Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Update Notes

Update Summary		
Announcement	11/29/2022	Update to threshold for positive CSF oligoclonal banding study
New Test Activation	12/20/2022	ASQTP - "Adrenal Steroid Quant. Panel by HPLC-MS/MS, S/P"
New Test Activation	12/20/2022	PB19Q - "Parvovirus B19 DNA, Quantitative RT-PCR"
Update Existing Test	1/1/2023	APHAG - "Anaplasma phagocytophilum DNA, Qualitative RT-PCR"
Update Existing Test	1/1/2023	BABDN - "Babesia microti DNA, Real-Time PCR"
Update Existing Test	11/21/2022	CUFUN - "Culture, Fungus, Skin, Hair or Nails"
Update Existing Test	12/6/2022	DHEAS - "Dehydroepiandrosterone Sulfate (DHEAS)"
Update Existing Test	11/21/2022	FNST - "Fungal Stain"
Update Existing Test	12/5/2022	FPROG - "Free Progesterone"
Update Existing Test	12/19/2022	HNMPR - "Human Metapneumovirus RNA, Qualitative, Real-Time PCR"
Update Existing Test	12/20/2022	IGF1 - "Insulin-like Growth Factor 1"
Update Existing Test	11/21/2022	MBCFS - "Mycobacteria, Culture, with Fluorochrome Smear"
Update Existing Test	11/21/2022	NOSHN - "Culture, Fungus, Not Hair, Skin, Nails"
Update Existing Test	11/21/2022	SOSMQ – “Osmolality, Serum”
Update Existing Test	12/20/2022	TESM - "Testosterone, Total, LC/MS/MS"
Update Existing Test	11/21/2022	VB5 - "Vitamin B5 (Pantothenic Acid)"
Inactivate Test With Replacement	12/20/2022	CRYAQ - "Cryptococcal Antigen with Titer, Serum" replaced by CRYRT - "Cryptococcal Ag, Latex Screen with Reflex to Titer"
Inactivate Test With Replacement	12/5/2022	GLYM - "GlycoMark (R)" replaced by 15AGC - "1,5-Anhydroglucitol Intermediate Glycemic Control"
Inactivate Test Without Replacement	12/5/2022	TOC - "Tocainide (Tonocard), Serum/Plasma"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Announcement

Effective 11/29/22, Warde Medical Laboratory (WML) will change its threshold for a positive cerebrospinal fluid oligoclonal banding study to two (2) or more unique CSF bands (test codes: MSP, OBAND). Previously, WML used a 4-band threshold as recommended by Fortini et al (Am J Clin Pathol 2003; 120:672-675) since the higher resolution isoelectric focusing method used at WML had a higher sensitivity than the gel electrophoresis methods previously used in the determination of diagnostic criteria for multiple sclerosis (MS). However, the current McDonald criteria for the diagnosis of MS specifically reintroduced the presence of two (2) or more unique CSF oligoclonal bands as a diagnostic criterion for MS, even when using high resolution isoelectric focusing methods (Thompson et al: Lancet Neurol 2018; 17:162-73). As was the case with the previous threshold, however, please note that the presence of CSF-specific oligoclonal bands is not specific for MS, as CSF-specific IgG synthesis may also be found in patients with other neurologic diseases including infectious, inflammatory, cerebrovascular, and neoplastic disorders.

OBAND – Oligoclonal Bands

MSP - Multiple Sclerosis Panel

LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000003481 F 12/08/1988

Collected: 11/15/2022 12:06 Received: 11/15/2022 12:06

Test Name	Result	Unit	Site
Oligoclonal Bands	See Below		WMRL

Positive CSF oligoclonal banding study.

CSF is positive for two or more oligoclonal bands. Since these bands are not seen in the corresponding serum, this is considered a positive oligoclonal banding study. Oligoclonal bands (2 or more CSF-specific bands) and/or elevated CSF IgG index are detected in most patient with MS, and is included as a diagnostic criterion in the 2017 revised McDonald criteria. These findings, however, are not specific for MS as CSF-specific IgG synthesis may also be found in patients with other neurologic diseases including infectious, inflammatory, cerebrovascular, and paraneoplastic disorders.

Performing Site:

WMRL: Warde Medical Laboratory 300 West Textile Road Ann Arbor MI 48108 (800)876-6522

Kajal V. Sitwala, MD, PhD - Medical Director

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003039 M 12/05/1988

Collected: 11/15/2022 12:08 Received: 11/15/2022 12:08

Multiple Sclerosis Panel

Test Name	Result	Flag	Ref-Ranges	Units	Site
Albumin	4,500		3500 - 5200	mg/dL	WMRL
IgG	1,200		700 - 1600	mg/dL	WMRL
CSF Albumin	25.0		0.0 - 35.0	mg/dL	WMRL
CSF IgG	2.5		0.0 - 3.4	mg/dL	WMRL
IgG Synthesis Rate	0.00		0.00 - 3.00	mg/day	WMRL
IgG/Albumin Index (CSF)	0.38		0.00 - 0.77		WMRL
Oligoclonal Bands	See Below				WMRL

Positive CSF oligoclonal banding study.

CSF is positive for two or more oligoclonal bands. Since these bands are not seen in the corresponding serum, this is considered a positive oligoclonal banding study. Oligoclonal bands (2 or more CSF-specific bands) and/or elevated CSF IgG index are detected in most patient with MS, and is included as a diagnostic criterion in the 2017 revised McDonald criteria. These findings, however, are not specific for MS as CSF-specific IgG synthesis may also be found in patients with other neurologic diseases including infectious, inflammatory, cerebrovascular, and paraneoplastic disorders.

Performing Site:
WMRL: Warde Medical Laboratory 300 West Textile Road Ann Arbor MI 48108 (800)876-6522

Kajal V. Sitwala, MD, PhD - Medical Director

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

New Test Activation			
Effective Date	12/20/2022		
Name	Adrenal Steroid Quant. Panel by HPLC-MS/MS, S/P		
Code	ASQTP		
CPT Code(s)	82634, 83498, 84143, 84140		
Notes			
Specimen Requirements			
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge within 2 hours of collection. Separate serum from cells ASAP. Send 1.2 mL serum in a screw capped plastic vial. **CRITICAL FROZEN**. Separate specimens must be submitted when multiple tests are ordered. *Minimum Volume:* 0.6 mL *Transport Temperature:* **Critical frozen** *New York Approved:* Yes		
Alternate Specimen	Plasma: Green sodium or lithium heparin Serum: Red top		
Stability	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 6 months		
Performing Information			
Methodology	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry		
Reference Range	See report		
Performed Days	Monday - Friday		
Turnaround Time	3 - 7 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code[1]	ASQTP		
Interface Order Code	3600249		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3600250	11-Deoxycortisol, HPLC-MS/MS	1657-6	No
3600251	17-Hydroxypregnenolone, HPLC-MS/MS	6765-2	No
3600252	17 Hydroxyprogesterone, HPLC-MS/MS	1668-3	No
3600253	Pregnenolone	2837-3	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: 11/16/2022 12:54 Received: 11/18/2022 12:54

Test Name	Result	Flag	Ref-Ranges	Units	Site
Adrenal Steroid Quant. Panel by HPLC-MS/MS, S/P					
11-Deoxycortisol, HPLC-MS/MS	24.30		<=49.00	ng/dL	ARRL
After metyrapone stimulation: Greater than 8000 ng/dL					
After metyrapone stimulation: Greater than 8000 ng/dL REFERENCE INTERVAL: 11-Deoxycortisol, HPLC-MS/MS					
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).					
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.					
17-Hydroxypregnenolone, HPLC-MS/MS	33		<=442	ng/dL	ARRL
REFERENCE INTERVAL: 17-Hydroxypregnenolone Quant, MS/MS, Ser					
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).					
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.					
17 Hydroxyprogesterone, HPLC-MS/MS	56.90		<=138.00	ng/dL	ARRL
REFERENCE INTERVAL: 17-Hydroxyprogesterone Qnt, HPLC-MS/MS					
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).					
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.					

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

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: 11/16/2022 12:54 Received: 11/18/2022 12:54

Test Name	Result	Flag	Ref-Ranges	Units	Site
Pregnenolone	23		23-173	ng/dL	ARRL

REFERENCE INTERVAL: Pregnenolone by MS/MS, Serum

Access complete set of age- and/or gender-specific
reference intervals for this test in the ARUP Laboratory
Test Directory (aruplab.com).

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
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD

Performing Site:
ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

New Test Activation	
Effective Date	12/20/2022
Name	Parvovirus B19 DNA, Quantitative RT-PCR
Code	PB19Q
CPT Code(s)	87799
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Centrifuge, separate plasma from cells and send 1.0 mL in a screw capped plastic vial. *Minimum Volume:* 0.3 mL *Transport Temperature:* Whole blood: Refrigerated Plasma, serum, amniotic fluid: Frozen *New York Approved:* Yes
Alternate Specimen	Plasma: Yellow ACD A, White PPT Whole blood: Yellow ACD A Serum: Serum separator tube (SST) or Red top Amniotic fluid or amniotic fluid supernatant in a sterile leak proof container
Rejection Criteria	Hemolyzed whole blood, Sodium heparin tube, Lithium heparin tube
Stability	*Whole blood:* Room Temperature: 48 hours Refrigerated: 7 days Frozen: Unacceptable *All other samples:* Room Temperature: 48 hours Refrigerated: 7 days Frozen: 30 days
Performing Information	
Methodology	Real-Time Polymerase Chain Reaction (PCR)
Reference Range	Parvovirus B19 DNA, QN Real Time PCR Not Detected copies/mL Parvovirus B19 DNA, QN Real Time PCR Not Detected Log copies/mL
Performed Days	Monday - Saturday
Turnaround Time	2 - 5 days
Performing Laboratory	Quest SJC

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Interface Information			
Legacy Code[1]	PB19Q		
Interface Order Code	3400691		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400692	Source	31208-2	Yes
3400693	Parvovirus B19 DNA QN PCR	49432-8	No
3400694	Parvovirus B19 DNA QN PCR	Not available	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: 11/15/2022 13:01 Received: 11/18/2022 13:01

Test Name	Result	Flag	Ref-Ranges	Units	Site
Parvovirus B19 DNA, Quantitative RT-PCR					
Source	PLASMA				QCRL
Parvovirus B19 DNA QN PCR	NOT DETECTED			Copies/mL	QCRL
Parvovirus B19 DNA QN PCR	NOT DETECTED			Log cps/mL	QCRL

REFERENCE RANGE: NOT DETECTED

The primers/probe used in this assay will detect parvovirus B19 and V9 (genotypes 1 Ã 3) but may not detect parvovirus genotype 2. The majority of circulating Parvovirus B19 strains in the United States are genotype 1. Genotype 2 is not believed to circulate widely in the United States, but has been associated with similar clinical features as genotype 1. Genotype 3 is most prevalent in some African countries.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

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

E318000002
WX0000003039
Printed D&T: 11/18/22 13:03

Ordered By: CLIENT CLIENT
WX00000000001595

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Update Existing Test	
Effective Date	1/1/2023
Name	Anaplasma phagocytophilum DNA, Qualitative RT-PCR
Code	APHAG
Interface Order Code	3429050
Legacy Code	APHAG
Notes	Update to CPT Code.
Required Testing Changes	
CPT Code(s)	**87468**

Update Existing Test	
Effective Date	1/1/2023
Name	Babesia microti DNA, Real-Time PCR
Code	BABDN
Interface Order Code	3428200
Legacy Code	BABDN
Notes	Update to CPT Code.
Required Testing Changes	
CPT Code(s)	**87469**

Update Existing Test	
Effective Date	11/21/2022
Name	Culture, Fungus, Skin, Hair or Nails
Code	CUFUN
Interface Order Code	3700499
Legacy Code	CUFUN
Notes	Update to performing location.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Update Existing Test	
Effective Date	12/6/2022
Name	Dehydroepiandrosterone Sulfate (DHEAS)
Code	DHEAS
Interface Order Code	1010060
Legacy Code	DHEAS
Notes	Update to transport temperature.
Required Testing Changes	
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.4 mL ***Transport Temperature:*** **Frozen**

Update Existing Test	
Effective Date	11/21/2022
Name	Fungal Stain
Code	FNST
Interface Order Code	3700031
Legacy Code	FNST
Notes	Update to performing location.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Update Existing Test	
Effective Date	12/5/2022
Name	Free Progesterone
Code	FPROG
Interface Order Code	3500006
Legacy Code	
Notes	
Required Testing Changes	
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 3.0 mL serum frozen in a screw capped plastic vial. ***Minimum Volume:*** **2.0 mL** *Transport Temperature:* Frozen

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Update Existing Test	
Effective Date	12/19/2022
Name	Human Metapneumovirus RNA, Qualitative, Real-Time PCR
Code	HNMPR
Interface Order Code	3424730
Legacy Code	HNMPR
Notes	Updates to specimen requirements, alternate specimens, stability, minimum volume, and rejection criteria.
Required Testing Changes	
Specimen Required	*Collect:* Nasopharyngeal or **oropharyngeal swab** *Specimen Preparation* Send a nasopharyngeal or **oropharyngeal swab** in **3.0 mL** M4 media or Universal Transport Media (UTM) equivalent. ***Minimum Volume:*** **Swab M4 media: 0.6 mL** **Bronchial lavage: 0.6 mL** *Transport Temperature:* Refrigerated
Alternate Specimen	**Bronchial lavage (2.0 mL)**
Rejection Criteria	**Sputum**
Stability	*Swab* **Room temperature: 7 days** **Refrigerated: 14 days** Frozen: 30 days ***Bronchial lavage:*** **Room temperature: 7 days** **Refrigerated: 7 days** **Frozen: 30 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Update Existing Test	
Effective Date	12/20/2022
Name	Insulin-like Growth Factor 1
Code	IGF1
Interface Order Code	1004085
Legacy Code	IGF1
Notes	Update to reference ranges.

Required Testing Changes

Reference Range

Age	MALES ng/mL	FEMALES ng/mL
0-11 months	18-79	14-106
1 year	20-108	23-136
2 years	24-135	30-163
3 years	28-148	34-192
4 years	32-165	38-217
5 years	37-196	46-243
6 years	43-229	56-268
7 years	50-243	64-288
8 years	59-275	74-337
9 years	67-315	81-405
10 years	75-366	85-526
11 years	82-423	91-610
12 years	87-519	110-656
13 years	101-620	150-678
14 years	123-701	174-656
15 years	161-760	156-586
16 years	171-748	140-517
17 years	161-635	130-471
18 years	145-506	117-430
19 years	122-435	113-408
20 years	116-410	108-384
21-25 years	109-353	101-347
26-30 years	101-307	91-308
31-35 years	95-290	84-281
36-40 years	90-278	79-259
41-45 years	84-270	74-239
46-50 years	81-263	70-225
51-55 years	74-255	65-216
56-60 years	68-247	60-207
61-65 years	64-240	57-202
66-70 years	59-230	52-196
71-75 years	53-222	48-191
76-80 years	45-207	42-185
81-85 years	40-194	39-177
85-90 years	33-176	34-169
>90 years	*	*

*Reference ranges have not been established for patients that are >90 years of age.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Update Existing Tests	
Effective Date	11/21/2022
Name	Mycobacteria, Culture, with Fluorochrome Smear Mycobacteria, Culture, w/Fluorochrome Smear Prelim Results
Code	MBCFS - 3700535 MC - 3700064
Legacy Code	MBCFS; MC
Notes	Update to performing location.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	11/21/2022
Name	Culture, Fungus, Not Hair, Skin, Nails
Code	NOSHN
Interface Order Code	3700472
Legacy Code	NOSHN
Notes	Update to performing location.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	11/21/2022
Name	Osmolality, Serum
Code	SOSMQ
Interface Order Code	3424500
Legacy Code	SOSMQ
Notes	Update to performing location.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Update Existing Test	
Effective Date	12/20/2022
Name	Testosterone, Total, LC/MS/MS
Code	TESM
Interface Order Code	3000169
Legacy Code	TESM
Notes	Update to TAT and performed days.
Required Testing Changes	
Performed Days	**Friday**
Turnaround Time	**1 - 7 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Update Existing Test	
Effective Date	11/21/2022
Name	Vitamin B5 (Pantothenic Acid)
Code	VB5
Interface Order Code	3719380
Legacy Code	VB5SP
Notes	Updates to specimen preparation, alternate specimens, minimum volume, methodology, rejection criteria, and turn around time.
Required Testing Changes	
Specimen Required	*Collect:* Red top *Specimen Preparation:* Centrifuge, separate serum from cells and send **1.0 mL serum** in an amber screw capped plastic vial. **PROTECT FROM LIGHT.** ***Minimum Volume:*** **0.5 mL** *Transport Temperature:* Frozen
Alternate Specimen	**Plasma: Sodium heparin, EDTA; PROTECT FROM LIGHT**
Rejection Criteria	**Serum separator tube**
Methodology	**Chromatography/Mass Spectrometry**
Turnaround Time	**3 - 6 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Inactivate Test With Replacement	
Effective Date	12/20/2022
Inactivated Test	
Name	Cryptococcal Antigen with Titer, Serum
Code	CRYAQ
Legacy Code[1]	CRYAGQ
Interface Order Code	3514920
Notes	
Replacement Test	
Name	Cryptococcal Ag, Latex Screen with Reflex to Titer
Code	CRYRT
CPT Code(s)	86403, plus 86406 if reflexed titer, at additional cost
Notes	
Specimen Requirements	
Specimen Required	*Collect:* CSF *Specimen Preparation:* Send 1.0 mL CSF in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Serum separator tube (SST) Red top **Serum Specimens:** Centrifuge, separate serum from cells within 1 hour of collection and send 2.0 mL serum in a screw capped plastic vial.
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 60 days
Performing Information	
Methodology	Latex Agglutination
Reference Range	Not detected Positives are titered at an additional charge
Performed Days	Tuesday - Saturday

Turnaround Time	3 - 5 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code[1]	CRYRT		
Interface Order Code	3400584		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400585	Specimen Source	31208-2	**Yes**
3400586	Cryptococcal Ag Screen	43228-6	No
3400587	Cryptococcal Ag Titer	43229-4	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: 11/18/2022 13:46 Received: 11/18/2022 13:46

Test Name	Result	Flag	Ref-Ranges	Units	Site
Cryptococcal Ag, Latex Screen with Reflex to Titer					
Specimen Source	CSF				QCRL
Cryptococcal Ag Screen	NOT DETECTED				QCRL

REFERENCE RANGE: NOT DETECTED

Culture should be performed on the initial positive
sample in order to recover the causative organism for
precise identification (C. neoformans vs. C. gattii)
and potential susceptibility testing.

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

Cryptococcal Ag Titer	.TNP				QCRL

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

E318000003
WX0000003039
Printed D&T: 11/18/22 13:47

Ordered By: CLIENT CLIENT
WX00000000001595

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1

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: 11/18/2022 13:48 Received: 11/18/2022 13:48

Test Name	Result	Flag	Ref-Ranges	Units	Site
Cryptococcal Ag, Latex Screen with Reflex to Titer					
Specimen Source	CSF				QCRL
Cryptococcal Ag Screen	**DETECTED**	**AB**			QCRL

REFERENCE RANGE: NOT DETECTED

Culture should be performed on the initial positive sample in order to recover the causative organism for precise identification (C. neoformans vs. C. gattii) and potential susceptibility testing.

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

Cryptococcal Ag Titer	**1:2**	**H**			QCRL

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

E318000004
WX0000003039
Printed D&T: 11/18/22 13:48

Ordered By: CLIENT CLIENT
WX00000000001595

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Inactivate Test With Replacement	
Effective Date	12/5/2022
Inactivated Test	
Name	GlycoMark (R)
Code	GLYM
Legacy Code[1]	GLYM
Interface Order Code	3427720
Notes	
Replacement Test	
Name	1,5-Anhydroglucitol Intermediate Glycemic Control
Code	15AGC
CPT Code(s)	84378
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Room temperature
Alternate Specimen	Plasma: Lavender EDTA
Rejection Criteria	Hemolysis; anticoagulants other than EDTA, unspun serum separator tubes
Stability	Room temperature: 7 days Refrigerated: 7 days Frozen: 28 days
Performing Information	
Methodology	Enzymatic
Reference Range	**AGE** — **Reference Range** < or = 1 year: Not established — Not established MALE: 2 - 17 years: — 15.0 - 38.0 mcg/mL MALE: > or = 18 years: — 7.3 - 36.6 mcg/mL FEMALE: 2 - 17 years: — 11.2 - 35.7 mcg/mL FEMALE: > or = 18 years: — 7.5 - 28.4 mcg/mL
Performed Days	Sunday, Tuesday, Thursday, Friday, Saturday

Turnaround Time	2 - 5 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code[1]	15AGC		
Interface Order Code	3400418		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400418	1,5-Anhydroglucitol Intermediate Glycemic Control	53835-5	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

DECEMBER 2022

Inactivate Test Without Replacement	
Effective Date	12/5/2022
Name	Tocainide (Tonocard), Serum/Plasma
Code	TOC
Legacy Code	TOC
Interface Code	3510550
Notes	