

Update Notes

Please see corrections for test code SMNCS.

Update Summary

New Test Activation	2/27/2023	PPSEE - "Pumpkin Seed (f226) IgE"
Update Existing Test	2/6/2023	CFMPL - "Cystic Fibrosis Mutation Panel"
Correction to Existing Test	2/3/2023	SMNCS - "Spinal Muscular Atrophy Carrier Screening"
Update Existing Test	2/6/2023	SRALQ - "Serotonin Release Assay, LMWH"
Inactivate Test With Replacement	2/21/2023	FLCHY - "Chylomicron Screen, Body Fluid" replaced by TBFCE - "TRG BF with RFLX to CHYLO"
Inactivate Test With Replacement	3/28/2023	HYPPN - "Hypersensitivity Pneumonitis Extended" replaced by HSPNE - "Hypersensitivity Pneumonitis Extended"
Inactivate Test With Replacement	2/21/2023	IABGM - "Influenza A and B Virus Abs, IgG, IgM" replaced by INABS - "Influenza Type A and B Antibodies, Serum"

New Test Activation			
Effective Date	2/27/2023		
Name	Pumpkin Seed (f226) IgE		
Code	PPSEE		
CPT Code(s)	86003		
Notes			
Specimen Requirements			
Specimen Required	<p><i>Collect:</i> Serum separator tube (SST)</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 0.3 mL serum in a screw capped plastic vial.</p> <p><i>Minimum Volume:</i> 0.2 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p> <p><i>New York DOH Approval Status:</i> No</p>		
Alternate Specimen	Serum: Red top		
Stability	Room temperature: 14 days Refrigerated: 14 days Frozen: 30 days		
Performing Information			
Methodology	Immunoassay		
Reference Range	See report.		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Quest Valencia		
Interface Information			
Legacy Code¹	PPSEE		
Interface Order Code	3700107		
Result Code	Name	LOINC Code	AOE/Prompt²
3700108	Pumpkin seed (f226) IgE	1193-0	No
3700109	Class	15967-3	No

Update Existing Test	
Effective Date	2/6/2023
Name	Cystic Fibrosis Mutation Panel
Code	CFMPL
Interface Order Code	3070431
Legacy Code	CFMPL
Notes	Updates to stability and Z-Code added.
Required Testing Changes	
CPT Code(s)	81220 ZB754
Stability	Room temperature: 3 days Refrigerated: 7 days Frozen: 30 days

Update Existing Test			
Effective Date	2/3/2023		
Name	Spinal Muscular Atrophy Carrier Screening		
Code	SMNCS		
Interface Order Code	3800298		
Legacy Code			
Notes	Correction to Interface Order Code and Resulting Codes.		
Required Testing Changes			
Interface Order Code	3800298		
Result Code	Name	LOINC Code	AOE/Prompt ²
3800299	Result Summary	50397-9	No
3800301	Result	49857-6	No
3800292	Interpretation	69047-9	No
3800293	Additional Information	48767-8	No
3800294	Specimen	31208-2	No
3800295	Source	31208-2	No
3800296	Released by	18771-6	No
3800297	Informed Consent on file? <i>Suggested Responses:</i> Y – For Yes N – For No U – For Unknown N/A – For not applicable; Use if consent is not required by patient's State.	Not available	Yes

Update Existing Test	
Effective Date	2/6/2023
Name	Serotonin Release Assay, LMWH
Code	SRALQ
Interface Order Code	3422600
Legacy Code	SRALMWHQ
Notes	Update to New York Approval Status.
Required Testing Changes	
Specimen Required	<i>New York Approval Status:</i> Yes

Inactivate Test With Replacement	
Effective Date	2/21/2023
Inactivated Test	
Name	Chylomicron Screen, Body Fluid
Code	FLCHY
Legacy Code¹	FLCHYLO
Interface Order Code	3514820
Notes	
Replacement Test	
Name	TRG BF with RFLX to CHYLO
Code	TBFCE
CPT Code(s)	84478; if reflexed, add 82664
Notes	
Specimen Requirements	
Specimen Required	<p><i>Patient Preparation:</i> If Triglyceride concentration is 25-200 mg/dL, then Chylomicron Electrophoresis testing will be added.</p> <p><i>Collect:</i> Body fluid (Drain, pericardial, peritoneal/ascites, or pleural fluid)</p> <p><i>Specimen Preparation:</i> Send 1.0 mL body fluid in a screw capped plastic vial. Indicate source.</p> <p><i>Minimum Volume:</i> 0.5 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p> <p><i>New York DOH Approval Status:</i> No</p>
Rejection Criteria	Specimen types other than those listed. Specimens too viscous to be aspirated by instrument.
Stability	Room temperature: 48 hours Refrigerated: 7 days Frozen: 3 months
Performing Information	
Methodology	Quantitative Enzymatic/Electrophoresis
Reference Range	See report
Performed Days	Thursday

Turnaround Time	3 - 10 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code¹	TBFCE		
Interface Order Code	3600254		
Result Code	Name	LOINC Code	AOE/Prompt²
3600255	Triglycerides, Fluid	12228-3	No
3600256	Triglycerides Fluid Source <i>Accepted Sources and responses:</i> Abdomen Ascites fluid Chest Drain Paracentesis Pericardial fl Peritoneal fl Pleural fluid Thoracentesis	31208-2	Yes
3600257	Chylomicron Screen, Body Fluid	33009-2	No

Inactivate Test With Replacement	
Effective Date	3/28/2023
Inactivated Test	
Name	Hypersensitivity Pneumonitis Extended
Code	HYPPN
Legacy Code¹	HYPPN
Interface Order Code	3600116
Notes	
Replacement Test	
Name	Hypersensitivity Pneumonitis Extended
Code	HSPNE
CPT Code(s)	86003 x 3, 86005 (Feather Mix), 86331 x 5, 86606 x 5 (Aspergillus)
Notes	
Specimen Requirements	
Specimen Required	<p><i>Collect:</i> Serum separator tube (SST)</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells within 2 hours and send two 2.5 mL aliquots in screw capped plastic vials.</p> <p><i>Minimum Volume:</i> 1.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p> <p><i>New Yor DOH Approval Status:</i> Yes</p>
Rejection Criteria	Plasma. Contaminated, hemolyzed, or severly lipemic specimens.
Stability	<p><i>After Separation from cells:</i> Room temperature: 2 days Refrigerated: 14 days Frozen: 1 year</p>
Performing Information	
Methodology	Qualitative Immunodiffusion/Quantitative ImmunoCap® Fluorescent Enzyme Immunoassay
Reference Range	See report.
Performed Days	Sunday - Saturday

Turnaround Time	7 - 10 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code¹	HSPNE		
Interface Order Code	3600089		
Result Code	Name	LOINC Code	AOE/Prompt²
3600117	A. fumigatus #1 Ab, Precipitin	6808-0	No
3600118	A. fumigatus #6 Ab, Precipitin	6809-8	No
3600119	A. pullulans Ab, Precipitin	6810-6	No
3600120	Pigeon Serum, Ab Precipitin	6733-0	No
3600121	M. faeni Ab, Precipitin	6818-9	No
3600123	A. flavus Ab, Precipitin	23820-4	No
3600124	A. fumigatus #2 Ab, Precipitin	30036-8	No
3600125	A. fumigatus #3 Ab, Precipitin	15151-4	No
3600126	S. viridis Ab, Precipitin	15209-0	No
3600127	T. candidus Ab, Precipitin	21560-8	No
3600128	Allergen, Fungi/Mold, Phoma betae IgE	6216-6	No
3600129	Allergen, Food, Beef IgE	6039-2	No
3600130	Allergen, Food, Pork IgE	6219-0	No
3600131	Allergen, Animal, Feather Mix IgE	31161-3	No
3600132	Allergen, Interp, Immunocap Score IgE	33536-4	No

Inactivate Test With Replacement	
Effective Date	2/21/2023
Inactivated Test	
Name	Influenza A and B Virus Abs, IgG, IgM
Code	IABGM
Legacy Code¹	INFLABABGM
Interface Order Code	3684070
Notes	
Replacement Test	
Name	Influenza Type A and B Antibodies, Serum
Code	INABS
CPT Code(s)	86710 (x2)
Notes	
Specimen Requirements	
Specimen Required	<p><i>Collect:</i> Serum separator tube (SST)</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial.</p> <p><i>Minimum Volume:</i> 0.5 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p> <p>New York DOH Approval Status: No</p>
Alternate Specimen	Serum: Red top
Rejection Criteria	Gross hemolysis, Grossly lipemic, Grossly icteric
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days
Performing Information	
Methodology	Complement Fixation (CF)
Reference Range	Influenza Type A Ab <1:8 titer Influenza Type B Ab <1:8 titer

	Interpretive criteria: <1:8 Antibody Not Detected ≥1:8 Antibody Detected		
Performed Days	Tuesday - Saturday		
Turnaround Time	4-7 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code¹	INABS		
Interface Order Code	3400747		
Result Code	Name	LOINC Code	AOE/Prompt²
3400748	Influenza A Ab	5229-0	No
3400749	Influenza B Ab	5230-8	No