

## Update Notes

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Inactivate Test Without Replacement	9/30/2022	<a href="#">COVS - "SARS-CoV-2 Qualitative NAAT, Saliva"</a>

### Update Existing Test

Effective Date	9/29/2022
Name	Vitamin D, 1, 25-Dihydroxy
Code	125VD
Interface Order Code	1007190
Legacy Code	VITD125
Notes	Updates to stability.

### Required Testing Changes

Stability	<b>Room temperature: 7 days</b> Refrigerated: 14 days <b>Frozen: Undetermined</b>
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Update Existing Test	
Effective Date	9/29/2022
Name	Adrenocorticotrophic Hormone (ACTH)
Code	ACTH
Interface Order Code	1004300
Legacy Code	ACTH
Notes	Update to rejection criteria
Required Testing Changes	
Rejection Criteria	Hemolyzed, icteric, grossly lipemic, <b>non-frozen plasma samples</b> , serum, <b>heparin plasma</b>

Update Existing Test	
Effective Date	9/29/2022
Name	Alpha-Fetoprotein Tumor Marker
Code	AFPTM
Interface Order Code	3000730
Legacy Code	AFPTUMO
Notes	Update to transport temperature.
Required Testing Changes	
Specimen Required	<b>Transport Temperature:</b> <b>Refrigerated</b>

Update Existing Test	
<b>Effective Date</b>	9/29/2022
<b>Name</b>	Aldosterone
<b>Code</b>	ALDOS
<b>Interface Order Code</b>	1004010
<b>Legacy Code</b>	ALDOS
<b>Notes</b>	Updates to specimen preparation, minimum volume and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Serum separator tube (SST)</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial.</p> <p>DO NOT SEND ADRENAL VEIN DRAWS FOR THIS TEST CODE. PLEASE SEE ALTERNATE LISTINGS ON WEBSITE FOR ALDOSTERONE, LEFT ADRENAL VEIN; ALDOSTERONE, RIGHT ADRENAL VEIN; AND ALDOSTERONE, INFERIOR VENA CAVA.</p> <p><b>Minimum Volume:</b> <b>0.5 mL</b></p> <p><i>Transport Temperature:</i> Refrigerated</p>
<b>Stability</b>	<p><b>Room temperature: Undetermined</b></p> <p>Refrigerated: 5 days</p> <p>Frozen: 30 days</p>

Update Existing Test	
<b>Effective Date</b>	9/29/2022
<b>Name</b>	Aldosterone/Direct Renin Ratio
<b>Code</b>	ALDR
<b>Interface Order Code</b>	1003990
<b>Legacy Code</b>	ALDR
<b>Notes</b>	Updates to specimen preparation, minimum volume, transport temperature and rejection criteria.
Required Testing Changes	
<b>Specimen Required</b>	<p><i>Collect:</i> Aldosterone: Serum separator tube (SST) <b>and</b> Direct Renin: Lavender EDTA</p> <p><i>Specimen Preparation:</i> <b>Aldosterone:</b> <b>Centrifuge serum collection tube.</b> Separate serum from cells and send 1.0 mL in a screw capped plastic vial. Attach the serum label to this sample.</p> <p><b>Direct Renin:</b> <b>Immediately after collection, centrifuge lavender EDTA collection tube and separate plasma from cells.</b> Send 1.5 mL plasma in screw capped plastic vial. <b>CRITICAL FROZEN</b>. Attach the plasma label to this sample.</p> <p><i>Minimum Volume:</i> <b>Aldosterone: 0.5 mL</b> <b>Direct Renin: 1.0 mL</b></p> <p><i>Transport Temperature:</i> Serum (Aldosterone): Refrigerated <b>Plasma (Direct Renin): CRITICAL FROZEN</b></p>
<b>Rejection Criteria</b>	<p>Aldosterone sample: plasma, gross hemolysis, gross lipemia, <b>incorrect sample identification.</b></p> <p>Direct Renin: Hemolysis, <b>gross lipemia, icteria, nonfrozen plasma</b>, serum, plasma from dark blue EDTA collection tubes, <b>incorrect sample type identification.</b></p>

Update Existing Test	
Effective Date	9/29/2022
Name	CA 27.29
Code	C2729
Interface Order Code	1010030
Legacy Code	CA2729
Notes	Updates to stability.
Required Testing Changes	
Stability	Room temperature: 8 hours Refrigerated: 72 hours <b>Frozen: Undetermined</b>

Update Existing Test	
Effective Date	9/29/2022
Name	CA 125
Code	CA125
Interface Order Code	1010050
Legacy Code	CA125
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 8 hours Refrigerated: 72 hours <b>Frozen: Undetermined</b>

Update Existing Test	
Effective Date	9/29/2022
Name	CA 19-9
Code	CA199
Interface Order Code	1010040
Legacy Code	CA199
Notes	Updates to stability.
Required Testing Changes	
Stability	Room temperature: 8 hours Refrigerated: 72 hours <b>Frozen: Undetermined</b>

## Update Existing Test

Effective Date	9/29/2022
Name	Calcitonin
Code	CLCTN
Interface Order Code	1004035
Legacy Code	CALCITO
Notes	Updates to rejection criteria.

## Required Testing Changes

Rejection Criteria	Plasma, lipemic, icteric or hemolyzed specimens, <b>non-frozen serum</b>
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## Update Existing Test

Effective Date	9/29/2022
Name	C-peptide
Code	CPEP
Interface Order Code	1000780
Legacy Code	CPEP
Notes	Update to stability.

## Required Testing Changes

Stability	Room temperature: Unacceptable Refrigerated: Unacceptable <b>Frozen: Undetermined</b>
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## Update Existing Test

Effective Date	9/29/2022
Name	Dehydroepiandrosterone Sulfate (DHEAS)
Code	DHEAS
Interface Order Code	1010060
Legacy Code	DHEAS
Notes	

## Required Testing Changes

Specimen Required	<b>Minimum Volume:</b> 0.4 mL
Rejection Criteria	<b>Moderately hemolyzed</b> or grossly lipemic specimens, plasma
Stability	<b>Room temperature: Undetermined</b> Refrigerated: 2 days Frozen: 60 days

## Update Existing Test

Effective Date	9/29/2022
Name	Direct Renin
Code	DREN
Interface Order Code	1003995
Legacy Code	DREN
Notes	Updates to specimen preparation and rejection criteria.

## Required Testing Changes

Specimen Required	<i>Specimen Preparation:</i> Centrifuge in a non-refrigerated centrifuge, separate plasma from cells <b>immediately</b> and send 1.5 mL plasma frozen in a screw capped plastic vial. <b>CRITICAL FROZEN</b> .
Rejection Criteria	<b>Serum, hemolysis, gross lipemia, ictericia. Plasma from dark blue EDTA collection tubes. Non-frozen plasma.</b>

## Update Existing Test

Effective Date	9/29/2022
Name	Total Estrogen
Code	ESTR
Interface Order Code	1010090
Legacy Code	ESTR
Notes	Update to stability.

## Required Testing Changes

Stability	Room temperature: Unacceptable Refrigerated: 7 days <b>Frozen: Undetermined</b>
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## Update Existing Test

Effective Date	9/29/2022
Name	Prostate Specific Antigen, Free
Code	FPSA
Interface Order Code	1012090
Legacy Code	FPSA
Notes	Updates to specimen preparation.

## Required Testing Changes

Specimen Required	<i>Specimen Preparation:</i> Centrifuge, separate <b>and freeze</b> serum from cells <b>within 3 hours of collection</b> . Send 1.0 mL serum in a screw capped plastic vial.
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## Update Existing Test

Effective Date	9/29/2022
Name	Free T3 (Free Triiodothyronine)
Code	FT3
Interface Order Code	1010900
Legacy Code	FT3
Notes	Update to stability.

## Required Testing Changes

Stability	Room temperature; 8 hours Refrigerated: 72 hours <b>Frozen: Undetermined</b>
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## Update Existing Test

Effective Date	9/29/2022
Name	
Code	GADAB
Interface Order Code	3010910
Legacy Code	GADAB
Notes	Updates to stability.

## Required Testing Changes

Stability	Room temperature: Unacceptable Refrigerated: 7 days <b>Frozen: Undetermined</b>
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Update Existing Test	
Effective Date	9/29/2022
Name	Gastrin
Code	GAS
Interface Order Code	1000640
Legacy Code	GAS
Notes	Updates to specimen preparation, minimum volume and rejection criteria.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Serum separator tube (SST)</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send <b>1.0 mL</b> serum in a screw capped plastic vial. CRITICAL FROZEN.</p> <p><i>Minimum Volume:</i> <b>0.5 mL</b></p> <p><i>Transport Temperature:</i> CRITICAL FROZEN</p>
Rejection Criteria	Grossly hemolyzed, grossly lipemic or grossly icteric specimens, EDTA plasma, <b>non-frozen serum</b>

Update Existing Test	
Effective Date	9/29/2022
Name	Growth Hormone, Human
Code	GH
Interface Order Code	1010080
Legacy Code	GH
Notes	Updates to stability.
Required Testing Changes	
Stability	<p>Room temperature: Unacceptable</p> <p>Refrigerated: Unacceptable</p> <p><b>Frozen: Undetermined</b></p>

## Update Existing Test

<b>Effective Date</b>	9/29/2022
<b>Name</b>	Hepatitis A Antibody, Total
<b>Code</b>	HAAB
<b>Interface Order Code</b>	3000710
<b>Legacy Code</b>	HAAB
<b>Notes</b>	Updates to stability.

## Required Testing Changes

<b>Stability</b>	Room temperature: 12 hours Refrigerated: 5 days <b>Frozen: 1 year</b>
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## Update Existing Test

<b>Effective Date</b>	9/29/2022
<b>Name</b>	Hepatitis A Antibody, IgM
<b>Code</b>	HAM
<b>Interface Order Code</b>	3010010
<b>Legacy Code</b>	HAM
<b>Notes</b>	Updates to stability.

## Required Testing Changes

<b>Stability</b>	Room temperature: 8 hours Refrigerated: 5 days <b>Frozen: 180 days</b>
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## Update Existing Test

<b>Effective Date</b>	9/29/2022
<b>Name</b>	Hepatitis B Core Antibody, Total
<b>Code</b>	HBCAB
<b>Interface Order Code</b>	3000680
<b>Legacy Code</b>	HBCAB
<b>Notes</b>	Update to stability.

## Required Testing Changes

<b>Stability</b>	Room temperature: 12 hours Refrigerated: 5 days <b>Frozen: Undetermined</b>
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Update Existing Test	
Effective Date	9/29/2022
Name	Hepatitis B Core Antibody, IgM
Code	HBCM
Interface Order Code	3010200
Legacy Code	HBCM
Notes	Updates to stability and minimum volume.
Required Testing Changes	
Specimen Required	<b>Minimum Volume:</b> 0.4 mL
Stability	Room temperature: 8 hours Refrigerated: 5 days <b>Frozen: Undetermined</b>

Update Existing Test	
Effective Date	9/29/2022
Name	Hepatitis B Surface Antibody
Code	HBSAB
Interface Order Code	3001640
Legacy Code	HBSAB
Notes	Updates to stability.
Required Testing Changes	
Stability	<b>Room temperature: 3 days</b> <b>Refrigerated: 7 days</b> <b>Frozen: Undetermined</b>

## Update Existing Test

<b>Effective Date</b>	9/29/2022
<b>Name</b>	Hepatitis B Surface Antigen
<b>Code</b>	HBSAG
<b>Interface Order Code</b>	3000660
<b>Legacy Code</b>	HBSAG
<b>Notes</b>	Updates to stability.

## Required Testing Changes

<b>Stability</b>	<b>Room temperature: 24 hours</b> Refrigerated: 7 days <b>Frozen: Undetermined</b>
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## Update Existing Test

<b>Effective Date</b>	9/29/2022
<b>Name</b>	Hepatitis B Screening Panel
<b>Code</b>	HBVSC
<b>Interface Order Code</b>	3000530
<b>Legacy Code</b>	HBVSC
<b>Notes</b>	Updates to stability and rejection criteria.

## Required Testing Changes

<b>Rejection Criteria</b>	Grossly hemolyzed, icteric or grossly lipemic specimens, heparin plasma, <b>plasma separator tube (PST)</b>
<b>Stability</b>	<b>Room temperature: Undetermined</b> Refrigerated: 5 days <b>Frozen: Undetermined</b>

Update Existing Test	
Effective Date	9/29/2022
Name	Homocysteine, Total Plasma
Code	HCY
Interface Order Code	1006300
Legacy Code	HOMCYP
Notes	Updates to specimen requirements and rejection criteria.
Required Testing Changes	
Specimen Required	<i>Specimen Preparation:</i> Separate plasma from cells <b>immediately</b> and send 2.0 mL plasma in a screw capped plastic vial.
Rejection Criteria	Grossly lipemic, grossly hemolyzed specimens, serum, <b>plasma not immediately speparated from cells.</b>

Update Existing Test	
Effective Date	9/27/2022
Name	Helicobacter Pylori AG, EIA, Stool
Code	HELPY
Interface Order Code	3700454
Legacy Code	HELPY
Notes	Updates to stability, alternate specimens.
Required Testing Changes	
Specimen Required	Transport Temperature: Unpreserved: Frozen <b>Cary-Blair: Room temperature</b>
Alternate Specimen	<b>Cary-Blair stool culture transport medium</b>
Stability	<i>Unpreserved:</i> <b>Room temperature: 4 days</b> Refrigerated: 4 days <b>Frozen: 14 days</b>  <i>Cary-Blair:</i> <b>Room temperature: 4 days</b> <b>Refrigerated: 4 days</b> <b>Frozen: Unacceptable</b>

## Update Existing Test

Effective Date	9/29/2022
Name	Intrinsic Factor Blocking Antibody (IFAB)
Code	IFAB
Interface Order Code	1012500
Legacy Code	IFAB
Notes	Updates to rejection criteria.

## Required Testing Changes

Rejection Criteria	Moderate hemolysis, gross lipemia, EDTA plasma
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## Update Existing Test

Effective Date	9/29/2022
Name	Insulin-like Growth Factor 1
Code	IGF1
Interface Order Code	1004085
Legacy Code	IGF1
Notes	Updates to stability.

## Required Testing Changes

Stability	Room temperature: Unacceptable Refrigerated: Unacceptable <b>Frozen: Undetermined</b>
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## Update Existing Test

Effective Date	9/29/2022
Name	Insulin
Code	INS
Interface Order Code	1010100
Legacy Code	INS
Notes	Updates to minimum volume and stability.

## Required Testing Changes

Specimen Required	<b>Minimum Volume:</b> 0.5 mL
Stability	<b>Room temperature: Undetermined</b> Refrigerated: 7 days Frozen: 3 months

## Update Existing Test

<b>Effective Date</b>	9/19/2022
<b>Name</b>	Liver Fibrosis, FibroTest-ActiTest Panel
<b>Code</b>	LFFAT
<b>Interface Order Code</b>	3434400
<b>Legacy Code</b>	LFFAT
<b>Notes</b>	Update to stability.

## Required Testing Changes

<b>Stability</b>	Room temperature: 24 hours <b>Refrigerated: 72 hours</b> Frozen (-20°C): 5 days Frozen (-70°C): 28 days
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## Update Existing Test

<b>Effective Date</b>	9/29/2022
<b>Name</b>	Mixing Studies
<b>Code</b>	MIXQ
<b>Interface Order Code</b>	3514930
<b>Legacy Code</b>	MIXQ
<b>Notes</b>	Updates to specimen requirements, minimum volume, stability, rejection criteria and performed days.

## Required Testing Changes

<b>Specimen Required</b>	<i>Specimen Preparation:</i> See appendices for coagulation test collection instructions. <b>Send 2.0 mL platelet-poor plasma</b> in a screw capped plastic vial. <b>Please submit separate frozen vials for each coagulation assay ordered.</b>  <i>Minimum Volume:</i> <b>1.0 mL</b>
<b>Rejection Criteria</b>	<b>Gross hemolysis</b>
<b>Stability</b>	Room temperature: Unacceptable Refrigerated: Unacceptable <b>Frozen: 14 days</b>
<b>Performed Days</b>	<b>Monday, Wednesday, Thursday, Friday</b>



## Update Existing Test

<b>Effective Date</b>	9/29/2022
<b>Name</b>	Parasite Identification
<b>Code</b>	PARID
<b>Interface Order Code</b>	3427500
<b>Legacy Code</b>	PARIQ
<b>Notes</b>	Update to name change.

## Required Testing Changes

<b>Name</b>	<b>Parasite Identification, Worm</b>		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3427500	Parasite Identification, Worm		No

Update Existing Test			
Effective Date	9/26/2022		
Name	Phosphatidylserine IgG IgM IgA Antibodies		
Code	PHGAM		
Interface Order Code	3703180		
Legacy Code	PHOSGMASP		
Notes	Updates to specimen requirements, minimum volume, rejection criteria, performing lab, stability, methodology, performed days, LOINC codes.		
Required Testing Changes			
Name	Phosphatidylserine Antibodies, IgG, IgM, and IgA		
Specimen Required	<p><b>Collect:</b> Serum separator tube (SST)</p> <p><b>Specimen Preparation:</b> Send 0.5 mL serum in a screw capped plastic vial.</p> <p><b>Minimum Volume:</b> 0.25 mL</p> <p><b>Transport Temperature:</b> Refrigerated</p> <p><b>New York DOH Approval Status:</b> Yes</p>		
Alternate Specimen	No alternate specimens.		
Rejection Criteria	Contaminated, heat-activated, hemolyzed or severely lipemic specimens.		
Stability	Room temperature: 48 hours Refrigerated: 2 weeks Frozen: 1 month		
Methodology	Semi-Quantitative Enzyme-Linked Immunosorbent Assay		
Performed Days	Sunday, Tuesday, Wednesday, Friday, Saturday		
Performing Laboratory	ARUP Reference Laboratory		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3703190	Phosphatidylserine Antibody IgG	32032-5	No
3703200	Phosphatidylserine Antibody IgM	32033-3	No
3703210	Phosphatidylserine Antibody IgA	32031-7	No

## Update Existing Test

<b>Effective Date</b>	9/29/2022
<b>Name</b>	Prolactin
<b>Code</b>	PROL
<b>Interface Order Code</b>	1000740
<b>Legacy Code</b>	PROL
<b>Notes</b>	Updates to minimum volume and stability.

## Required Testing Changes

<b>Specimen Required</b>	<b>Minimum Volume:</b> 0.4 mL
<b>Stability</b>	<b>Room temperature: 8 hours</b> Refrigerated: 3 days <b>Frozen: Undetermined</b>

## Update Existing Test

<b>Effective Date</b>	9/29/2022
<b>Name</b>	Prostate Specific Ag, Diagnostic
<b>Code</b>	PSADX
<b>Interface Order Code</b>	1011270
<b>Legacy Code</b>	PSA DIAG
<b>Notes</b>	Updates to specimen preparation.

## Required Testing Changes

<b>Specimen Required</b>	<b>Specimen Preparation:</b> Centrifuge, separate and <b>freeze serum from cells within 3 hours of collection.</b> Send 1.0 mL serum in a screw capped plastic vial.
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Update Existing Test	
Effective Date	9/29/2022
Name	Prostate Specific Ag, Screen
Code	PSASN
Interface Order Code	1011275
Legacy Code	PSA SCRN
Notes	Updates to specimen preparation.
Required Testing Changes	
Specimen Required	<p><i>Specimen Preparation:</i> Centrifuge, separate and <b>freeze serum from cells within 3 hours of collection.</b> Send 1.0 mL serum in a screw capped plastic vial.</p>

Update Existing Test	
Effective Date	9/29/2022
Name	RBC Folate
Code	RBCF
Interface Order Code	1000773
Legacy Code	RBCF
Notes	Updates to specimen information, specimen preparation, minimum volume, and stability.
Required Testing Changes	
Specimen Required	<p><i>Specimen Information:</i> If specimen is submitted frozen, please provide <b>hematocrit result.</b> A hematocrit collected within 24 hours of the RBCF collection is acceptable if the patient has not received a transfusion or experienced excessive bleeding in that 24 hour period.</p> <p><b>Please note: Methotrexate and leucovorin may interfere with assay.</b></p> <p><i>Collect:</i> Lavender EDTA</p> <p><i>Specimen Preparation:</i> <b>Send 3.0 mL whole blood (entire sample) in the original collection tube.</b></p> <p><i>Minimum Volume:</i> <b>1.0 mL (mixed well)</b></p>
Stability	<p>Room temperature: 8 hours Refrigerated: 72 hours <b>Frozen: 60 days</b></p>

## Update Existing Test

Effective Date	9/29/2022
Name	T3, Reverse, LC/MS/MS
Code	RT3
Interface Order Code	3426700
Legacy Code	RT3Q
Notes	Update to specimen preparation.

## Required Testing Changes

Specimen Required	<b>Specimen Preparation:</b> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial.
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## Update Existing Test

Effective Date	9/29/2022
Name	Sex Hormone Binding Globulin
Code	SHBG
Interface Order Code	1013500
Legacy Code	SHBG
Notes	Updates to stability.

## Required Testing Changes

Stability	<b>Room temperature: Undetermined</b> Refrigerated: 7 days Frozen: 60 days
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## Update Existing Test

Effective Date	9/29/2022
Name	T3 (Triiodothyronine), Total
Code	T3
Interface Order Code	1011000
Legacy Code	T3
Notes	Updates to stability.

## Required Testing Changes

Stability	Room temperature: 8 hours Refrigerated: 72 hours <b>Frozen: Undetermined</b>
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Update Existing Test	
Effective Date	9/29/2022
Name	T4 (Thyroxine)
Code	T4
Interface Order Code	1000840
Legacy Code	T4
Notes	Updates to stability.
Required Testing Changes	
Stability	Room temperature: 8 hours Refrigerated: 72 hours <b>Frozen: Undetermined</b>

Update Existing Test	
Effective Date	9/29/2022
Name	Thyroxine Binding Globulin
Code	TBG
Interface Order Code	1000837
Legacy Code	TBG
Notes	Updates to stability.
Required Testing Changes	
Stability	<b>Room temperature: Undetermined</b> Refrigerated: 2 days Frozen: 30 days

Update Existing Test	
Effective Date	9/19/2022
Name	Testosterone, Free, Bioavailable and Total, MS
Code	TESBQ
Interface Order Code	3422000
Legacy Code	TESFBTQ
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 7 days <b>Refrigerated: 7 days</b> <b>Frozen: 28 days</b>

Update Existing Test	
Effective Date	9/29/2022
Name	Testosterone, Total, LC/MS/MS
Code	TESM
Interface Order Code	3000169
Legacy Code	TESM
Notes	Updates to specimen preparation.
Required Testing Changes	
Specimen Required	<i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial.

Update Existing Test	
Effective Date	9/29/2022
Name	Anti-thyroglobulin Antibody
Code	TGAB
Interface Order Code	3007985
Legacy Code	THGLAB
Notes	Updates to rejection criteria.
Required Testing Changes	
Rejection Criteria	Moderately hemolyzed or <b>grossly lipemic</b> specimens, plasma

Update Existing Test	
Effective Date	9/29/2022
Name	Thyroid Antibody Panel
Code	THAB
Interface Order Code	3007980
Legacy Code	THAB
Notes	Updates to rejection criteria.
Required Testing Changes	
Rejection Criteria	Moderately hemolyzed or <b>grossly lipemic</b> specimens, plasma

Update Existing Test	
Effective Date	9/29/2022
Name	Thyroglobulin and Anti-Thyroglobulin Antibody Panel
Code	THY
Interface Order Code	3007960
Legacy Code	THY
Notes	Updates to rejection criteria.
Required Testing Changes	
Rejection Criteria	Moderately hemolyzed or <b>grossly lipemic</b> specimens, plasma

Update Existing Test	
Effective Date	9/29/2022
Name	Thyroid Peroxidase (TPO) Ab
Code	TPOAB
Interface Order Code	3007990
Legacy Code	ATPO
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Moderately hemolyzed or <b>grossly lipemic</b> specimens, plasma

Update Existing Test	
Effective Date	9/29/2022
Name	Thyroid Stimulating Ig (TSI)
Code	TSI
Interface Order Code	3426720
Legacy Code	TSIQ
Notes	Updates to stability.
Required Testing Changes	
Stability	<b>Room temperature: Undetermined</b> Refrigerated: 7 days <b>Frozen: 12 months</b>



Inactivate Test Without Replacement	
Effective Date	9/19/2022
Name	SARS-CoV-2 IgM
Code	COVM
Legacy Code	COVM
Interface Code	3300271
Notes	

Inactivate Test Without Replacement	
Effective Date	9/30/2022
Name	SARS-CoV-2 Qualitative NAAT, Saliva
Code	COVS
Legacy Code	COVS
Interface Code	3000266
Notes	