Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Update Notes

Update Summary		
New Test Activation	1/24/2023	MEPBP - "Meningitis/Encephalitis Panel by PCR"
New Test Activation	12/19/2022	TPRIP - "ThinPrep(R) Imaging Pap"
New Website Listing	12/19/2022	ETOHF - "Ethanol, Blood, Forensic"
New Website Listing	12/20/2022	GINPP - "Gastrointestinal Pathogen Panel, PCR, Feces"
Update Existing Test	1/23/2023	AOVAB - "Ovarian Antibody Screen with Reflex to Titer, IFA"
Update Existing Test	1/24/2023	CELIA - "Celiac Disease Panel with TTG and DGP"
Update Existing Test	1/24/2023	CELPS - "Celiac Screen without DGP"
Update Existing Test	1/9/2023	E77EQ - "Allergen - Parrot/Parakeet Droppings (E77) IgE"
Update Existing Test	1/31/2023	ENCS - "Encephalopathy, Autoimm/Paraneo, S"
Update Existing Test	12/20/2022	ETOHC - "Ethanol, Blood, Serum, or Plasma"
Update Existing Test	1/24/2023	GLIAA - "Gliadin Ab IgA, Deamidated"
Update Existing Test	1/24/2023	GLIAD - "Gliadin IgA/IgG Deamidated Abs"
Update Existing Test	1/24/2023	GLIAG - "Gliadin Ab IgG, Deamidated"
Update Existing Test	1/23/2023	HEOBA - "Helicobacter pylori Culture with Reflex to Susceptibility"
Update Existing Test	12/20/2022	ISOAC - "Isopropanol and Acetone"
Update Existing Test	1/23/2023	JCVQN - "JC Polyoma Virus DNA Quant RT PCR S/P"
Update Existing Test	12/20/2022	METHL - "Methanol"
Update Existing Test	12/20/2022	MNWB - "Manganese, Whole Blood"
Update Existing Test	12/19/2022	MTXS - "Methotrexate, Sensitive"
Update Existing Test	12/20/2022	SDS1A - "Drug Abuse Screen, Serum"
Update Existing Test	12/20/2022	SDSCC - "Drug Screen, Serum Comprehensive"
Update Existing Test	12/20/2022	SEYGC - "Ethylene Glycol"
Update Existing Test	1/24/2023	TTAG - "Tissue Transglutaminase IgA/IgG"
Update Existing Test	1/24/2023	TTGA - "Tissue Transglutaminase IgA"
Update Existing Test	1/24/2023	TTGG - "Tissue Transglutaminase IgG"
Update Existing Test	1/23/2023	ULIP - "Lipase-Urine"
Update Existing Test	12/20/2022	VOLAT - "Volatiles Screen"
Update Existing Test	12/19/2022	VORIC - "Voriconazole, LC-MS/MS, Serum"
Inactivate Test With Replacement	2/6/2023	BIACT - "Bile Acids, Total" replaced by BA - "Bile Acids, Fractionated And Total (4668X)"
Inactivate Test With Replacement	1/24/2023	CYCFS - "Cystic Fibrosis Screen" replaced by CFMPL - "Cystic Fibrosis Mutation Panel"

Inactivate Test With Replacement	1/24/2023	HCS14 - "Horizon 14 (PAN-ETHNIC STANDARD)" replaced by HSS14 - "Horizon 14 (PAN-ETHNIC STANDARD)"
Inactivate Test With Replacement	1/24/2023	HCS4 - "Horizon 4 (SMA, CF, FRAGILE X, DMD)" replaced by HSS4 - "Horizon 4 (SMA, CF, FRAGILE X, DMD)"
Inactivate Test With Replacement	1/24/2023	HCSMA - "Horizon SMA" replaced by HSSMA - "Horizon SMA"
Inactivate Test With Replacement	1/24/2023	MGPMD - "MGMT Promoter Methylation Detection" replaced by PRMET - "MGMT Promoter Methylation Det by ddPCR"
Inactivate Test Without Replacement	12/19/2022	MMDSI - "Multiple Myeloma, Daratumumab-Specific, Immunofixation"
Inactivate Test	1/24/2023	THPRP - "Cytology, ThinPrep Pap Test"

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New Test Activation	
Effective Date	1/24/2023
Name	Meningitis/Encephalitis Panel by PCR
Code	MEPBP
CPT Code(s)	87483
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Cerebrospinal fluid (CSF) *Specimen Preparation:* Send 0.5 mL CSF in a screw capped plastic vial. Do not centrifuge. *Minimum Volume:* 0.25 mL *Transport Temperature:* Refrigerated *New York DOH Approval Status:* Yes
Stability	Room temperature: 24 hours Refrigerated: 7 days Frozen: Unacceptable
Performing Information	
Methodology	Qualitative Polymerase Chain Reaction
Reference Range	Not Detected
Performed Days	Sunday - Saturday
Turnaround Time	2 - 4 days
Performing Laboratory	ARUP Reference Laboratory
Interface Information	
Legacy Code[1]	MEPBP
Interface Order Code	3600263

Result Code	Name	LOINC Code	AOE/Prompt[2]
3600266	Escherichia coli K1 by PCR	82182-7	No
3600268	Haemophilus influenzae by PCR	82183-5	No
3600272	Listeria monocytogenes by PCR	82184-3	No
3600273	Neisseria meningitidis by PCR	82185-0	No
3600275	Streptococcus agalactiae by PCR	82186-8	No
3600277	Streptococcus pneumoniae by PCR	82187-6	No
3600264	Cytomegalovirus by PCR	82189-2	No
3600267	Enterovirus by PCR	82194-2	No

3600270	Herpes simplex virus 1 by PCR	82190-0	No
3600271	Herpes simplex virus 2 by PCR	82191-8	No
3600269	Human herpesvirus 6 by PCR	82192-6	No
3600274	Human parechovirus by PCR	82193-4	No
3600276	Varicella zoster virus by PCR	82188-4	No
3600265	Cryptococcus neoformans/gattii by PCR	82181-9	No

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New Test Activation			
Effective Date	12/19/2022		
Name	ThinPrep(R) Imaging Pap		
Code	TPRIP		
CPT Code(s)	88175		
Notes			
Specimen Requirements			
Specimen Required	*Collect:* Cervical specimen *Specimen Preparation:* Send Pap sample collected in 1 ThinPrep® pap vial. *Minimum Volume:* 1 ThinPrep vial *Transport Temperature:* Room temperature *New York DOH Approval Status:* No		
Rejection Criteria	Cervical swabs in Digene® HC cervical sampler. Digene vials. Swabs. Samples received frozen.		
Stability	Room Temperature: 42 days Refrigerated: Unacceptable Frozen: Unacceptable		
Performing Information			
Methodology	Hologic ThinPrep® System		
Reference Range	See report.		
Performed Days	Monday - Friday		
Turnaround Time	5 – 7 days		
Performing Laboratory	Quest SJC performed at Quest Chantilly		
Interface Information			
Legacy Code[1]	TPRIP		
Interface Order Code	3400727		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3400728	Report Status:	8251-1	No
3400729	Clinical Information:	55752-0	**Yes**
3400730	LMP:	8665-2	**Yes**
3400731	Prev. Pap:	60432-2	**Yes**
3400732	Prev. Bx:	60431-4	**Yes**
3400733	Source:	19763-2	**Yes**

3400734	Statement of Adequacy:	19764-0	No
3400735	General Categorization:	19762-4	No
3400736	Interpretation/Result:	10524-7	No
3400737	Infection:	49034-2	No
3400738	Comment:	19774-9	No
3400739	Cytotechnologist:	19767-3	No
3400740	Review Cytotechnologist:	19767-3	No
3400741	Pathologist:	19769-9	No

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New Website Listing	
Effective Date	12/19/2022
Name	Ethanol, Blood, Forensic
Code	ETOHF
CPT Code(s)	80320 (G0480)
Notes	
Specimen Requirements	
Specimen Required	*Patient Preparation:* Specimen must be collected as a Chain of Custody, and accompanied by a Warde Chain of Custody requisition. **Interfacing for forensic testing is not available at this time.** *Collect:* Gray sodium fluoride. Use non-alcohol swabs during collection. *Specimen Preparation:* Send 5.0 mL whole blood, refrigerated. Do not remove cap from collection tube. Follow Chain of Custody collection protocol. *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Serum from Red top, green sodium or lithum heparin
Rejection Criteria	Serum separator tube (SST), any tubes containing gel
Stability	Room temperature: 48 hours Refrigerated: 7 days Frozen: Whole blood: Unacceptable; Plasma/Serum/Urine: 30 days
Performing Information	
Methodology	Gas Chromatography/Flame Ionization Detector
Reference Range	Decision Level: 10 mg/dL Low toxic: >300 mg/dL
Performed Days	Sunday - Saturday
Turnaround Time	1 day
Performing Laboratory	Warde Medical Laboratory
Interface Information	
Legacy Code[1]	ETOHF
Interface Order Code	Not interfaced

New Website Listing			
Effective Date	12/20/2022		
Name	Gastrointestinal Pathogen Panel, PCR, Feces		
Code	GINPP		
CPT Code(s)	87507		
Notes			
Specimen Requirements			
Specimen Required	*Collect:* Stool *Specimen Preparation:* Place 1.0 g or 5.0 mL of fresh stool Carey Blair media (15 mL of non-nutritive transport medium containing phenol red as a pH indicator) within 2 hours of collection. *Miniumum Volume:* 1.0 mL *Transport Temperature:* Room temperature *New York Approved:* Yes		
Alternate Specimen	Para-Pak C and S, Meridian		
Rejection Criteria	Unpreserved stool. Specimens containing formalin (SAF, PVA, EcoFix). Endoscopy specimen. Swabs (Cary-Blair, rectal, stool, Gel). Commercial transport media (ETM, AlphaTec, Para-Pak Enteric Plus, C and S Transport Medium, Copan FecalSwab/Eswab		
Stability	Room temperature: 4 days Refrigerated: 4 days Frozen: Unacceptable		
Performing Information			
Methodology	Multiplex Polymerase Chain Reaction (PCR)		
Reference Range	See report		
Performed Days	Monday - Sunday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			
Legacy Code[1]	GINPP		
Interface Order Code	3800016		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3800017	Specimen Source	31208-2	No

3800018	Campylobacter speices	82196-7	No
3800019	C. difficile toxin	82197-5	No
3800020	Plesiomonas shigelloides	82198-3	No
3800021	Salmonella species	82199-1	No
3800022	Vibrio species	82200-7	No
3800023	Vibrio cholerae	82201-5	No
3800024	Yersinia species	82202-3	No
3800025	Enteroaggregative e. coli (EAEC)	80349-4	No
3800026	Enteropathogenic E. coli (EPEC)	80348-6	No
3800027	Enterotoxigenic E coli (ETEC)	80351-0	No
3800028	Shiga toxin producing E. coli	82203-1	No
3800029	Escherichia coli O157 serotype	82204-9	No
3800030	Shigella/Enteroinvasive E. coli	80350-2	No
3800031	Cryptosporidium species	82205-6	No
3800032	Cyclospora cayetanensis	82206-4	No
3800033	Entamoeba histoytica	82207-2	No
3800034	Giardia	82208-0	No
3800035	Adenovirus F40/41	82209-8	No
3800036	Astrovirus	82210-6	No
3800037	Norovirus GI/GII	82211-4	No
3800038	Rotavirus	82212-2	No
3800039	Sapovirus	82213-0	No
3800040	Interpretation	59464-8	No

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Update Existing Test	
Effective Date	1/23/2023
Name	Anti-Ovarian Ab
Code	AOVAB
Interface Order Code	3508250
Legacy Code	OVARNAB
Notes	Updates to test name and reference range.
Required Testing Changes	
Name	**Ovarian Antibody Screen with Reflex to Titer, IFA**
Reference Range	Result Name Reference Range Ovarian Antibody Screen Negative Ovarian antibody screen is a 1:5 dilution **Anti-Ovary Ab Titer <1:5**

Update Existing Test	
Effective Date	1/24/2023
Name	Celiac Disease Panel with TTG and DGP
Code	CELIA
Interface Order Code	3084760
Legacy Code	CELIADP
Notes	Updates to specimen requirements, alternate specimen, rejection criteria, stability, methodology, reference range and turnaround time.
Required Testing Changes	
Specimen Required	***New York DOH Approval Status:*** **Yes**
Alternate Specimen	**Plasma: EDTA**
Rejection Criteria	**Heparinized plasma, hemolysis, lipemia**
Stability	Room temperature: 8 hours **Refrigerated: 14 days** **Frozen: Undetermined**
Methodology	**Fluorescent Enzyme Immunoassay**
Reference Range	**<7 U/mL Negative** **7 - 10 U/mL Equivocal** **>10 U/mL Positive**
Turnaround Time	**1 - 2 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Update Existing Test	
Effective Date	1/24/2023
Name	Celiac Screen without DGP
Code	CELPS
Interface Order Code	3084780
Legacy Code	CELPS
Notes	Updates to specimen requirements, alternate specimen, rejection criteria, stability, methodology, reference range and turnaround time.
Required Testing Changes	
Specimen Required	***New York DOH Approval Status:*** **Yes**
Alternate Specimen	**Plasma: EDTA**
Rejection Criteria	**Heparinized plasma, hemolysis, lipemia**
Stability	Room temperature: 8 hours **Refrigerated: 14 days** **Frozen: Undetermined**
Methodology	**Fluorescent Enzyme Immunoassay**
Reference Range	**<7 U/mL Negative** **7 - 10 U/mL Equivocal** **>10 U/mL Positive**
Turnaround Time	**1 - 2 days**

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TEST DIRECTORY UPDATE

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Update Existing Test	
Effective Date	1/9/2023
Name	Allergen - Parrot/Parakeet Droppings (E77) IgE
Code	E77EQ
Interface Order Code	3723730
Legacy Code	E77EQ
Notes	Updates to specimen requirements, alternate specimens, rejection criteria, reference range, and performing location.
Required Testing Changes	
Specimen Required	***Collect:*** **Red top** *Specimen Preparation:* Centrifuge, separate serum from cells and send **0.5 mL** serum in a screw capped plastic vial. ***Minimum Volume:*** **340 uL** ***Transport Temperature:*** **Room temperature** ***New York DOH Approval Status:*** **Yes**
Alternate Specimen	**No alternate specimens.**
Rejection Criteria	**Lipemic samples may be rejected.**
Stability	**Room temperature: 4 weeks** **Refrigerated: 4 weeks** **Frozen: Undetermined**
Methodology	**ImmunoCAP® FEIA**
Reference Range	**Class / IgE (kU/L) / Comment** **0 / <0.10 / Negative** **0/1 / 0.10-0.34 / Equivocal/Borderline** **1 / 0.35-0.69 / Low Positive** **2 / 0.70-3.49 / Moderate Positive** **3 / 3.50-17.49 / High Positive** **4 / 17.50-49.99 / Very High Positive** **5 / 50.00-99.99 / Very High Positive** **6 / >99.99 / Very High Positive**
Performed Days	**Varies**
Performing Laboratory	**Viracor Eurofins**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Update Existing Test	
Effective Date	1/31/2023
Name	Encephalopathy, Autoimm/Paraneo, S
Code	ENCS
Interface Order Code	3800079
Legacy Code	ENCS
Notes	Update to age requirement for patient.
Required Testing Changes	
Specimen Required	*Patient Preparation:* Patient should have no general anesthetic or muscle-relaxant drugs in 24 hours prior to draw. Collection is recommended before starting immunosuppressant therapy. Due to potential interference, test should not be requested in patients who recently have been given radioisotopes diagnostically or therapeutically. The waiting period before specimen collection will depend on the isotope administered, the dose given and individual clearance rate. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received will be held for 1 week and assayed if sufficiently decayed, or canceled if radioactivity remains. **Test is intended for adult patients ages 18 and above.**

Update Existing Test	
Effective Date	12/20/2022
Name	Ethanol, Blood, Serum, or Plasma
Code	ETOHC
Interface Order Code	1750410
Legacy Code	ETOH
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST) and **any tubes containing gel**

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TEST DIRECTORY UPDATE

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Update Existing Test	
Effective Date	1/24/2023
Name	Gliadin Ab IgA, Deamidated
Code	GLIAA
Interface Order Code	3015000
Legacy Code	GLIAA
Notes	Updates to specimen requirements, alternate specimen, rejection criteria, stability, methodology, reference range and turnaround time.
Required Testing Changes	
Specimen Required	***New York DOH Approval Status:*** **Yes**
Alternate Specimen	**Plasma: EDTA**
Rejection Criteria	**Heparinized plasma, hemolysis, lipemia**
Stability	Room temperature: 8 hours **Refrigerated: 14 days** **Frozen: Undetermined**
Methodology	**Fluorescent Enzyme Immunoassay**
Reference Range	**<7 U/mL Negative** **7 - 10 U/mL Equivocal** **>10 U/mL Positive**
Turnaround Time	**1 - 2 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Update Existing Test	
Effective Date	1/24/2023
Name	Gliadin IgA/IgG Deamidated Abs
Code	GLIAD
Interface Order Code	3015030
Legacy Code	GLIADAG
Notes	Updates to specimen requirements, alternate specimen, rejection criteria, stability, methodology, reference range and turnaround time.
Required Testing Changes	
Specimen Required	***New York DOH Approval Status:*** **Yes**
Alternate Specimen	**Plasma: EDTA**
Rejection Criteria	**Heparinized plasma, hemolysis, lipemia**
Stability	Room temperature: 8 hours **Refrigerated: 14 days** **Frozen: Undetermined**
Methodology	**Fluorescent Enzyme Immunoassay**
Reference Range	**<7 U/mL Negative** **7 - 10 U/mL Equivocal** **>10 U/mL Positive**
Turnaround Time	**1 - 2 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Update Existing Test	
Effective Date	1/24/2023
Name	Gliadin Ab IgG, Deamidated
Code	GLIAG
Interface Order Code	3015010
Legacy Code	GLIAG
Notes	Updates to specimen requirements, alternate specimen, rejection criteria, stability, methodology, reference range and turnaround time.
Required Testing Changes	
Specimen Required	***New York DOH Approval Status:*** **Yes**
Alternate Specimen	**Plasma: EDTA**
Rejection Criteria	**Heparinized plasma, hemolysis, lipemia**
Stability	Room temperature: 8 hours **Refrigerated: 14 days** **Frozen: Undetermined**
Methodology	**Fluorescent Enzyme Immunoassay**
Reference Range	**<7 U/mL Negative** **7 - 10 U/mL Equivocal** **>10 U/mL Positive**
Turnaround Time	**1 - 2 days**

Update Existing Test	
Effective Date	1/23/2023
Name	Helicobacter pylori Culture with Reflex to Susceptibility
Code	HEOBA
Interface Order Code	3400451
Legacy Code	HEOBA
Notes	Update to transport temperature and reference range.
Required Testing Changes	
Specimen Required	***Transport Temperature:*** **Brucella Broth or equivalent with glycerol: -10 degrees Celcius** **Broth with or without glycerol, or sterile non-bacteriostatic saline: Refrigerated**
Reference Range	**Result Name — Reference Range** **Gram Stain — No curved Gram-negative bacilli seen** **Culture — No Helicobacter pylori isolated**

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Update Existing Test	
Effective Date	12/20/2022
Name	Isopropanol and Acetone
Code	ISOAC
Interface Order Code	1755050
Legacy Code	ISO+ACE
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST) and **any tubes containing gel**

Update Existing Test			
Effective Date	1/23/2023		
Name	JC Polyoma Virus DNA Quant RT PCR S/P		
Code	JCVQN		
Interface Order Code	3400637		
Legacy Code	JCVQN		
Notes	Update to units.		
Required Testing Changes			
Reference Range	Result Name	Reference Range	Unit of Measure
	JC Virus DNA, QN PCR	Not Detected	**IU/mL**
	JC Virus DNA, QN PCR	Not Detected	**Log IU/mL**

Update Existing Test	
Effective Date	12/20/2022
Name	Methanol
Code	METHL
Interface Order Code	1755020
Legacy Code	METHA
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST) and **tubes containing gel**

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TEST DIRECTORY UPDATE

JANUARY 2023

Update Existing Test			
Effective Date	12/19/2022		
Name	Manganese, Whole Blood		
Code	MNWB		
Interface Order Code	3681120		
Legacy Code	MANBAR		
Notes	Correction to LOINC code.		
Required Testing Changes			
Result Code	**Name**	**LOINC Code**	**AOE/Prompt²**
3681120	Manganese, Whole Blood	**5681-2**	No

Update Existing Test	
Effective Date	12/19/2022
Name	Methotrexate, Sensitive
Code	MTXS
Interface Order Code	3620520
Legacy Code	MTXAR
Notes	Updates to specimen preparation, stability, alternate specimen and reference range.
Required Testing Changes	
Specimen Required	*Specimen Preparation:* Centrifuge, separate serum from cells within 2 hours of collection and send 3.0 mL serum in an amber screw capped plastic vial. *Please note, this sample is no longer required to be protected from light.*
Alternate Specimen	**Plasma: Lavender EDTA, green or sodium lithium heparin**
Rejection Criteria	**Serum separator tube (SST)**
Stability	Room temperature: 4 hours **Refrigerated: 14 days** Frozen: 6 months
Reference Range	**Therapeutic Range** **Low dose 0.50-1.00 µmol/L** **High dose/24 hours 5.00 µmol/L or less** **48 hours 0.50 µmol/L or less** **72 hours 0.10 µmol/L or less**

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TEST DIRECTORY UPDATE

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Update Existing Test	
Effective Date	12/20/2022
Name	Drug Abuse Screen, Serum
Code	SDS1A
Interface Order Code	1800400
Legacy Code	SDS
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), gross hemolysis, lipemia, **any tubes containing gel**

Update Existing Test	
Effective Date	12/20/2022
Name	Drug Screen, Serum Comprehensive
Code	SDSCC
Interface Order Code	1800410
Legacy Code	SDSC
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), lipemia, gross hemolysis, **any tubes containing gel**

Update Existing Test	
Effective Date	12/20/2022
Name	Ethylene Glycol
Code	SEYGC
Interface Order Code	1754990
Legacy Code	ETHGL
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Whole blood, SST, **any tube containing gel**

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Update Existing Test	
Effective Date	1/24/2023
Name	Tissue Transglutaminase IgA/IgG
Code	TTAG
Interface Order Code	3017280
Legacy Code	TTAG
Notes	Updates to specimen requirements, alternate specimen, rejection criteria, stability, methodology, reference range and turnaround time.
Required Testing Changes	
Specimen Required	***New York DOH Approval Status:*** **Yes**
Alternate Specimen	**Plasma: EDTA**
Rejection Criteria	**Heparinized plasma, hemolysis, lipemia**
Stability	Room temperature: 8 hours **Refrigerated: 14 days** **Frozen: Undetermined**
Methodology	**Fluorescent Enzyme Immunoassay**
Reference Range	**<7 U/mL Negative** **7 - 10 U/mL Equivocal** **>10 U/mL Positive**
Turnaround Time	**1 - 2 days**

Warde Medical Laboratory

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Update Existing Test	
Effective Date	1/24/2023
Name	Tissue Transglutaminase IgA
Code	TTGA
Interface Order Code	3017300
Legacy Code	TTG
Notes	Updates to specimen requirements, alternate specimen, rejection criteria, stability, methodology, reference range and turnaround time.
Required Testing Changes	
Specimen Required	***New York DOH Approval Status:*** **Yes**
Alternate Specimen	**Plasma: EDTA**
Rejection Criteria	**Heparinized plasma, hemolysis, lipemia**
Stability	Room temperature: 8 hours **Refrigerated: 14 days** **Frozen: Undetermined**
Methodology	**Fluorescent Enzyme Immunoassay**
Reference Range	**<7 U/mL Negative** **7 - 10 U/mL Equivocal** **>10 U/mL Positive**
Turnaround Time	**1 - 2 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Update Existing Test	
Effective Date	1/24/2023
Name	Tissue Transglutaminase IgG
Code	TTGG
Interface Order Code	3017350
Legacy Code	TTGG
Notes	Updates to specimen requirements, alternate specimen, rejection criteria, stability, methodology, reference range and turnaround time.
Required Testing Changes	
Specimen Required	***New York DOH Approval Status:*** **Yes**
Alternate Specimen	**Plasma: EDTA**
Rejection Criteria	**Heperinized plasma, hemolysis, lipemia**
Stability	Room temperature: 8 hours **Refrigerated: 14 days** **Frozen: Undetermined**
Methodology	**Fluorescent Enzyme Immunoassay**
Reference Range	**< 7 U/mL Negative** **7 - 10 U/mL Equivocal** **>10 U/mL Positive**
Turnaround Time	**1 - 2 days**

Update Existing Test	
Effective Date	1/23/2023
Name	Lipase-Urine
Code	ULIP
Interface Order Code	3504380
Legacy Code	ULIP
Notes	Updates to reference range and performed days.
Required Testing Changes	
Reference Range	**≤ 17 Years: Not Established** **≥ 18 Years: <= 4 U/L** ***Reference ranges do not apply for 24 hour urine.**
Performed Days	**Wednesday, Saturday**

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Update Existing Test	
Effective Date	12/20/2022
Name	Volatiles Screen
Code	VOLAT
Interface Order Code	1755005
Legacy Code	VOLATIL
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST) and **any tubes containing gel**

Update Existing Test	
Effective Date	12/13/2022
Name	Voriconazole, LC-MS/MS, Serum
Code	VORIC
Interface Order Code	3804240
Legacy Code	VORICON
Notes	Updates to stability and rejection criteria.
Required Testing Changes	
Rejection Criteria	**Whole blood, serum separator tube (SST), gel separator tubes, yellow ACD plasma, sodium heparin plasma**
Stability	**Room temperature: 14 days** **Refrigerated: 14 days** Frozen: 30 days

Inactivate Test With Replacement	
Effective Date	2/6/2023
Inactivated Test	
Name	Bile Acids, Total
Code	BIACT
Legacy Code[1]	BILEACTSP
Interface Order Code	3717900
Notes	Additional recommended alternate: BAFTP - Bile Acids, Fractionated and Total, Pregnancy
Replacement Test	
Name	Bile Acids, Fractionated And Total (4668X)
Code	**01/11/23: Please see BACF [3420000] Bile Acids, Fractionated and Total for replacement.**
CPT Code(s)	82542
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge and separate serum from cells after clot formation. Send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.2 mL *Transport Temperature:* Room temperature *New York DOH Approval Status:* No
Alternate Specimen	Red top
Stability	Room temperature: 14 days Refrigerated: 21 days Frozen: 30 days
Performing Information	
Methodology	Chromatography/Mass Spectrometry
Reference Range	Cholic Acid ≤1.8 umol/L Deoxycholic Acid ≤2.4 umol/L Chenodeoxycholic Acid ≤3.1 umol/L Total Bile Acids ≤6.8 umol/L

Performed Days	Sunday - Friday		
Turnaround Time	4 - 6 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code[1]	BACF		
Interface Order Code	3420000		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3420010	Cholic Acid	30518-5	No
3420020	Deoxycholic Acid	30520-1	No
3420030	Chenodeoxycholic Acid	30519-3	No
3420040	Total Bile Acids	14628-2	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Inactivate Test With Replacement	
Effective Date	1/24/2023
Inactivated Test	
Name	Cystic Fibrosis Screen
Code	CYCFS
Legacy Code[1]	CYCFS
Interface Order Code	3400629
Notes	
Replacement Test	
Name	Cystic Fibrosis Mutation Panel
Code	CFMPL
CPT Code(s)	81220
Notes	
Specimen Requirements	
Specimen Required	*Collection:* Lavender top tube *Specimen Preparation:* Send 3.0 mL whole blood. *Minimum Volume:* 1.0 mL *Transport Temperature:* Room temperature *New York DOH Approval Status:* No
Alternate Specimen	ACD tubes
Rejection Criteria	Serum, plasma, heparinized whole blood, tissue specimens, frozen specimens
Stability	Room temperature: 5 days Refrigerated: 7 days (pending validation) Frozen: Unacceptable
Performing Information	
Methodology	Multiplex Polymerase Chain Reaction (PCR); Luminex TA Sording
Reference Range	See Report
Performed Days	Monday, Wednesday, Friday
Turnaround Time	4 - 6 days

Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code[1]	CFMPL		
Interface Order Code	3070431		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3070432	Cystic Fibrosis Mutation Analysis	Not available	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Inactivate Test With Replacement	
Effective Date	1/24/2023
Inactivated Test	
Name	Horizon 14 (PAN-ETHNIC STANDARD)
Code	HCS14
Legacy Code[1]	HCS14
Interface Order Code	3302825
Notes	
Replacement Test	
Name	Horizon 14 (PAN-ETHNIC STANDARD)
Code	HSS14
CPT Code(s)	81479 (or 81200, 81220, 81243, 81251, 81255, 81257, 81260, 81329, 81361, 81400, 81401, 81405, 81408, 81161)
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Special kit *Specimen Preparation:* Special kit required for blood collection. Please call lab for kit. *Transport Temperature:* Room temperature *New York DOH Approval Status:* Yes
Rejection Criteria	Specimens received refrigerated or frozen
Stability	Room temperature: 7 days Refrigerated: Unacceptable Frozen: Unacceptable
Performing Information	
Methodology	Copy number analysis, Next - generation sequencing, Polymerase chain reaction, Genotyping, Sanger sequencing
Reference Range	See report
Performed Days	Monday - Friday
Turnaround Time	12 - 16 days
Performing Laboratory	Natera
Interface Information	
Legacy Code[1]	HSS14

Interface Order Code	3302872		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt²**
3302829	Ethnicity of Patient	Not available	**Yes**
3302864	Authorize Natera to share result with partner/physician?	Not available	**Yes**
3302827	Is this patient pregnant?	Not available	**Yes**
3302865	Natera to follow up with patient for sample collection?	Not available	**Yes**
3302836	Partner's DOB (MMDDYYYY)	Not available	**Yes**
3302835	Partner's name (LAST NAME, FIRST NAME)	Not available	**Yes**
3302866	Partner's phone number	Not available	**Yes**
3302867	HIPAA consent obtained and available to Natera upon request	Not available	**Yes**
3302868	Specimen type (BLOOD/SALIVA)	Not available	**Yes**
3302826	Tay-Sachs Enzyme Add-on	Not available	**Yes**
3302834	What type of billing?	Not available	**Yes**
3302873	Test medically necessary/Pt. informed,consented?	Not available	**Yes**
3302869	Report Summary	98039-1	No
3302837	Cystic Fibrosis	38404-0	No
3302838	Duchenne/Becker Muscular Dystrophy	50626-1	No
3302839	Fragile X Syndrome	64417-6	No
3302840	Spinal Muscular Atrophy	35462-1	No
3302841	Alpha-Thalassemia	Not available	No
3302842	Beta-Hemoglobinopathies	Not available	No
3302843	Canavan Disease	Not available	No
3302844	Familial Dysautonomia	Not available	No
3302845	Gaucher Disease	Not available	No
3302846	Galactosemia	Not available	No
3302847	Medium Chain Acyl-CoA Dehydrogenase Deficiency	Not available	No
3302848	Polycystic Kidney Disease, Autosomal Recessive	Not available	No
3302849	Smith-Lemli-Opitz Syndrome	Not available	No
3302851	Tay-Sachs Disease (DNA only)	49253-5	No
3302853	Panel Notes	Not available	No
3302854	Report Note	86467-8	No
3302855	Footnotes	62364-5	No

Inactivate Test With Replacement	
Effective Date	1/24/2023
Inactivated Test	
Name	Horizon 4 (SMA, CF, FRAGILE X, DMD)
Code	HCS4
Legacy Code[1]	HCS4
Interface Order Code	3302824
Notes	
Replacement Test	
Name	Horizon 4 (SMA, CF, FRAGILE X, DMD)
Code	HSS4
CPT Code(s)	81479 (or 81220, 81243, 81329, 81408, 81161)
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Special kit *Specimen Preparation:* Special kit required for blood collection. Please call lab for kit. *Transport Temperature:* Room temperature *New York DOH Approval Status:* Yes
Rejection Criteria	Specimens received refrigerated or frozen
Stability	Room temperature: 7 days Refrigerated: Unacceptable Frozen: Unacceptable
Performing Information	
Methodology	Copy number analysis, Next - generation sequencing, Polymerase chain reaction, Genotyping, Sanger sequencing
Reference Range	See report
Performed Days	Monday - Friday
Turnaround Time	12 - 16 days
Performing Laboratory	Natera
Interface Information	
Legacy Code[1]	HSS4
Interface Order Code	3302871

Result Code	Name	LOINC Code	AOE/Prompt[2]
3302829	Ethnicity of Patient	Not available	**Yes**
3302864	Authorize Natera to share result with partner/physician?	Not available	**Yes**
3302827	Is this patient pregnant?	Not available	**Yes**
3302865	Natera to follow up with patient for sample collection?	Not available	**Yes**
3302836	Partner's DOB (MMDDYYYY)	Not available	**Yes**
3302835	Partner's name (LAST NAME, FIRST NAME)	Not available	**Yes**
3302866	Partner's phone number	Not available	**Yes**
3302867	HIPAA consent obtained and available to Natera upon request	Not available	**Yes**
3302868	Specimen type (BLOOD/SALIVA)	Not available	**Yes**
3302826	Tay-Sachs Enzyme Add-on	Not available	**Yes**
3302834	What type of billing?	Not available	**Yes**
3302869	Report Summary	98039-1	No
3302837	Cystic Fibrosis	38404-0	No
3302838	Duchenne/Becker Muscular Dystrophy	50626-1	No
3302839	Fragile X Syndrome	64417-6	No
3302840	Spinal Muscular Atrophy	35462-1	No
3302851	Tay-Sachs Disease (DNA only)	49253-5	No
3302853	Panel Notes	Not available	No
3302854	Report Note	86467-8	No
3302855	Footnotes	62364-5	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Inactivate Test With Replacement	
Effective Date	1/24/2023
Inactivated Test	
Name	Horizon SMA
Code	HCSMA
Legacy Code[1]	HCSMA
Interface Order Code	3302823
Notes	
Replacement Test	
Name	Horizon SMA
Code	HSSMA
CPT Code(s)	81329 (or 81479)
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Special kit *Specimen Preparation:* Special kit required for blood collection. Please call lab for kit. *Transport Temperature:* Room temperature *New York DOH Approval Status:* Yes
Rejection Criteria	Specimens received refrigerated or frozen
Stability	Room temperature: 7 days Refrigerated: Unacceptable Frozen: Unacceptable
Performing Information	
Methodology	Copy number analysis, Next - generation sequencing, Polymerase chain reaction, Genotyping, Sanger sequencing
Reference Range	See report
Performed Days	Monday - Friday
Turnaround Time	12 - 16 days
Performing Laboratory	Natera
Interface Information	
Legacy Code[1]	HSSMA
Interface Order Code	3302870

Result Code	Name	LOINC Code	AOE/Prompt[2]
3302829	Ethnicity of Patient	Not available	**Yes**
3302864	Authorize Natera to share result with partner/physician?	Not available	**Yes**
3302827	Is this patient pregnant?	Not available	**Yes**
3302865	Natera to follow up with patient for sample collection?	Not available	**Yes**
3302836	Partner's DOB (MMDDYYYY)	Not available	**Yes**
3302835	Partner's name (LAST NAME, FIRST NAME)	Not available	**Yes**
3302866	Partner's phone number	Not available	**Yes**
3302867	HIPAA consent obtained and available to Natera upon request	Not available	**Yes**
3302868	Specimen type (BLOOD/SALIVA)	Not available	**Yes**
3302834	What type of billing?	Not available	**Yes**
3302840	Spinal Muscular Atrophy	35462-1	No
3302853	Panel Notes	Not available	No
3302854	Report Note	86467-8	No
3302855	Footnotes	62364-5	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Inactivate Test With Replacement	
Effective Date	1/24/2023
Inactivated Test	
Name	MGMT Promoter Methylation Detection
Code	MGPMD
Legacy Code[1]	MGPMD
Interface Order Code	3600174
Notes	
Replacement Test	
Name	MGMT Promoter Methylation Det by ddPCR
Code	PRMET
CPT Code(s)	81287
Notes	
Specimen Requirements	
Specimen Required	*Collect:* Tumor tissue *Specimen Preparation:* Send formalin-fixed tissue and/or paraffin embedded tissue. Send tissue block or 5 unstained 5-micron slides. Protect from excessive heat. Tissue block will be returned after testing. Please include pathology report. If sending multiple samples, please indicate that the ARUP pathologist should choose the specimen most appropriate for testing, or submit individual orders for each sample submitted. *Minimum Volume:* 3 slides *Transport Temperature:* Room temperature *New York DOH Approval Status:* No
Rejection Criteria	Specimens fixed/processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives (B-4 or B-5). Decalcified specimens. Less than 25 percent tumor.
Stability	Room Temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable
Performing Information	
Methodology	Droplet Digital PCR (ddPCR)
Reference Range	See report

Performed Days	Sunday - Saturday		
Turnaround Time	10 – 14 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code[1]	PRMET		
Interface Order Code	3600217		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3600218	MGMT METH Result	Not available	No
3600219	MGMT METH Specimen	Not available	No
3600220	Block ID	57723-9	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2023

Inactivate Test Without Replacement	
Effective Date	12/19/2022
Name	Multiple Myeloma, Daratumumab-Specific, Immunofixation
Code	MMDSI
Legacy Code	MMDSI
Interface Code	3400357
Notes	

Inactivate Test	
Effective Date	1/24/2023
Name	Cytology, ThinPrep Pap Test
Code	THPRP
Legacy Code	THPRP
Interface Code	3662000
Notes	Suggested replacement is new build TPRIP [3400727] - ThinPrep Imaging Pap.