WX00000000001595

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Update Existing Test	
Effective Date	5/16/2022
Name	HLA B-27
Code	B27A
Interface Order Code	3511330
Legacy Code	HLAB27A
Notes	Update to reference range.
Required Testing Changes	
Reference Range	**See report**

Update Existing Test	
Effective Date	5/16/2022
Name	C1q Binding Assay
Code	C1QBA
Interface Order Code	3680420
Legacy Code	C1QBAARP
Notes	Updates to specimen requirements and performed days.
Required Testing Changes	
Name	**Circulating Immune Complex, C1q Binding**
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Allow sample to clot completely **(up to 1 hour)**. Centrifuge, separate serum from cells within 30 minutes and send 1.0 mL in a screw capped plastic vial. CRITICAL FROZEN. **Separate specimens must be submitted when multiple tests are ordered.** *Minimum Volume:* 0.3 mL *Transport Temperature:* CRITICAL FROZEN
Performed Days	Monday, Thursday, **Saturday**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Update Existing Test	
Effective Date	5/16/2022
Name	*Coccidioides* Ab Panel, Serum
Code	COCCP
Interface Order Code	3683605
Legacy Code	COCCABARP
Notes	Updates to methodology, rejection criteria and reference range.
Required Testing Changes	
Methodology	**Complement Fixation (CF)/Immunodiffusion/Enzyme-Linked Immunosorbent Assay (ELISA)**
Rejection Criteria	**Contaminated**, hemolyzed, icteric or lipemic specimens, body fluids other than serum.
Reference Range	**See report**

Update Existing Test	
Effective Date	5/16/2022
Name	Coccidioides Ab by CF & ID, CSF
Code	COCSF
Interface Order Code	3600201
Legacy Code	COCSF
Notes	Updates to specimen requirements and methodology.
Required Testing Changes	
Specimen Required	*Collect:* Cerebrospinal fluid (CSF) *Specimen Preparation:* Collect Cerebrospinal fluid (CSF) and send **2.0 mL** fluid in a screw capped plastic vial. **Mark specimen plainly as "acute" or "convalescent".** *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated
Methodology	**Complement fixation/Immunodiffusion**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Update Existing Test	
Effective Date	5/16/2022
Name	Coccidioides Ab by CF & ID, Serum
Code	COSER
Interface Order Code	3600202
Legacy Code	COSER
Notes	Updates to rejection criteria, methodology and reference range.
Required Testing Changes	
Rejection Criteria	Other body fluids, **contaminated,** hemolyzed, icteric, or lipemic specimens.
Methodology	**Complement fixation/Immunodiffusion**
Reference Range	***Coccidioides* Antibody by ID** **Not detected** ***Coccidioides* Antibody by CF** **Less than 1:2**

Update Existing Test	
Effective Date	5/16/2022
Name	Cytochrome P450 2d6 Genotype
Code	CY2D6
Interface Order Code	3423000
Legacy Code	CYP2D6Q
Notes	Physician attestation form requirement updates.
Required Testing Changes	
Specimen Required	*Specimen Information:* **This germline genetic test requires a physician attestation form that patient consent has been received if the 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.**

Update Existing Test	
Effective Date	5/16/2022
Name	Drug Detection Panel, Umbilical Cord Tissue, Qualitative
Code	DDPUC
Interface Order Code	3618900
Legacy Code	DDPUC
Notes	Updates to CPT codes.
Required Testing Changes	
CPT Code(s)	**80326, 80347, 80364, 80355 (G0481)**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Update Existing Test	
Effective Date	4/18/2022
Name	Disulfiram (DEDTC Metabolite), Serum/Plasma
Code	DISUL
Interface Order Code	3501300
Legacy Code	DISULF
Notes	Updates to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), Plasma separator tube (PST), **glass container**

Update Existing Test	
Effective Date	4/28/2022
Name	Encephalopathy, Autoimmune Evaluation, Serum
Code	ENCS
Interface Order Code	3800079
Legacy Code	ENCS
Notes	Updates to name.
Required Testing Changes	
Name	**Encephalopathy, Autoimm/Paraneo, S**

Update Existing Test	
Effective Date	4/28/2022
Name	Epilepsy-Autoimmune Evaluation, CSF
Code	EPCSF
Interface Order Code	3500037
Legacy Code	EPCSF
Notes	Updates to name.
Required Testing Changes	
Name	**Epilepsy, Autoimm/Paraneo, CSF**

Update Existing Test	
Effective Date	4/28/2022
Name	Epilepsy-Autoimmune Evaluation, Serum
Code	EPSER
Interface Order Code	3500038
Legacy Code	EPSER
Notes	Updates to name.
Required Testing Changes	
Name	**Epilepsy, Autoimm/Paraneo, S**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Update Existing Test	
Effective Date	5/16/2022
Name	Fungal Antibodies (ID)
Code	FAPIA
Interface Order Code	3682945
Legacy Code	FAPIDARP
Notes	Updates to rejection criteria and reference range.
Required Testing Changes	
Rejection Criteria	**Other body fluids, contaminated, hemolyzed, icteric or lipemic specimens**
Reference Range	**See report**

Update Existing Test	
Effective Date	5/16/2022
Name	Huntington Disease Mutation
Code	HDMUT
Interface Order Code	3514250
Legacy Code	HDMUT
Notes	Updates to specimen requirements, alternate specimens, stability and reference range.
Required Testing Changes	
Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Send **3.0** whole blood. *Minimum Volume:* **1.0 mL** *Transport Temperature:* Refrigerated
Alternate Specimen	Whole blood: **yellow (ACD A or B)**
Stability	Room temperature: **7 days** Refrigerated: **1 month** Frozen: **Unacceptable**
Reference Range	**See report**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Update Existing Test	
Effective Date	5/16/2022
Name	Influenza B Virus Ab, IgM
Code	INFBM
Interface Order Code	3684060
Legacy Code	INFLBABMAR
Notes	Updates to specimen requirements and rejection criteria.
Required Testing Changes	
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. **Mark specimens as "acute" or "convalescent".**
Rejection Criteria	Plasma, hemolyzed, lipemic, icteric, heat inactivated or turbid specimens, **bacterially contaminated.**

Update Existing Test	
Effective Date	5/16/2022
Name	JAK2 Exon 12 Mutation Analysis by PCR
Code	JK12P
Interface Order Code	3623000
Legacy Code	JK12P
Notes	Updates to stability.
Required Testing Changes	
Stability	Whole blood, Bone marrow: Room temperature: 24 hours Refrigerated: **4 days** Frozen: Unaccepatable Extracted DNA: Room temperature: 30 days Refrigerated: Indefinitely Frozen: Indefinitely

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Update Existing Test	
Effective Date	4/15/2022
Name	Neuron Specific Enolase, Serum
Code	NSE
Interface Order Code	3804220
Legacy Code	NSE
Notes	Due to reagent shortages, we are changing the performing laboratory and updating test requirements.
Required Testing Changes	
CPT Code(s)	**86316**
Specimen Required	*Collect:* **Serum separator tube (SST)** *Specimen Preparation:* **Allow specimen to clot completely at room temperature. Separate serum from cells within 2 hours of collection. Send 1.0 mL serum in a screw capped plastic vial.** *Minimum Volume:* **0.5 mL** *Transport Temperature:* Refrigerated
Rejection Criteria	**Plasma.** Hemolyzed specimens
Alternate Specimen	**Red top**
Methodology	**Quantitative Immunoassay**
Performed	**Monday, Wednesday, Friday**
Stability	Room temperature: **Unacceptable** Refrigerated: 7 days Frozen: **1 year (avoid repeated freeze/thaws cycles)**
Reference Range	**≤12.7 ng/mL**
Performing Laboratory	**ARUP Reference Laboratory**

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003039 M 12/05/1988 33 Y

Referral Testing

Collected: 04/12/2022 10:53 Received: 04/13/2022 17:33

Test Name	Result	Flag	Ref-Ranges	Units	Site
Neuron Specific Enolase, Serum	**15.0**	**H**	<=12.7	ng/mL	ARRL

INTERPRETIVE INFORMATION: Neuron Specific Enolase in Serum

This assay is performed using the BRAHMS NSE Kryptor Immunoassay. Results obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Julio Delgado, MD, Lab. Director

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

D613000031
WX0000003039
Printed D&T: 04/13/22 17:35

Ordered By: CLIENT CLIENT
WX00000000001595

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Inactivate Test With Replacement	
Effective Date	5/16/2022
Inactivated Test	
Name	Buprenorphine, Meconium, Quantitative
Code	BUPMQ
Legacy Code[1]	BUPMQ
Interface Order Code	3689350
Notes	
Replacement Test	
Name	Buprenorphine and Metabolite - Total (Qual), Meconium
Code	BUPML
CPT Code(s)	80348 (G0480)
Notes	
Specimen Requirements	
Specimen Required	*Collect:* 5.0 grams *Specimen Preparation:* Collect 5.0 grams, approximately 1 tablespoon, of the black- tarry Meconium sample and place into a clean screw capped plastic container. The sample may be combined several times from each evacuation up to approximately 72 hours. *Minimum volume:* 5.0 g *Transport Temperature:* Refrigerated
Stability	Room temperature: Undetermined Refrigerated: Undetermined Frozen: Undetermined
Performing Information	
Methodology	High Performance LIquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)
Reference Range	See report
Performed Days	Varies
Turnaround Time	5 - 7 days
Performing Laboratory	NMS Labs
Interface Information	
Legacy Code[1]	BUPML
Interface Order Code	3300312

Result Code	Name	LOINC Code	AOE/Prompt[2]
3300313	Buprenorphine - Total	3415-7	No
3300314	Norbuprenorphine - Total	Not available	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003735 M 04/12/2022 D1 Y

Referral Testing

Collected: 04/13/2022 05:00 Received: 04/13/2022 17:45

Test Name	Result	Flag	Ref-Ranges	Units	Site
Buprenorphine and Metabolite - Total (Qual), Meconium					
Buprenorphine - Total	Positive			ng/g	NMRL

Reporting Limit: 5.0 ng/g
Synonym(s): Buprenex(R)
The reported result represents the total of free and conjugated buprenorphine.
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)

Norbuprenorphine - Total	Positive			ng/g	NMRL

Reporting Limit: 5.0 ng/g
Synonym(s): Buprenorphine Metabolite
Buprenorphine is metabolized in the liver by N-dealkylation to norbuprenorphine and both buprenorphine and norbuprenorphine undergo glucuronide conjugation. The reported result represents the total of free and conjugated norbuprenorphine.
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)
This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the US Food and Drug Administration.

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Inactivate Test With Replacement	
Effective Date	5/16/2022
Inactivated Test	
Name	Raji Cell Immune Complex Assay
Code	RAJIC
Legacy Code[1]	RAJIARP
Interface Order Code	3681220
Notes	
Replacement Test	
Name	Circulating Immune Complex, C3 fragments
Code	CICC3
CPT Code(s)	86332
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Clot specimen completely (up to 1 hour). Centrifuge, separate serum from cells within 30 minutes and send 1.0 mL serum in a plastic, sterile, screw capped vial. Separate specimen must be submitted when multiple tests are ordered. CRITICAL FROZEN. Minimum Volume: 0.5 mL Transport Temperature: CRITICAL FROZEN
Alternate Specimen	Red top
Rejection Criteria	Non frozen specimens. Specimens exposed to repeated freeze/thaw cycle. Grossly hemolyzed, lipemic, and icteric specimens.
Stability	Room temperature: Unacceptable Refrigerate: Unacceptable Frozen: 20 days
Performing Information	
Methodology	Semi-quantitative Enzyme-Linked Immunosorbent Assay
Reference Range	<= 15 µg E/mL
Performed Days	Saturday, Monday, Thursday
Turnaround Time	4 - 11 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2022

Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code[1]	CICC3		
Interface Order Code	3600205		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3600205	Circulating Immune Complex, C3 Fragments	10864-7	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003039 M 12/05/1988 33 Y

Referral Testing

Collected: 04/12/2022 09:50 Received: 04/13/2022 13:55

Test Name	Result	Flag	Ref-Ranges	Units	Site
Circulating Immune Complex, C3 Fragments	**16**	**H**	<=15	ug Eq/mL	ARRL

```
INTERPRETIVE INFORMATION: Circulating Immune Complex, C3
                          fragments
Many autoimmune disorders, chronic infections and
malignancies are associated with circulating immune
complexes. Quantitation of immune complexes assists in
staging immunologic disorders. Detection of circulating
immune complexes is not essential to any specific
diagnosis. Circulating immune complexes may be found
without any evident pathology and positive results do not
necessarily implicate immune complex-related disease
process. Values between 15 and 20 ug Eq/mL are considered
equivocal for Circulating Immune Complex, C3 fragments
assay. Repeat- testing using a new specimen is recommended,
if clinically indicated.
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