Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2022

Update Notes

Update Summary		
New Test Activation	12/20/2022	BVTMA - "Bacterial Vaginosis by TMA"
New Test Activation	12/20/2022	ENCAB - "Encephalitis Antibody Panel, CSF"
New Test Activation	11/1/2022	FT16C - "Forensic Urine Drug Abuse Scrn 16 w/Conf"
New Test Activation	12/20/2022	INTLX - "Interlukin 10, Serum"
New Test Activation	12/20/2022	VWFGP - "von Willebrand Factor GPIbM Activity"
Update Existing Test	11/14/2022	A2M - "Alpha-2 Macroglobulin"
Update Existing Test	11/7/2022	ACY - "Acyclovir (Zovirax), Serum/Plasma"
Update Existing Test	11/1/2022	ALDOS - "Aldosterone"
Update Existing Test	11/1/2022	ALDR - "Aldosterone/Direct Renin Ratio"
Update Existing Test	11/14/2022	ASHKE - "Ashkenazi Jewish Mutation"
Update Existing Test	11/14/2022	BP - "Bullous Pemphigoid Antigens (180 kDa and 230 kDa), IgG"
Update Existing Test	11/7/2022	BUPIV - "Bupivacaine, Serum/Plasma"
Update Existing Test	11/1/2022	COEZQ - "Coenzyme Q10"
Update Existing Test	11/1/2022	DREN - "Direct Renin"
Update Existing Test	11/7/2022	EGPVF - "Electrolytes & Glucose Panel (Vitreous), Fluid"
Update Existing Test	11/1/2022	FELES - "Fecal Leukocyte Stain"
Update Existing Test	11/7/2022	FLUV - "Fluvoxamine, Serum/Plasma"
Update Existing Test	11/14/2022	FNST - "Fungal Stain"
Update Existing Test	11/28/2022	GAUCH - "Gaucher Disease, Mutation Analysis"
Update Existing Test	11/1/2022	HCVR - "Hepatitis C Antibody, Diagnostic, with reflex to PCR"
Update Existing Test	11/1/2022	HCVSR - "Hepatitis C Antibody, Screening, with reflex to PCR"
Update Existing Test	11/1/2022	HMTB - "Heavy Metals Panel (Venous)"
Update Existing Test	11/14/2022	IDHMF - "IDH1 and IDH2 Mutation Analysis, Exon 4, Formalin-Fixed, Pa"
Update Existing Test	12/5/2022	LEFL - "Leflunomide as Metab (Teriflunomide), S/P"
Update Existing Test	11/14/2022	MGPMD - "MGMT Promoter Methylation Detection"
Update Existing Test	11/1/2022	OSTEC - "Osteocalcin, N-MID"
Update Existing Test	11/14/2022	SERT - " Sertraline, Serum or Plasma"
Update Existing Test	11/1/2022	SMAB - "Smooth Muscle (F-actin) IgG Ab"
Update Existing Test	11/14/2022	TGFB - " Transforming Growth Factor beta1, Serum"
Update Existing Test	11/14/2022	TGFBP - "Transforming Growth Factor beta1, Serum"

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Update Existing Test	11/1/2022	TRYP - "Tryptase"
Update Existing Test	11/1/2022	VB2 - "Vitamin B2 (Riboflavin), Plasma"
Update Existing Test	11/1/2022	VB5 - "Vitamin B5 (Pantothenic Acid)"
Update Existing Test	11/1/2022	VENLA - "Venlafaxine and Metabolite Qnt"
Inactivate Test With Replacement	11/15/2022	CUFUB - "Culture, Fungus, Blood" replaced by CFBLD - "Culture, Fungus, Blood"
Inactivate Test With Replacement	11/28/2022	INTBG - "Interferon-Beta IgG, MAID" replaced by IFNBA - "NAbFeron (INFB-1) Neutralizing Antibody Test"
Inactivate Test With Replacement	11/29/2022	MOPOX - "Monkeypox Virus DNA, QL PCR" replaced by MKPXV - "Monkeypox Virus DNA, QL RT PCR"
Inactivate Test With Replacement	11/15/2022	MYCOP - "Mycoplasma Hominis/Ureaplasma Culture" replaced by MYHUC - "Mycoplasma hominis/Ureaplasma Culture"
Inactivate Test Without Replacement	11/1/2022	COVM - "SARS-CoV-2 IgM"
Inactivate Test Without Replacement	11/21/2022	LYMPC - "Lyme Disease (Borrelia spp) RT-DNA, Qual, CSF/Synovial"

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New Test Activation			
Effective Date	12/20/2022		
Name	Bacterial Vaginosis by TMA		
Code	BVTMA		
CPT Code(s)	81513		
Notes			
Specimen Requirements			
Specimen Required	*Patient Preparation:* Patient must be 14 years of age or older. *Collect:* Pink Vaginal specimen swab from Aptima® MultiTest Swab Collection Kit *Specimen Preparation:* Collect vaginal specimen using the pink swab from Aptima® MultiTest Swab collection kit. Place swab in the MultiTest Swab Specimen Transport Tube, break shaft at scoreline then recap tube. *Transport Temperature:* Refrigerated *New York DOH Approval Status:* Yes		
Rejection Criteria	Specimens in any transport media not listed above. Specimen in MultiTest swab transport media without a swab.		
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen: 90 days		
Performing Information			
Methodology	Qualitative Transcription-Mediated Amplification		
Reference Range	Bacterial Vaginosis by TMA Negative		
Performed Days	Tuesday, Thursday, Saturday		
Turnaround Time	2 - 6 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code[1]	BVTMA		
Interface Order Code	3600300		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3600300	Bacterial Vaginosis by TMA	92702-0	No

New Test Activation			
Effective Date	12/20/2022		
Name	Encephalitis Antibody Panel, CSF		
Code	ENCAB		
CPT Code(s)	86727 x 2, 86765 x 2, 86735 x 2, 86787 x 2, 86788, 86789, 86695 x 2, 86696 x 2		
Notes			
Specimen Requirements			
Specimen Required	*Collect:* Cerebrospinal fluid (CSF) *Specimen Preparation:* Send 5.0 mL CSF in a screw capped plastic vial. *Minimum Volume:* 1.7 mL *Transport Temperature:* Refrigerated *New York DOH Approval Status:* No		
Rejection Criteria	Gross hemolysis, Grossly lipemic, Grossly icteric, Turbid samples, Contaminated samples, Hyperlipemic, Heat-activated		
Stability	Room temperature: 4 days Refrigerated: 7 days Frozen: 30 days		
Performing Information			
Methodology	Enzyme Immunoassay (EIA) Anti-Complement Immunofluorescence (ACIF) Immunofluorescence Assay (IFA)		
Reference Range	See report		
Performed Days	Sunday - Saturday		
Turnaround Time	3 - 6 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code[1]	ENCAB		
Interface Order Code	3404981		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3404982	LCM IgG	9766-7	No
3404983	LCM IgM	9768-3	No
3404984	Interpretation	49067-2	No
3404985	Measels (Rubeola) IgG, IFA	21500-4	No

3404986	Measels (Rubeola) IgM, IFA	21502-0	No
3404987	Interpretation	44011-5	No
3404988	Mumps Ab IgG, IFA	21401-5	No
3404989	Mumps Ab IgM, IFA	21402-3	No
3404990	Interpretation	Not available	No
3404991	VZV Ab ACIF, CSF	26723-7	No
3404992	VZV Ab (IgM), IFA	21596-2	No
3404993	Interpretation	93786-2	No
3404994	West Nile Ab IgG, CSF	39572-3	No
3404995	West Nile Ab IgM, CSF	39573-1	No
3404996	HSV 1 IgG Index	58786-5	No
3404997	HSV 2 IgG Index	58785-7	No
3404998	HSV 1 IgM Screen	88457-7	No
3404999	HSV 2 IgM Screen	42606-4	No

New Test Activation	
Effective Date	11/1/2022
Name	Forensic Urine Drug Abuse Scrn 16 w/Conf
Code	FT16C
CPT Code(s)	80307 plus other CPTs if positives confirmed, at additional cost
Notes	
Specimen Requirements	
Specimen Required	Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition. Positive screens reflex to LC/MS/MS or GC/MS confirmation. Positive samples stored for one year. **Interfacing for forensic testing is not available at this time.** Analytes Tested: Amphetamines Barbiturates Benzodiazepines Cocaine (as Benzylecgonine) Methadone Opiates (Oxycodone and oxymorphone) Phencyclidine Propoxyphene *Collect:* Random urine *Specimen Preparation:* Send 50.0 mL urine in a screw capped plastic urine container. Newborn minimum requires 1.0 mL urine and 0.5-5.0 mL for positive confirmations. *Minimum Volume:* 30.0 mL *Transport Temperature:* Refrigerated *New York DOH Approval Status:* No
Rejection Criteria	Urine catheter cup (with needle)
Stability	Room temperature: 48 hours Refrigerated: 14 days Frozen: 30 days

Performing Information	
Methodology	Enzyme Immunoassay, Gas Chromatography/Mass Spectrometry, Liquid Chromatography/Tandem Mass Spectrometry
Reference Range	See report
Performed Days	Sunday - Friday
Turnaround Time	1 - 3 days
Performing Laboratory	Warde Medical Laboratory
Interface Information	
Legacy Code[1]	FT16C
Interface Order Code	Not Interfaced

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New Test Activation			
Effective Date	12/20/2022		
Name	Interleukin 10, Serum		
Code	INTLX		
CPT Code(s)	83520		
Notes			
Specimen Requirements			
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Separate serum from cells ASAP or within 2 hours of collection. Send 1.0 mL serum in plastic screw capped plastic vial. **CRITICAL FROZEN** Separate specimens must be submitted when multiple tests ordered. *Minimum Volume:* 0.4 mL *Transport Temperature:* **CRITICAL FROZEN** *New York DOH Approval Status:* Yes		
Alternate Specimen	Red top		
Rejection Criteria	Refrigerated specimens. Contaminated or heat-inactivated specimens.		
Stability	Room temperature: 30 minutes Refrigerated: Unacceptable Frozen: 1 year		
Performing Information			
Methodology	Quantitative Multiplex Bead Assay		
Reference Range	2.8 pg/mL or less		
Performed Days	Sunday - Saturday		
Turnaround Time	2 - 6 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code[1]	INTLX		
Interface Order Code	3600301		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3600301	Interleukin 10, Serum	26848-2	No

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New Test Activation			
Effective Date	12/20/2022		
Name	von Willebrand Factor GPIbM Activity		
Code	VWFGP		
CPT Code(s)	85397		
Notes			
Specimen Requirements			
Specimen Required	*Collect:* Citrated plasma (light blue top) *Specimen Preparation:* Send 0.5 mL citrated plasma (light blue top) with requisition. *Minimum Volume:* 0.3 mL *Transport Temperature:* Frozen *New York DOH Approved:* Yes		
Stability	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: Undetermined		
Performing Information			
Methodology	Enzyme-linked Immunosorbent Assay (ELISA)		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	7 - 10 days		
Performing Laboratory	Versiti Wisconsin		
Interface Information			
Legacy Code[1]	VWFGP		
Interface Order Code	3500041		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3500041	von Willebrand Factor GPIbM Activity	Not available	No

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TEST DIRECTORY UPDATE

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Update Existing Test	
Effective Date	11/14/2022
Name	Alpha-2 Macroglobulin
Code	A2M
Interface Order Code	3500328
Legacy Code	A2M
Notes	Updates to stability and performed days.
Required Testing Changes	
Stability	**Room temperature: Unacceptable** **Refrigerated: 7 days** **Frozen: 3 months (if frozen within 24 hours)**
Performed Days	**Sunday - Saturday**

Update Existing Test	
Effective Date	11/7/2022
Name	Acyclovir (Zovirax), Serum/Plasma
Code	ACY
Interface Order Code	3500275
Legacy Code	ACY
Notes	Updates to stability.
Required Testing Changes	
Stability	**Room temperature: 30 days** Refrigerated: 30 days Frozen: 4 months

Update Existing Test	
Effective Date	11/1/2022
Name	Aldosterone
Code	ALDOS
Interface Order Code	1004010
Legacy Code	ALDOS
Notes	Updates to TAT and performed days.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

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Update Existing Test	
Effective Date	11/1/2022
Name	Aldosterone/Direct Renin Ratio
Code	ALDR
Interface Order Code	1003990
Legacy Code	ALDR
Notes	Updates to performed days and TAT.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

Update Existing Test	
Effective Date	11/14/2022
Name	Ashkenazi Jewish Mutation
Code	ASHKE
Interface Order Code	3515020
Legacy Code	ASHKEN
Notes	Updates to specimen requirements, alternate specimens, rejection criteria, stability and performed days.
Required Testing Changes	
Specimen Required	*Collect:* Whole Blood: Lavender EDTA *Specimen Preparation:* **Whole Blood or Maternal cell contamination specimen:** Send 3.0 mL whole blood refrigerated in a screw capped plastic vial. *Minimum Volume:* Whole Blood or Maternal cell contamination - 1.0 mL *Transport Temperature:* Whole blood or Maternal Cell Contaminated Specimen - Refrigerated
Alternate Specimen	**Whole blood or Maternal cell contamination specimens: Yellow ACD solution A or B**
Rejection Criteria	**Plasma or serum. Specimens collected in sodium heparin or lithium heparin tubes. Frozen specimens in glass collection tubes.**
Stability	**Whole blood or Maternal cell contamination specimen:** **Room temperature: 72 hours** **Refrigerated: 7 days** **Frozen: 30 days**
Performed Days	**Varies**

Update Existing Test	
Effective Date	11/14/2022
Name	Bullous Pemphigoid Antigens (180 kDa and 230 kDa), IgG
Code	BP
Interface Order Code	3600016
Legacy Code	BP
Notes	Updates to rejection criteria.
Required Testing Changes	
Rejection Criteria	Hemolyzed or lipemic specimens, **plasma**

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Update Existing Test	
Effective Date	11/7/2022
Name	Bupivacaine, Serum/Plasma
Code	BUPIV
Interface Order Code	3500890
Legacy Code	BUPIV
Notes	Updates to stablity and methodology.
Required Testing Changes	
Stability	**Room temperature: 30 days** **Refrigerated: 30 days** **Frozen: 3 months**
Methodology	**LC-MS/MS**

Update Existing Test	
Effective Date	11/1/2022
Name	Coenzyme Q10
Code	COEZQ
Interface Order Code	3711260
Legacy Code	COENZQSP
Notes	Updates to alternate specimen and rejection criteria.
Required Testing Changes	
Specimen Required	*Collect:* Serum Separator Tube (SST) *Specimen Preparation:* **Send 1.0 mL serum collected in a serum separator tube. PROTECT FROM LIGHT.** *Minimum Volume:* 0.3 mL *Transport Temperature:* Refrigerated
Alternate Specimen	**No alternate specimen accepted.**
Rejection Criteria	**Samples that are not shipped the same day of collection; samples without protection from light exposure; red top tube (no gel).**
Performing Laboratory	**Quest SJC performed at Cleveland HeartLab, Inc.**

Update Existing Test	
Effective Date	11/1/2022
Name	Direct Renin
Code	DREN
Interface Order Code	1003995
Legacy Code	DREN
Notes	Updates to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday - Friday**
Turnaround Time	**1 - 3 days**

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Update Existing Test	
Effective Date	11/7/2022
Name	Electrolytes & Glucose Panel (Vitreous), Fluid
Code	EGPVF
Interface Order Code	3300201
Legacy Code	EGPVF
Notes	Updates to specimen preparation and rejection criteria.
Required Testing Changes	
Specimen Required	*Collect:* Fluid *Specimen Preparation:* Send 1.0 mL vitreous fluid refrigerated in a **preservative free** screw capped plastic vial.
Rejection Criteria	**Grey top tube (sodium fluoride or potassium oxalate)**

Update Existing Test	
Effective Date	11/1/2022
Name	Fecal Leukocyte Stain
Code	FELES
Interface Order Code	3700496
Legacy Code	FELES
Notes	
Required Testing Changes	
Specimen Required	*Collect:* Stool in Total-Fix® transport vial. *Specimen Preparation:* Place 10.0 g or 10.0 mL stool in a Total-Fix® transport vial. Stool must be collected in a clean dry container and **must not be contaminated with urine or water.** Add stool to bring the liquid to the "fill to here" line and mix contents until homogeneous.
Rejection Criteria	**Stool in Cary-Blair transport medium**, frozen stool, specimens containing barium or received in other than Zn-PVA or Total-Fix®, unpreserved stool
Reference Range	**Fecal Leukocyte Not Detected**
Performing Laboratory	**Quest SJC**

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Update Existing Test	
Effective Date	11/7/2022
Name	Fluvoxamine, Serum/Plasma
Code	FLUV
Interface Order Code	3301780
Legacy Code	FLUV
Notes	Updates to specimen preparation, stability, rejection criteria and methodology.
Required Testing Changes	
Specimen Required	*Specimen Preparation:* Centrifuge, separate serum from cells and send **1.0 mL** serum refrigerated in a screw capped plastic vial.
Rejection Criteria	Serum separator tube (SST) or Plasma separator tube (PST), **samples received at room temperature**
Stability	**Room temperature: Unacceptable** **Refrigerated: 30 days** **Frozen: 3 months**
Methodology	**LC-MS/MS**

Update Existing Test	
Effective Date	11/14/2022
Name	Fungal Stain
Code	FNST
Interface Order Code	3700031
Legacy Code	FNST
Notes	Updates to rejection criteria.
Required Testing Changes	
Rejection Criteria	Smears fixed with cytology fixative, excessively bloody samples, DNA probe transport device, viral transport medium, stool, broken slides, **corneal rim, bone, catheter tips, smears to thick to read, slides previously stained by cytology and cover slipped.**

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TEST DIRECTORY UPDATE

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Update Existing Test	
Effective Date	11/28/2022
Name	Gaucher Disease, Mutation Analysis
Code	GAUCH
Interface Order Code	3515000
Legacy Code	GAUCHER
Notes	Updates to alternate specimen requirements, stability and notes about rejection criteria.
Required Testing Changes	
Alternate Specimen	**Whole Blood: ACD yellow top tube, royal blue top, sodium or lithium heparin green tube.** Bone marrow: Collect and send 10.0 mL (10.0 mL minimum) bone marrow in Lavender EDTA tube.
Rejection Criteria	**Do not reject.**
Stability	**Whole blood or bone marrow:** **Room temperature: 8 days** **Refrigerated: 8 days** **Frozen: Unacceptable**

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Update Existing Test	
Effective Date	11/1/2022
Name	Hepatitis C Antibody, Diagnostic, with reflex to PCR
Code	HCVR
Interface Order Code	3001440
Legacy Code	HCVR
Notes	Updates to specimen preparation, stability, rejection criteria and alternate specimen.
Required Testing Changes	
Specimen Required	*Collect:* HCV Antibody Screen: Serum Separator Tube (SST) HCV PCR: Lavender EDTA ***Both specimens required.** *Specimen Preparation:* **HCV Antibody Screen (Label: HCAB) -** Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. **HCV PCR Plasma (Label: HCVFR):** Centrifuge, separate plasma from cells within 6 hours of collection. Send 3.0 mL plasma in screw capped plastic vial. ***PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.** *Minimum Volume:* HCV antibody: 0.5 mL HCV PCR: 2.5 mL *Transport Temperature:* Serum: Refrigerated Plasma: Frozen
Alternate Specimen	HCV Antibody: red top, lavender EDTA (follow Plasma collection guide for PCR) HCV PCR: Serum: red top ***PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.**
Rejection Criteria	HCV Antibody: gross hemolysis, gross lipemia, heparin plasma HCV PCR: gross hemolysis, gross lipemia, heparin plasma, gel-based plasma separation tubes, specimens subjected to repeat freeze thaw cycles, shared specimens
Stability	**HCV Antibody:** **Room temperature: Undetermined** **Refrigerated: 7 days** **Frozen: Undetermined**

	HCV PCR: **Room temperature: Unacceptable** **Refrigerated: 3 days** **Frozen: 60 days**

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Update Existing Test	
Effective Date	11/1/2022
Name	Hepatitis C Antibody, Screening, with reflex to PCR
Code	HCVSR
Interface Order Code	3001452
Legacy Code	HCVSR
Notes	Updates to specimen preparation, stability, rejection criteria and alternate specimens.
Required Testing Changes	
Specimen Required	*Collect:* HCV Antibody Screen: Serum Separator Tube (SST) HCV PCR: Lavender EDTA ***Both specimens required.** *Specimen Preparation:* **HCV Antibody Screen (Label: HCAB) -** Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. **HCV PCR Plasma (Label: HCVFR):** Centrifuge, separate plasma from cells within 6 hours of collection. Send 3.0 mL plasma in screw capped plastic vial. ***PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.** *Minimum Volume:* HCV antibody: 0.5 mL HCV PCR: 2.5 mL *Transport Temperature:* Serum: Refrigerated Plasma: Frozen
Alternate Specimen	HCV Antibody: red top, lavender EDTA (follow Plasma collection guide for PCR) HCV PCR: Serum: red top ***PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.**
Rejection Criteria	HCV Antibody: gross hemolysis, gross lipemia, heparin plasma HCV PCR: gross hemolysis, gross lipemia, heparin plasma, gel-based plasma separation tubes, specimens subjected to repeat freeze thaw cycles, shared specimens
Stability	**HCV Antibody:** **Room temperature: Undetermined** **Refrigerated: 7 days** **Frozen: Undetermined**

	HCV PCR: **Room temperature: Unacceptable** **Refrigerated: 3 days** **Frozen: 60 days**

Update Existing Test	
Effective Date	11/1/2022
Name	Heavy Metals Panel (Venous)
Code	HMTB
Interface Order Code	3700610
Legacy Code	HVYMTBLD
Notes	Updates to rejection criteria.
Required Testing Changes	
Rejection Criteria	Clotted specimen, **lavender EDTA tube**

Update Existing Test	
Effective Date	11/14/2022
Name	IDH1 and IDH2 Mutation Analysis, Exon 4, Formalin-Fixed, Pa
Code	IDHMF
Interface Order Code	3600097
Legacy Code	IDHMF
Notes	Updates to CPT codes.
Required Testing Changes	
CPT Code(s)	**81120, 81121**

Update Existing Test	
Effective Date	12/5/2022
Name	Leflunomide as Metab (Teriflunomide), S/P
Code	LEFL
Interface Order Code	3512620
Legacy Code	LEFL
Notes	Updates to specimen preparation and performed days.
Required Testing Changes	
Specimen Required	*Specimen Preparation:* Centrifuge and separate serum from cells and send 1.0 mL serum in a **preservative free** screw capped plastic vial.
Performed Days	**Sunday - Saturday**

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Update Existing Test	
Effective Date	11/14/2022
Name	MGMT Promoter Methylation Detection
Code	MGPMD
Interface Order Code	3600174
Legacy Code	MGPMD
Notes	Updates to CPT Code.
Required Testing Changes	
CPT Code(s)	**81287**

Update Existing Test	
Effective Date	11/1/2022
Name	Osteocalcin, N Mid
Code	OSTEC
Interface Order Code	3702450
Legacy Code	OSTEOCASP
Notes	Updates to name change, rejection critera, methodology, performed days and performing location.
Required Testing Changes	
Name	Osteocalcin, N-MID
Specimen Required	*Patient Preparation:* **Dietary supplements containing biotin may interfere in assays and may skew results to be either falsely high or falsely low. For patients receiving the recommeded daily doses of biotin, draw samples at least 8 hours following the last biotin supplementation. For patients on mega-doses of biotin supplements, draw samples at least 72 hours following the last biotin supplementation.**
Rejection Criteria	**Hemolysis**, heat inactivated samples, serum separator tube (SST), specimens stabilized with azide, **patient administered with biotin within 8 hours**
Methodology	**Electrochemiluminescence immuoassay (ECLIA)**
Performed Days	**Monday - Saturday**
Performing Laboratory	**Quest SJC**

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Update Existing Test	
Effective Date	11/14/2022
Name	Sertraline
Code	SERT
Interface Order Code	3685700
Legacy Code	SERTAR
Notes	Updates to test name, specimen requirements, stability, methodology and reference range.
Required Testing Changes	
Name	**Sertraline, Serum or Plasma**
Specimen Required	*Patient Preparation:* Pre-dose **(trough)** draw at steady state concentration.
Stability	**Room temperature: 24 hours** Refrigerated: 14 days **Frozen: 4 months**
Methodology	**Liquid Chromatography - Tandem Mass Spectrometry**
Reference Range	**Therapeutic Range: 30 - 200 ng/mL** Toxic: > 300 ng/mL

Update Existing Test	
Effective Date	11/1/2022
Name	Smooth Muscle (F-actin) IgG Ab
Code	SMAB
Interface Order Code	3002250
Legacy Code	SMAB
Notes	Updates to transport temperature.
Required Testing Changes	
Specimen Required	***Transport Temperature:*** **Refrigerated**

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Update Existing Test	
Effective Date	11/14/2022
Name	Transforming Growth Factor beta, Serum
Code	TGFB
Interface Order Code	3624080
Legacy Code	TGFB
Notes	Updates to specimen name, specimen requirements, stability, rejection criteria, methodology, reference range and performed days.
Required Testing Changes	
Name	**Transforming Growth Factor beta1, Serum**
Specimen Required	*Specimen Preparation:* Centrifuge, remove serum from cells **ASAP** or within two hours of collection and send 1.0 mL serum in screw capped plastic vial. **CRITICAL FROZEN** **Separate specimens must be submitted when multiple tests ordered.** ***New York DOH Approval Status:*** **Pending**
Rejection Criteria	**Contaminated, severely hemolyzed, heat-inactivated or grossly lipemic specimens**
Stability	Room temperature: 30 minutes Refrigerated: Unacceptable **Frozen: 60 days**
Methodology	**Quantitative Enzyme-Linked Immunosorbent Assay**
Reference Range	**16542 - 50426 pg/mL**
Performed Days	**Monday**

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Update Existing Test	
Effective Date	11/14/2022
Name	Transforming Growth Factor beta1, Plasma
Code	TGFBP
Interface Order Code	3600019
Legacy Code	TGFBP
Notes	Updates to test name, specimen requirements, rejection criteria, stability, methodology, reference range, NY DOH approval status and performed days.
Required Testing Changes	
Name	**Transforming Growth Factor beta1, Serum**
Specimen Required	***Collect:*** **Lavender** ***Specimen Preparation:*** **Centrifuge anticoagulated whole blood within 2 hours of collection at 1500 g for 10 minutes. Collect plasma and transfer to fresh tube. Immediately centrifuge plasma at 3000 g for 10 minutes. Collect plasma from upper 2/3 of tube without disturbing lower 1/3 of tube and transfer to fresh tube for storage or transport. Separate plasma from cells ASAP or within 2 hours of collection. Send 1.0 mL plasma 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 ***New York DOH Approval Status:*** **Pending**
Rejection Criteria	**Contaminated, severely hemolyzed, heat-inactivated or grossly lipemic specimens**
Stability	*After separation from cells:* Room temperature: 30 minutes Refrigerated: Unacceptable **Frozen: 60 days**
Methodology	**Quantitative Enzyme-Linked Immunosorbent Assay**
Reference Range	**1654 - 19951 pg/mL**
Performed Days	**Monday**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2022

Update Existing Test	
Effective Date	11/1/2022
Name	Tryptase
Code	TRYP
Interface Order Code	3703860
Legacy Code	TRYPSP
Notes	Update to reference range listed.
Required Testing Changes	
Reference Range	**<11 ug/L**

Update Existing Test	
Effective Date	11/1/2022
Name	Vitamin B2 (Riboflavin), Plasma
Code	VB2
Interface Order Code	3422140
Legacy Code	VB2Q
Notes	Updates to stability.
Required Testing Changes	
Stability	**Room temperature: Unacceptable** **Refrigerated: Unacceptable** Frozen: 30 days

Update Existing Test	
Effective Date	11/1/2022
Name	Vitamin B5 (Pantothenic Acid)
Code	VB5
Interface Order Code	3719380
Legacy Code	VB5SP
Notes	Updates to stability.
Required Testing Changes	
Stability	**Room temperature: Unacceptable** **Refrigerated: Unacceptable** Frozen: 30 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2022

Update Existing Test	
Effective Date	11/1/2022
Name	Venlafaxine and Metabolite Qnt
Code	VENLA
Interface Order Code	3510990
Legacy Code	VENLAF
Notes	Update to reference range.
Required Testing Changes	
Reference Range	Venlafaxine + O-desmethylvenlafaxine: **100** - **400 ng/mL**

Inactivate Test With Replacement	
Effective Date	11/15/2022
Inactivated Test	
Name	Culture, Fungus, Blood
Code	CUFUB
Legacy Code[1]	CUFUB
Interface Order Code	3700505
Notes	
Replacement Test	
Name	Culture, Fungus, Blood
Code	CFBLD
CPT Code(s)	87103, plus others if reflexed, at additional cost
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Whole Blood in BACTEC™ Myco F/Lytic aerobic blood bottle *Specimen Preparation:* 5.0 mL whole blood collected in a BACTEC™ Myco F/Lytic aerobic blood bottle. *Minimum Volume:* 1.0 mL *Transport Temperature:* Room temperature
Alternate Specimen	FDA cleared (non-Bactec) blood culture bottle SPS (yellow top), Bone marrow in BACTEC™ Myco F/Lytic aerobic blood bottle
Rejection Criteria	Specimens in lavender EDTA tube, specimens in heparin green top tube, specimens in citrate, ACD, FDA cleared non-Fungus Blood Culture Bottle, Received frozen
Stability	Room temperature: 48 hours Refrigerated: Unacceptable Frozen: Unacceptable
Performing Information	
Methodology	Continuous Monitoring Blood Culture System
Reference Range	See report
Performed Days	Sunday - Saturday
Turnaround Time	4 - 5 weeks; if positive 1 - 8 more weeks required.
Performing Laboratory	Quest SJC

Interface Information			
Legacy Code[1]	CFBLD		
Interface Order Code	3400724		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400725	Fungus Culture, Blood	601-5	No
3400726	Status	Not available	No

Inactivate Test With Replacement	
Effective Date	11/28/2022
Inactivated Test	
Name	Interferon-Beta IgG, MAID
Code	INTBG
Legacy Code[1]	INTFBAB
Interface Order Code	3512660
Notes	
Replacement Test	
Name	NAbFeron® (INFB-1) Neutralizing Antibody Test
Code	IFNBA
CPT Code(s)	86382
Notes	
Specimen Requirements	
Specimen Required	*Patient Preparation:* Sample needs to be collected either before treatment with interferon or more than 24 hours following the most recent does. Patient should not be on steroid therapy for at least two weeks prior to testing. *Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 2.0 mL serum in screw capped plastic vial. Please label each specimen tube with two forms of patient identification. These forms of identification must also appear on the test requisition form. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated
Alternate Specimen	No alternate specimens.
Stability	Room temperature: 72 hours Refrigerated: 28 days Frozen: 6 months
Performing Information	
Methodology	Viral Cytopathic Effect Assay

Reference Range	Not elevated: <1:20 Mild/Moderate Elevated: 1:20 - 1:100 Highly Elevated: >1:100		
Performed Days	Tuesday		
Turnaround Time	16 - 23 days		
Performing Laboratory	Quest SJC performed at Athena Diagnostics, Inc.		
Interface Information			
Legacy Code[1]	IFNBA		
Interface Order Code	3400713		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400714	Interpretation	50398-7	No
3400715	Methods	49549-9	No
3400716	Comments	8251-1	No
3400717	References	8265-1	No
3400718	Technical Results	19146-0	No

Inactivate Test With Replacement	
Effective Date	11/29/2022
Inactivated Test	
Name	Monkeypox Virus DNA, QL PCR
Code	MOPOX
Legacy Code[1]	MOPOX
Interface Order Code	3400644
Notes	
Replacement Test	
Name	Monkeypox Virus DNA, QL RT PCR
Code	MKPXV
CPT Code(s)	87593 x 2
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Lesion swab *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. *Minimum Volume:* 0.5 mL *Transport Temperature:* Frozen
Alternate Specimen	Viral culture media (VCM), Universal transport media (UTM)
Rejection Criteria	Calcium alginate swabs; cotton swabs; wooden shaft swabs, dry swabs, samples not submitted in VCM or equivalent
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 30 days
Performing Information	
Methodology	Real-Time Polymerase Chain Reaction (PCR)
Reference Range	Orthopoxvirus DNA, QL PCR Not detected Monkeypox Virus DNA, QL PCR Not detected
Performed Days	Sunday - Saturday

Turnaround Time	3 - 5 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code[1]	MKPXV		
Interface Order Code	3400701		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400702	Patient Race:	32624-9	**Yes**
3400703	Ethnicity:	32624-9	**Yes**
3400704	Specimen Type	31208-2	**Yes**
3400705	Anatomic Location	39111-0	**Yes**
3400706	Orthopoxyvirus DNA, QL PCR	100434--0	No
3400707	Monkeypox Virus DNA, QL PCR	100888-7	No

Inactivate Test With Replacement	
Effective Date	11/15/2022
Inactivated Test	
Name	Mycoplasma Hominis/Ureaplasma Culture
Code	MYCOP
Legacy Code[1]	MYCOP
Interface Order Code	3700445
Notes	
Replacement Test	
Name	Mycoplasma hominis/Ureaplasma Culture
Code	MYHUC
CPT Code(s)	87109
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Urogenital swab collected in V-C-M tube or equivalent (UTM) container *Specimen Preparation:* Specimen source required. Send urogenital specimen (vaginal, cervical, urethral swabs or secretions) in V-C-M medium (green cap) tube or equivalent Universal Transport Media (UTM). *Minimum Volume:* 1.0 mL or 1 swab *Transport Temperature:* Frozen (-70° C) on dry ice
Alternate Specimen	Submit 1:1 volume of sterile body fluids, tissue, wound swabs, respiratory samples (sputum, bronchial washings, tracheobronchial secretions, bronchial alveolar lavage) in VCM or equivalent. **Respiratory specimens only acceptable on children <1 yr old.** Urine - Centrifuge urine at 3000 rpm for 15 minutes. Suspend sediment in VCM or equivalent transport media. If the specimen is not centrifuged, submit a 1:1 volume of urine in VCM or equivalent transport media.
Rejection Criteria	Specimens collected on wooden shaft swabs, or cotton swabs, specimen received in expired transport medium, tissue specimen in formalin, urine containing any preservatives, specimens received in M4RT transport medium, raw specimens, specimen collected in molecular transport medium
Stability	Room temperature: Unacceptable Refrigerated: 48 hours Frozen (-20° C): Unacceptable Frozen (-70° C): 30 days

Performing Information			
Methodology	Culture		
Reference Range	Not isolated		
Performed Days	Sunday - Saturday		
Turnaround Time	9 - 10 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code[1]	MYHUC		
Interface Order Code	3400719		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400720	Source	31208-2	**Yes**
3400721	Status	Not available	No
3400722	Mycoplasma hominis	15388-2	No
3400723	Ureaplasma Species	32368-3	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2022

Inactivate Test Without Replacement	
Effective Date	11/1/2022
Name	SARS-CoV-2 IgM
Code	COVM
Legacy Code	COVM
Interface Code	3300271
Notes	

Inactivate Test Without Replacement	
Effective Date	11/21/2022
Name	Lyme Disease (Borrelia spp) RT-DNA, Qual, CSF/Synovial
Code	LYMPC
Legacy Code	LYMPC
Interface Code	3435310
Notes	Suggested replacment is test code BSDQL - Borrelia species DNA, Qual Real-Time PCR.