Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/15/2022
Name	Aspergillus Ab by CF
Code	ASPCF
Interface Order Code	3680160
Legacy Code	ASPABCFARP
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Contaminated, **hemolyzed, or severely lipemic specimens**

Update Existing Test	
Effective Date	8/9/2022
Name	MyVista® Blastomyces QN Antigen EIA
Code	BLQA
Interface Order Code	3700035
Legacy Code	BLQA
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**6 - 8 days**

Update Existing Test	
Effective Date	8/9/2022
Name	DHEA (Dehydroepiandrosterone), Unconjugated, LC/MS/MS
Code	DHEA
Interface Order Code	3700510
Legacy Code	DHEA
Notes	Update to alternate specimens and stability.
Required Testing Changes	
Alternate Specimen	**Plasma (Frozen)**: Lavender or Dark blue EDTA, Sodium heparin or Green lithium heparin
Stability	*Serum* Room temperature: 6 hours Refrigerated: 72 hours Frozen: 90 days ***Plasma*** **Room temperature: Unacceptable** **Refrigerated: Unacceptable** **Frozen: 90 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/9/2022
Name	Ehrlichia and Anaplasma Species by Real-Time PCR
Code	EASRT
Interface Order Code	3600090
Legacy Code	EASRT
Notes	Update to CPT Code.
Required Testing Changes	
CPT Code(s)	**87798 x 4**

Update Existing Test	
Effective Date	8/15/2022
Name	Fungal Antibodies (ID)
Code	FAPIA
Interface Order Code	3682945
Legacy Code	FAPIDARP
Notes	Update to minimum volume requirements and rejection criteria.
Required Testing Changes	
Specimen Required	*Miminum Volume* **0.4 mL**
Rejection Criteria	**Contaminated, hemolyzed, or severely lipemic specimens**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/9/2022
Name	Fructosamine
Code	FRUC
Interface Order Code	1004500
Legacy Code	FRUC
Notes	Updates to specimen preparation, alternate specimen and stability.
Required Testing Changes	
Specimen Required	*Specimen Preparation* Centrifuge, separate serum from cells **immediately** and send 1.0 mL serum refrigerated in a screw capped plastic vial.
Alternate Specimen	**Serum:** Red top
Stability	Room temperature: Unacceptable Refrigerated: 14 days **Frozen: 30 days**

Update Existing Test	
Effective Date	8/9/2022
Name	Hepatitis Delta IgM Ab
Code	HDBMA
Interface Order Code	3511400
Legacy Code	HBDMAB
Notes	Update to CPT code.
Required Testing Changes	
CPT Code(s)	**86692**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/15/2022
Name	Histoplasma Abs (ID)
Code	HISID
Interface Order Code	3680860
Legacy Code	HISABIDARP
Notes	Updates to performed days, rejection criteria, minimum volume and reference range.
Required Testing Changes	
Specimen Required	*Minimum Volume* **0.15 mL**
Rejection Criteria	**Contaminated, hemolyzed, or severely lipemic specimens**
Reference Range	**Not Detected**
Performed Days	**Sunday - Saturday**

Update Existing Test	
Effective Date	8/15/2022
Name	Histoplasma Abs (CF/ID)
Code	HPIDA
Interface Order Code	3683110
Legacy Code	HISTABCFID
Notes	Updates to rejection criteria, methodology, reference range and performed days.
Required Testing Changes	
Rejection Criteria	Contaminated, **hemolyzed** or severely lipemic specimens
Methodology	**Semi-Quantitative Complement Fixation/Immunodiffusion**
Reference Range	***Histoplasma* Antibodies by Immunodiffusion: Not Detected** ***Histoplasma* Yeast Antibodies by CF: Less than 1:8** ***Histoplasma* Myceliz Antibodies by CF: Less than 1:8**
Performed Days	Sunday **- Saturday**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/15/2022
Name	JAK2 Exon 12 Mutation Analysis by PCR
Code	JK12P
Interface Order Code	3623000
Legacy Code	JK12P
Notes	Updates to performed days and turnaround time.
Required Testing Changes	
Performed Days	DNA Isolation: Sunday - Saturday; **Assay: Varies**
Turnaround Time	**4 – 11 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/29/2022
Name	Potassium - RBC
Code	KRBC
Interface Order Code	3718600
Legacy Code	POTR
Notes	Updates to specimen requirements, and stability.
Required Testing Changes	
Specimen Required	*Collect* Green sodium heparin **AND Lavender EDTA** *Specimen Preparation* Send 4.0 mL whole blood in a screw capped plastic vial or in original collection tube, **AND whole blood collected in Lavender EDTA tube. Both samples must be received for testing.** *Minimum Volume* 1.5 mL *Transport Temperature* Refrigerated
Stability	*Green sodium or lithium heparin* Room temperature: 72 hours Refrigerated: 72 hours Frozen: Unacceptable ***Lavender EDTA*** **Room temperature: 48 hours** **Refrigerated: 48 hours** **Frozen: Unacceptable**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/9/2022
Name	Lead
Code	LEAD
Interface Order Code	1000370
Legacy Code	LEAD
Notes	Updates to minimum volume, rejection criteria and stability.
Required Testing Changes	
Specimen Required	***Minimum Volume*** **0.5 mL**
Rejection Criteria	Clotted or **frozen samples**
Stability	**Room temperature: Unacceptable** **Refrigerated: 30 days** **Frozen: Unacceptable**

Update Existing Test	
Effective Date	8/22/2022
Name	Myelin Basic Protein
Code	MBPCS
Interface Order Code	3701310
Legacy Code	CSFMBPSP
Notes	Updates to rejection criteria and reference range.
Required Testing Changes	
Rejection Criteria	Hemolysis, **Xanthochromia/RBCs in CSF**
Reference Range	**< or = 4.0 mcg/L**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test

Effective Date	8/8/2022
Name	Monkeypox Virus DNA, QL PCR
Code	MOPOX
Interface Order Code	3400644
Legacy Code	MOPOX
Notes	Updates to CPT Code, NY testing, rejection criteria, and updated LOINC.

Required Testing Changes

Specimen Required	*Specimen Preparation* Swab the pustule/lesion vigorously and place the swab in viral transport medium (VTM) tube. Each individual specimen submitted for Monkeypox virus testing should be accompanied by its own separate requisition and transported in its own sealed bag. Multiple specimens collected on a single patient should be submitted separately.
CPT Code(s)	**87593 x 2**
New Your DOH Approval Status	**Yes**
Rejection Criteria	Calcium alginate swabs**; cotton swabs; wooden shaft swabs, dry swabs, samples not submitted in VCM or equivalent**

Result Code	Name	LOINC Code	AOE/Prompt[2]
3400645	Patient Race:	Not available	Yes
3400646	Ethnicity:	Not available	Yes
3400647	Orthopoxvirus DNA, QL PCR	**100434-0**	No
3400648	Monkeypox Virus DNA, QL PCR	**100888-7**	No

Update Existing Test

Effective Date	8/9/2022
Name	Histoplasma Quantitative Antigen EIA
Code	MVHIS
Interface Order Code	3432600
Legacy Code	MVHIS
Notes	Update to turnaround time.

Required Testing Changes

Turnaround Time	**6 - 8 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/15/2022
Name	N-methyl-D-Aspartate Receptor Ab IgG CSF w Reflex to Titer
Code	NARGC
Interface Order Code	3516180
Legacy Code	NARGC
Notes	Update to methodology.
Required Testing Changes	
Methodology	**Semi-Quantitative Cell-Based Indirect Fluorescent Antibody**

Update Existing Test	
Effective Date	8/15/2022
Name	N-methyl-D-Aspartate Rcptr Ab, IgG, Ser
Code	NMETD
Interface Order Code	3600159
Legacy Code	NMETD
Notes	Update to methodology.
Required Testing Changes	
Methodology	**Semi-Quantitative Cell-Based Indirect Fluorescent Antibody**

Update Existing Test	
Effective Date	8/9/2022
Name	Phenytoin, Free (Dilantin)
Code	PHNYF
Interface Order Code	1750052
Legacy Code	PHENYF
Notes	Updates to alternate specimen and stability.
Required Testing Changes	
Alternate Specimen	**Plasma: EDTA, sodium or lithium heparin, oxalate, citrate**
Stability	Room temperature: Unacceptable **Refrigerated: 30 days** **Frozen: 3 months**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/9/2022
Name	Rabies Antibody Screen (RFFIT)
Code	RABAR
Interface Order Code	3600025
Legacy Code	RABAR
Notes	Updates to minimum volume.
Required Testing Changes	
Specimen Required	***Minimum Volume*** **1.0 mL**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Inactivate Test With Replacement	
Effective Date	8/16/2022
Inactivated Test	
Name	Phospholipase A2 Receptor AB, S
Code	PLA2A
Legacy Code[1]	PLA2A
Interface Order Code	3800041
Notes	
Replacement Test	
Name	Primary Membranous Nephropathy Diagnostic Cascade, Serum
Code	PMND1
CPT Code(s)	83520, 86255 x 2 (if appropriate)
Notes	
Specimen Requirements	
Specimen Required	*Collect* Serum separator tube (SST) *Specimen Preparation* Centrifuge, remove serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume* 1.0 mL *Transport Temperature* Refrigerated
Alternate Specimen	Serum: Red top
Rejection Criteria	Gross hemolysis, gross lipemia
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: 14 days
Performing Information	
Methodology	Enzyme-linked Immunosorbent Assay (ELISA)
Reference Range	**ANTI-PHOSPHOLIPASE A2 RECEPTOR (PLA2R) ENZYME-LINKED IMMUNOSORBENT ASSAY:** <14 RU/mL: Negative 14 to 19 RU/mL: Borderline > or =20 RU/mL: Positive

	PLA2R IMMUNOFLUORESCENCE Negative **THROMBOSPONDIN TYPE-1 DOMAIN-CONTAINING 7A ANTIBODIES** Negative
Performed Days	Monday, Wednesday, Friday
Turnaround Time	4 - 8 days
Performing Laboratory	Mayo Clinic Laboratories

Interface Information

Legacy Code[1]	PMND1
Interface Order Code	3800288
Reflexing Rules	***Testing Algorithm*** *The phospholipase A2 receptor (PLA2R) enzyme-linked immunosorbent assay (ELISA) is initially performed.* [3800289] *If the PLA2R ELISA result* [3800289] *is less than 20, then the PLA2R immunofluorescence testing will be performed at an additional charge.* [3800290] *If the PLA2R immunofluorescence result* [3800290] *is Negative, thrombospondin type-1 domain-containing 7A (THSD7A) antibody testing* [3800291] *will be performed at an additional charge.* *If not performed,* [3800290] and [3800291] *will be reported as "TNP".*

Result Code	Name	LOINC Code	AOE/Prompt[2]
3800289	Phospholipase A2 Receptor, ELISA, S	73737-9	No
3800290	PLA2R, Immunofluorescence, S	82991-1	No
3800291	THSD7A, Ab, S	93339-0	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/23/2022
Name	Calcitonin
Code	CLCTN
Interface Order Code	1004035
Legacy Code	CALCITO
Notes	Update to example report and always message.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2022

Update Existing Test	
Effective Date	8/23/2022
Name	Gastrin
Code	GAS
Interface Order Code	1000640
Legacy Code	GAS
Notes	Update to example report and always message.

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

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

Immunochemistry

Collected: 08/04/2022 11:23 Received: 08/05/2022 13:11

Test Name	Result	Flag	Ref-Ranges	Units	Site
Gastrin	23		13 - 115	pg/mL	WMRL

The Siemens DPC Immulite 2000 chemiluminescent immunoassay is used. 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.

Performing Site:
WMRL: WARDE MEDICAL LABORATORY 300 West Textile Road Ann Arbor MI 48108

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

E005000009
WX0000003039
Printed D&T: 08/05/22 13:14

Ordered By: CLIENT CLIENT
WX00000000001595

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