

Update Notes		

Update Summary		
Update Existing Test	3/7/2023	<a href="#">ACLPL - "Anti-Cardiolipin IgG/IgM Abs"</a>
Update Existing Test	3/7/2023	<a href="#">CARDA - "Cardiolipin Ab IgA"</a>
Update Existing Test	2/28/2023	<a href="#">CFMPL - "Cystic Fibrosis Mutation Panel"</a>
Update Existing Test	3/7/2023	<a href="#">CLGAM - "Cardiolipin IgG, IgA, IgM Antibodies"</a>
Update Existing Test	2/28/2023	<a href="#">DISAC - "Disaccharidases"</a>
Update Existing Test	3/7/2023	<a href="#">IBDP - "Inflammatory Bowel Disease Differentiation Panel"</a>
Update Existing Test	3/28/2023	<a href="#">IL6 - "Interleukin 6"</a>
Update Existing Test	3/7/2023	<a href="#">MPO - "Myeloperoxidase (MPO) Antibody"</a>
Update Existing Test	3/7/2023	<a href="#">PR3AB - "Proteinase-3 (PR3) Antibody"</a>
Update Existing Test	3/6/2023	<a href="#">TROPT - "Troponin T"</a>
Update Existing Test	2/28/2023	<a href="#">VC - "Virus Culture"</a>
Update Existing Tests	3/20/2023	<a href="#">Various Tests – New TAT updates</a>
Inactivate Test With Replacement	3/28/2023	<a href="#">ENTAB - "Enterovirus Ab Panel" replaced by EPCFS - "Enterovirus Panel, CF, Serum"</a>

Update Existing Test	
Effective Date	3/7/2023
Name	Anti-Cardiolipin IgG/IgM Abs
Code	ACLP
Interface Order Code	3006000
Legacy Code	ACLP
Notes	Updates to alternate specimen, rejection criteria, stability, methodology, reference range and performed days.
Required Testing Changes	
Alternate Specimen	Plasma: Lavender EDTA
Rejection Criteria	Heparinized plasma; hemolysis; lipemia
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: Undetermined
Methodology	Enzyme Linked Fluorescent Immunoassay
Reference Range	<p>IgG:            &lt;10 GPL Negative            10-40 GPL Weak Positive            &gt;40 GPL Positive</p> <p>IgM:            &lt;10 MPL Negative            10 - 40 MPL Weak Positive            &gt;40 MPL Positive</p>
Performed Days	Monday - Friday

Update Existing Test	
Effective Date	3/7/2023
Name	Cardiolipin Ab IgA
Code	CARDA
Interface Order Code	3006005
Legacy Code	CARDA
Notes	Updates to alternate specimen, rejection criteria, stability, methodology, reference range and performed days.
Required Testing Changes	
Alternate Specimen	Plasma: Lavender EDTA
Rejection Criteria	Heparinized plasma; hemolysis; lipemia
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: Undetermined
Methodology	Enzyme Linked Fluorescent Immunoassay
Reference Range	<14 APL Negative 14 - 20 APL Equivocal >20 APL Positive
Performed Days	Monday - Friday

Update Existing Test	
Effective Date	2/28/2023
Name	Cystic Fibrosis Mutation Panel
Code	CFMPL
Interface Order Code	3070431
Legacy Code	CFMPL
Notes	Update to transport temperature.
Required Testing Changes	
Specimen Required	Transport Temperature: Refrigerated

Update Existing Test	
Effective Date	3/7/2023
Name	Cardiolipin IgG, IgA, IgM Antibodies
Code	CLGAM
Interface Order Code	3006030
Legacy Code	CARDGAM
Notes	Updates to alternate specimen, rejection criteria, stability, methodology, reference range and days performed.
Required Testing Changes	
Alternate Specimen	Plasma: Lavender EDTA
Rejection Criteria	Heparinized plasma; hemolysis; lipemia
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: Undetermined
Methodology	Enzyme Linked Fluorescent Immunoassay
Reference Range	<p><b>IgG</b></p> <p>&lt;10 GPL      Negative</p> <p>10 - 40 GPL      Weak Positive</p> <p>&gt;40 GPL      Positive</p> <p><b>IgM</b></p> <p>&lt;10 MPL      Negative</p> <p>10 - 40 MPL      Weak Positive</p> <p>&gt;40 MPL      Positive</p> <p><b>IgA</b></p> <p>&lt;14 APL      Negative</p> <p>14 - 20 APL      Equivocal</p> <p>&gt;20 APL      Positive</p>
Performed Days	Monday - Friday

Update Existing Test	
Effective Date	2/28/2023
Name	Disaccharidases
Code	DISAC
Interface Order Code	3724460
Legacy Code	DISAC
Notes	Update to reference ranges.
Required Testing Changes	
Reference Range	<b>Lactase 15.0 - 45.5 uM/min/g prot</b> Sucrase 25.0 - 69.9 uM/min/g prot Laltase 100.0 - 224.4 uM/min/g prot <b>Palatinase 5.0 - 26.3 uM/min/g prot</b>

Update Existing Test	
Effective Date	3/7/2023
Name	Inflammatory Bowel Disease Differentiation Panel
Code	IBDP
Interface Order Code	3016300
Legacy Code	IBDP
Notes	Update to methodology and days performed.
Required Testing Changes	
Methodology	Enzyme Linked Fluorescent Immunoassay/Indirect Fluorescent Assay
Performed Days	Monday - Friday

Update Existing Test	
Effective Date	3/28/2023
Name	Interleukin 6
Code	IL6
Interface Order Code	3000067
Legacy Code	IL6
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	Monday, Wednesday, Friday
Turnaround Time	1 - 4 days

Update Existing Test	
Effective Date	3/7/2023
Name	Myeloperoxidase (MPO) Antibody
Code	MPO
Interface Order Code	3091300
Legacy Code	MPO
Notes	Update to alternate specimen, rejection criteria, stability, methodology, and reference range.
Required Testing Changes	
Alternate Specimen	Plasma: Lavender EDTA
Rejection Criteria	Heparinized plasma; hemolysis; lipemia
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: Undetermined
Methodology	Enzyme Linked Fluorescent Immunoassay
Reference Range	<3.5 U/mL Negative 3.5 - 5.0 U/mL Equivocal >5.0 U/mL Positive

Update Existing Test	
Effective Date	3/7/2023
Name	Proteinase-3 (PR3) Antibody
Code	PR3AB
Interface Order Code	3091310
Legacy Code	PR3AAB
Notes	Update to alternate specimen, rejection criteria, stability, methodology, and reference range.
Required Testing Changes	
Alternate Specimen	Plasma: Lavender EDTA
Rejection Criteria	Heparinized plasma; hemolysis; lipemia
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: Undetermined
Methodology	Enzyme Linked Fluorescent Immunoassay
Reference Range	<2.0 U/mL Negative 2.0 - 3.0 U/mL Equivocal >3.0 U/mL Positive

Update Existing Test	
Effective Date	3/6/2023
Name	Troponin T
Code	TROPT
Interface Order Code	3724340
Legacy Code	TROPT
Notes	Updates to specimen requirements and performing laboratory.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Serum Separator Tube</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells as soon as possible. Send 1.0 mL serum in a screw capped plastic vial. <b>Minimize exposure to room temperature. Avoid repeated freeze/thaw cycles.</b></p> <p><i>Transport Temperature:</i> Frozen</p> <p><i>Minimum Volume:</i> 0.5 mL</p>
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	2/28/2023
Name	Virus Culture
Code	VC
Interface Order Code	3093100
Legacy Code	VC
Notes	Updates to methodology.
Required Testing Changes	
Methodology	Standard tube cultures and monoclonal antibody staining. Viruses that can be isolated include most Adenoviruses, most Enteroviruses, Herpes Simplex Virus, and Mump Virus (if requested).

Update Existing Tests			
Effective Date	3/20/2023		
Notes	Update to turnaround time for multiple tests.		
Required Testing Changes			
Warde Test Code	Interface Order Code	Test Name	NEW TAT
AMDLU	3300090	Amphetamines [D/L Differentiation], Urine	12 – 14 days
BACLO	3301760	Baclofen, Serum/Plasma	9 – 11 days
CRRBC	3512030	Chromium, RBCs	10 – 12 days
CYAN	3680540	Cyanide, Whole Blood	11 – 13 days
FENTM	3300120	Fentanyl and Metabolite, Serum/Plasma	8 – 10 days
FLUV	3301780	Fluvoxamine, Serum/Plasma	9 – 11 days
HYGLY	3300360	Hypoglycemic Panel, Serum/Plasma	8 – 10 days
METF	3301820	Metformin, Serum/Plasma	10 – 12 days
MINPR	3302000	Mineral Profile, RBC's	11 – 13 days
NIACN	3300540	Vitamin B3 (Niacin and Metabolites) Serum/Plasma	8 – 10 days
PCBP	3301560	PCB Panel, Congeners, Serum/Plasma	9 – 11 days
PROME	3300064	Propoxyphene and Metabolite, Serum/Plasma	11 – 13 days
UALP	3300760	Alprazolam and Metabolite, Urine	11 – 13 days
UBSP	3300132	Bath Salts Panel (Qualitative), Urine	12 – 14 days
UPHEP	3301475	Phenol Exposure, Urine	13 – 15 days
USC22	3300301	Synthetic Cannabinoid Metabolites - Expanded (Qual)	10 – 12 days
ZIPRA	3302570	Ziprasidone, Serum/Plasma	11 – 13 days



Inactivate Test With Replacement	
<b>Effective Date</b>	3/28/2023
Inactivated Test	
<b>Name</b>	Enterovirus Ab Panel
<b>Code</b>	ENTAB
<b>Legacy Code<sup>1</sup></b>	ENTERAB
<b>Interface Order Code</b>	3501960
<b>Notes</b>	
Replacement Test	
<b>Name</b>	Enterovirus Panel, CF, Serum
<b>Code</b>	EPCFS
<b>CPT Code(s)</b>	86658 x 11
<b>Notes</b>	
Specimen Requirements	
<b>Specimen Required</b>	<p><i>Collect:</i> Serum separator tube (SST)</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 6.0 mL serum in a screw capped plastic vial.</p> <p><i>Minimum Volume:</i> 2.0 mL</p> <p><i>Transport Temperature:</i> Room temperature</p>
<b>Alternate Specimen</b>	Serum: Red top
<b>Rejection Criteria</b>	Gross hemolysis, grossly lipemic, grossly icteric
<b>Stability</b>	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days
Performing Information	
<b>Methodology</b>	Complement Fixation (CF)
<b>Reference Range</b>	See report
<b>Performed Days</b>	Tuesday - Saturday
<b>Turnaround Time</b>	7 - 10 days
<b>Performing Laboratory</b>	Quest SJC

Interface Information			
Legacy Code <sup>1</sup>	EPCFS		
Interface Order Code	3400751		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3400752	Coxsackle A2 Ab	9753-5	No
3400753	Coxsackle A4 Ab	9754-3	No
3400754	Coxsackle A7 Ab	9755-0	No
3400755	Coxsackle A9 Ab	9757-6	No
3400756	Coxsackle A10 Ab	9750-1	No
3400757	Coxsackle A16 Ab	6688-6	No
3400758	Echovirus 4 Ab	5143-3	No
3400759	Echovirus 7 Ab	6922-9	No
3400760	Echovirus 9 Ab	5147-4	No
3400761	Echovirus 11 Ab	6708-2	No
3400762	Echovirus 30 Ab	6392-5	No



LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003039 M 12/05/1988 34 Y

Referral Testing

Collected: 02/13/2023 11:05 Received: 02/17/2023 08:56

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Rows include Enterovirus Panel, CF, Serum and various Cocksackle Ab tests.

REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:

<1:8 Antibody Not Detected
> or = 1:8 Antibody Detected

Single titers of > or = 1:32 are indicative of recent infection. Titers of 1:8 or 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. There is considerable crossreactivity among enteroviruses; however, the highest titer is usually associated with the infecting serotype.

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

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Rows include Echovirus 4 Ab, 7 Ab, and 9 Ab tests.

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



# LABORATORY REPORT

Example Client, XYZ123  
1234 Warde Road  
Ann Arbor MI 48108

**EXAMPLE, REPORT**  
WX0000003039 M 12/05/1988 34 Y

## Referral Testing

Collected: 02/13/2023 11:05 Received: 02/17/2023 08:56

Test Name	Result	Flag	Ref-Ranges	Units	Site
Echovirus 11 Ab	<1:8				QCRL
Echovirus 30 Ab	<1:8				QCRL

REFERENCE RANGE: <1:8

### INTERPRETIVE CRITERIA:

<1:8 Antibody Not Detected  
> or = 1:8 Antibody Detected

Single titers > or = 1:32 are indicative of recent infection. Titers of 1:8 and 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. There is considerable crossreactivity among enteroviruses; however, the highest titer is usually associated with the infecting serotype.

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

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

E617000000  
WX0000003039  
Printed D&T: 02/17/23 08:59

Ordered By: CLIENT CLIENT  
WX00000000001595

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