

## Update Notes

## Update Summary

Update Existing Test	8/22/2023	<a href="#">1433p - "14-3-3 eta Protein"</a>
Update Existing Test	8/21/2023	<a href="#">ADB - "Dnase-B Antibody"</a>
Update Existing Test	8/21/2023	<a href="#">ADIPO - "Adiponectin"</a>
Update Existing Test	8/21/2023	<a href="#">AH50 - "Alternative Complement Pathway Activity (AH50)"</a>
Reactivate Test	8/22/2023	<a href="#">BIACT - "Bile Acids, Total"</a>
Update Existing Test	8/8/2023	<a href="#">CA153 - "CA 15-3"</a>
Update Existing Test	8/1/2023	<a href="#">CHPCR - "Chlamydia Testing by PCR"</a>
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Update Existing Test	8/21/2023	<a href="#">NARGC - "N-methyl-D-Aspartate Receptor Ab IgG CSF w Reflex to Titer"</a>
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Update Existing Test	8/21/2023	<a href="#">PRINS - "Proinsulin, Intact"</a>
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Update Existing Test	8/21/2023	<a href="#">TSHRA - "TRAb (TSH Receptor Antibody)"</a>
Update Existing Test	8/1/2023	<a href="#">TVPCR - "Trichomonas vaginalis Testing by PCR"</a>
Update Existing Test	8/21/2023	<a href="#">UTPME - "Tapentadol, Urine, Quantitative"</a>
Inactivate Test With Replacement	8/22/2023	<a href="#">DNDSI - "DNA (DS) Antibody, Crithidia, IFA w/RefI"</a> replaced by <a href="#">DNDS - "DNA (DS) Antibody, Crithidia, IFA w/RefI"</a>
Inactivate Test With Replacement	8/22/2023	<a href="#">MUSKE - "Muscle-Specific Kinase (MuSK) Antibody, IgG"</a> replaced by <a href="#">MUSKG - "MuSK Ab, IgG by CBA-IFA wReflex to Titer, Serum"</a>
Inactivate Test Without Replacement	8/8/2023	<a href="#">BBURV - "Borrelia burgdorferi VlsE1/pepC10 Abs, ELISA"</a>
Inactivate Test Without Replacement	8/8/2023	<a href="#">CNREC - "Chlamydia/Neisseria gonorrhoeae RNA, TMA, Rectal"</a>
Inactivate Test Without Replacement	8/8/2023	<a href="#">CNTH - "Chlamydia/Neisseria gonorrhoeae RNA, TMA, Throat"</a>

Update Existing Test	
Effective Date	8/22/2023
Name	14-3-3 eta Protein
Code	1433p
Interface Order Code	3427700
Legacy Code	1433P
Notes	Update to stability
Required Testing Changes	
Stability	Room temperature: 7 day Refrigerated: 7 days <b>Frozen: 1 year</b>

Update Existing Test	
Effective Date	8/21/2023
Name	Dnase-B Antibody
Code	ADB
Interface Order Code	3683090
Legacy Code	ADBARP
Notes	Update to stability, performing days and turnaround time.
Required Testing Changes	
Stability	Room temperature: 2 hours Refrigerated: 8 days Frozen: 3 months
Performed Days	Sunday - Saturday
Turnaround Time	3 - 6 days

Update Existing Test	
Effective Date	8/21/2023
Name	Adiponectin
Code	ADIPO
Interface Order Code	3400285
Legacy Code	ADIPO
Notes	Update to stability, methodology, reference range,
Required Testing Changes	
Stability	Room temperature: 4 days Refrigerated: 14 days Frozen: 28 days
Methodology	Immunoturbidometric
Reference Range	See Report

Update Existing Test	
Effective Date	8/21/2023
Name	Complement, Alt Pathway (AH50)
Code	AH50
Interface Order Code	3618060
Legacy Code	AH50ARP
Notes	Updates to test name, collection instructions, specimen preparation, rejection criteria, stability, methodology, and performing days.
Required Testing Changes	
Name	Alternative Complement Pathway Activity (AH50)
Specimen Required	<p><b>Collect: Serum: Red top</b>  <i>Specimen Preparation:</i> Allow specimen to clot for an hour at room temperature, then centrifuge and separate serum from cells within 2 hours of collection. Send 1.0 mL serum frozen in a screw capped plastic vial. CRITICAL FROZEN.  <i>Minimum Volume:</i> 0.3 mL  <i>Transport Temperature:</i> CRITICAL FROZEN</p>
Alternate Specimen	no alternate specimens
Rejection Criteria	<p><b>Serum separator tube (SST)</b>            Refrigerated or room temperature specimens.            Specimens other than serum.            Samples clotted at refrigerated temperature.            Specimens repeatedly frozen and thawed.  <b>Grossly hemolyzed or lipemic.</b>  <b>Icteric specimens</b></p>
Stability	<p><b>Room temperature: Unacceptable</b>            Refrigerated: Unacceptable  <b>Frozen (-70° C): 30 days</b></p>
Methodology	Semi-quantitative Enzyme-Linked Immunosorbent Assay
Reference Range	<b>&gt;=31%</b>
Performed Days	Sunday, Wednesday

Reactivate Test			
Effective Date	8/22/2023		
Name	Bile Acids, Total		
Code	BIACT		
Interface Order Code	3717900		
Legacy Code	BILEACTSP		
Required Testing Changes			
Specimen Required	<p><i>Collect:</i> Serum separator tube (SST)</p> <p><i>Specimen Preparation:</i> Allow sample to clot completely at room temperature before centrifugation. Centrifuge and separate serum from cells within 1 hour of collection. Send 1.0 mL serum refrigerated in a screw capped plastic vial.</p> <p><i>Minimum Volume:</i> 0.5 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>		
Alternate Specimen	Serum: Red top Plasma: Lavender EDTA or Green lithium heparin		
Rejection Criteria	Hemolyzed sample or hemolysis, body fluids.		
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: 90 days		
Methodology	Quantitative Enzyme Immunoassay		
Reference Range	0 - 10 mcgmol/L		
Performed Days	Tuesday, Thursday, Saturday		
Turnaround Time	3 - 6 days		
Performing Laboratory	Quest SJC		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3717900	Bile Acids, Total	14628-2	No

Update Existing Test			
Effective Date	8/8/2023		
Name	CA 15-3		
Code	CA153		
Interface Order Code	1010020		
Legacy Code	CA153		
Notes	Update to performing laboratory		
Required Testing Changes			
Performing Laboratory	Quest SJC		

Update Existing Test	
Effective Date	8/1/2023
Name	Chlamydia Testing by PCR
Code	CHPCR
Interface Order Code	3000492
Legacy Code	CHPCR
Notes	Update to rejection criteria
Required Testing Changes	
Rejection Criteria	Specimens submitted with the white cleaning swab or with two swabs. Swabs in any media (e.g., M4, UTM, or Aptima media) other than the Alinity m Multi-Collect Collection Kit. Urine specimens where the liquid level in the urine transport tube does not fall within the clear fill window of the transport tube label (do not overfill). Urine specimens in sterile containers that have exceeded the 24 hour stability. Specimens collected in liquid cytology containers or media will not be tested. <b>Male urethral swab</b>

Update Existing Test	
Effective Date	8/1/2023
Name	Chlamydia and Neisseria Testing by PCR
Code	COPCR
Interface Order Code	3000499
Legacy Code	COPCR
Notes	Update to rejection criteria
Required Testing Changes	
Rejection Criteria	Specimens submitted with the white cleaning swab or with two swabs. Swabs in any media (e.g., M4, UTM, or Aptima media) other than the Alinity m Multi-Collect Collection Kit. Urine specimens where the liquid level in the urine transport tube does not fall within the clear fill window of the transport tube label (do not overfill). Urine specimens in sterile containers that have exceeded the 24 hour stability. Specimens collected in liquid cytology containers or media will not be tested. <b>Male urethral swab</b>

Update Existing Test	
Effective Date	8/1/2023
Name	Comprehensive Virus Detection
Code	CVD
Interface Order Code	3099000
Legacy Code	CVD
Notes	Update to specimen required and rejection criteria
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Variable specimen types</p> <p><i>Specimen Preparation:</i> Swab specimens in viral transport medium.            CSF and body fluids undiluted in sterile, leak-proof container - 3.0 mL (1.5 mL minimum).            Body fluids undiluted in sterile, leak-proof container - 1.0 mL (1.0 mL minimum).            Biopsy/tissue specimens should be ordered for Tissue Comprehensive Virus Detection (TCVD).            Stool in IATA-approved screw-capped container - 2.0 mL (1.0 mL minimum) liquid stool or marble size solid stool.            Undiluted urine in an IATA-approved screw-capped container - 2.0 mL (1.0 mL minimum).            Blood in EDTA (lavender top) tube - 3.0 mL (2.0 mL minimum).            Bone Marrow in EDTA - 1.0 mL (0.5 mL minimum).  <b>For respiratory specimens order RCVD Respiratory Comprehensive Virus Detection</b></p> <p><i>Minimum Volume:</i> Determined by specimen type</p> <p><i>Transport Temperature:</i> Varies by specimen type, see stability</p>
Rejection Criteria	<p>Rectal swabs and stool preserved in formalin, SAF, or PVA.            Stool specimens received with diapers, tissue paper, tongue depressors, sticks, and other objects.            Serum will not be tested due to decreased virus concentrations.            Urine in Grey-Top (boric acid) urine vacutainers. Specimens in Amplicor, EIA, Gen-Probe, or ProbeTec transport media.            Specimens in bacterial transport media, Stewart medium (Cultures) and specimens in bacteriological blood culture media.            Dry swabs, wooden swabs, calcium alginate swabs, and swabs in gel transports.            Specimens received in non-sterile or leaking containers will not be tested.  <b>Respiratory specimens (Order RCVD)</b></p>

Update Existing Test	
Effective Date	8/8/2023
Name	Ferritin
Code	FER
Interface Order Code	1000630
Legacy Code	FER
Notes	Update to performing laboratory
Required Testing Changes	
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	8/1/2023
Name	Neisseria gonorrhoeae Testing by PCR
Code	GCPCR
Interface Order Code	3000482
Legacy Code	GCPCR
Notes	Update to rejection criteria
Required Testing Changes	
Rejection Criteria	Specimens submitted with the white cleaning swab or with two swabs. Swabs in any media (e.g., M4, UTM, or Aptima media) other than the Alinity m Multi-Collect Collection Kit. Urine specimens where the liquid level in the urine transport tube does not fall within the clear fill window of the transport tube label (do not overfill). Urine specimens in sterile containers that have exceeded the 24 hour stability. Specimens collected in liquid cytology containers or media will not be tested. <b>Male urethral swab</b>

Update Existing Test	
Effective Date	8/14/2023
Name	Galactose-alpha-1,3-galactose IgE
Code	GLAGE
Interface Order Code	3350220
Legacy Code	GLAGE
Notes	Brought test in-house
Required Testing Changes	
Specimen Required	<i>Collect:</i> Serum separator tube (SST) <i>Specimen Preparation:</i> Centrifuge, separate and send 1.0 mL serum in a screw capped plastic vial. <i>Transport Temperature:</i> Refrigerated <i>Minimum Volume:</i> 0.5 mL
Alternate Specimen	Serum: Red top; Plasma: EDTA, heparin
Rejection Criteria	Lipemia
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 14 days
Methodology	Fluorescent Enzyme Immunoassay
Reference Range	<0.10 kU/L
Performed Days	Monday - Friday
Turnaround Time	1 - 3 days
Performing Laboratory	Warde Medical Laboratory

Update Existing Test	
Effective Date	8/21/2023
Name	Antimicrobial Susceptibility - MIC, Individual
Code	MICAB
Interface Order Code	3505010
Legacy Code	MIC ANTIBI
Notes	Update to turnaround time
Required Testing Changes	
Turnaround Time	4 - 9 days

Update Existing Test	
Effective Date	8/21/2023
Name	MLH1 Promoter Methylation
Code	MLH1
Interface Order Code	3624180
Legacy Code	MLH1
Notes	Change to specimen required, rejection criteria and performed dates
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Tumor tissue</p> <p><i>Specimen Preparation:</i> Send formalin fixed paraffin embedded tissue block or 5 unstained 5 micron slides in a tissue transport kit. Include surgical pathology report.</p> <p>If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing, or individual orders for each sample submitted, A Pathologist Block Selection Fee will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.</p> <p><b>Minimum volume: 5 slides (if using)</b></p> <p><i>Transport Temperature:</i> Room temperature</p>
Rejection Criteria	Specimens fixed in alcohol or heavy metal fixative, decalcified specimens, less than 25% tumor
Performed Days	Varies



Update Existing Test	
Effective Date	8/21/2023
Name	Myeloid Malignancies Mutation Panel by Next Gen. Sequencing
Code	MMMNG
Interface Order Code	3618421
Legacy Code	MMMNG
Notes	Update to specimen required, stability, and rejection criteria
Required Testing Changes	
Specimen Required	<i>Collect:</i> Lavender EDTA <i>Specimen Preparation:</i> Send <b>3.0 mL</b> whole blood in the original collection tube or a screw capped plastic vial. <b>Separate specimens must be submitted when multiple tests are ordered.</b> <b>Minimum Volume: 1.0 mL for bone marrow, 1.5 for whole blood</b> <i>Transport Temperature:</i> Refrigerated
Alternate Specimen	<b>Bone marrow: lavender EDTA or green sodium heparin</b> <b>Whole blood: Green sodium heparin</b>
Rejection Criteria	Serum, plasma, <b>tissue, buccal brush or swab, grossly hemolyzed specimens.</b>
Stability	<b>Room temperature: 72 hours</b> <b>Refrigerated: 7 days</b> Frozen: Unacceptable

Update Existing Test	
Effective Date	8/21/2023
Name	N-methyl-D-Aspartate Receptor Ab IgG CSF w Reflex to Titer
Code	NARGC
Interface Order Code	3516180
Legacy Code	NARGC
Notes	Update to test name, performed days and turnaround time
Required Testing Changes	
Performed Days	<b>Sunday - Saturday</b>
Turnaround Time	<b>2 - 5 days</b>

Update Existing Test	
Effective Date	8/21/2023
Name	N-methyl-D-Aspartate Rcptr Ab, IgG, Ser
Code	NMETD
Interface Order Code	3600159
Legacy Code	NMETD
Notes	Update to test name and turnaround time
Required Testing Changes	
Turnaround Time	<b>2 - 5 days</b>

Update Existing Test	
Effective Date	8/21/2023
Name	Proinsulin, Intact
Code	PRINS
Interface Order Code	3681100
Legacy Code	PROINSARP
Notes	Update to stability and reference range
Required Testing Changes	
Stability	Room temperature: Unacceptable <b>Refrigerated: 24 hours</b> Frozen: 2 months
Reference Range	0 - 17 years: Not Established <b>18 years and older: &lt;= 7.2</b>

Update Existing Test	
Effective Date	8/21/2023
Name	MGMT Promoter Methylation Det by ddPCR
Code	PRMET
Interface Order Code	3600217
Legacy Code	PRMET
Notes	Update to specimen required and performed days
Required Testing Changes	
Specimen Required	<i>Collect:</i> Tumor tissue <i>Specimen Preparation:</i> 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. <b>Minimum Volume: 5 slides (if using)</b> <i>Transport Temperature:</i> Room temperature
Performed Days	Varies

Update Existing Test	
Effective Date	8/21/2023
Name	TRG BF with RFLX to CHYLO
Code	TBFCE
Interface Order Code	3600254
Legacy Code	TBFCE
Notes	Update to performing days
Required Testing Changes	
Performed Days	Varies

Update Existing Test	
Effective Date	8/21/2023
Name	TRAb (TSH Receptor Antibody)
Code	TSHRA
Interface Order Code	3400198
Legacy Code	TSHRA
Notes	Update to specimen required and rejection criteria
Required Testing Changes	
Specimen Required	<p><b>Collect: Red top</b></p> <p><i>Specimen Preparation:</i> Clot specimen completely at room temperature. Centrifuge and separate serum from cells within 1 hour of collection. Send 1.0 mL serum in a screw capped plastic vial.</p> <p><i>Minimum Volume: 0.5 mL</i></p> <p><i>Transport Temperature:</i> Refrigerated</p>
Rejection Criteria	Gross Hemolysis, <b>Serum separator tube (SST)</b>

Update Existing Test	
Effective Date	8/1/2023
Name	Trichomonas vaginalis Testing by PCR
Code	TVPCR
Interface Order Code	3000471
Legacy Code	TVPCR
Notes	Update to rejection criteria
Required Testing Changes	
Rejection Criteria	<p>Specimens submitted with the white cleaning swab or with two swabs. Swabs in any media (e.g., M4, UTM, or Aptima media) other than the Alinity m Multi-Collect Collection Kit. Urine specimens where the liquid level in the urine transport tube does not fall within the clear fill window of the transport tube label (do not overfill). Urine specimens in sterile containers that have exceeded the 24 hour stability. Specimens collected in liquid cytology containers or media will not be tested.</p> <p><b>Male urethral swab</b></p>

Update Existing Test	
<b>Effective Date</b>	8/21/2023
<b>Name</b>	Tapentadol and Metabolite, Urine, Quantitative
<b>Code</b>	UTPME
<b>Interface Order Code</b>	3622300
<b>Legacy Code</b>	UTPME
<b>Notes</b>	Update to test name, transport temperature, reference range and turnaround time
Required Testing Changes	
<b>Name</b>	Tapentadol, Urine, Quantitative
<b>Specimen Required</b>	<i>Collect:</i> Random urine, no preservative <i>Specimen Preparation:</i> Send 2.0 mL urine in a screw capped plastic vial. <i>Minimum Volume:</i> 1.0 mL <b><i>Transport Temperature:</i> Refrigerated</b>
<b>Reference Range</b>	<b>50 ng/mL</b>
<b>Turnaround Time</b>	<b>3 - 10 days</b>

Inactivate Test With Replacement			
<b>Effective Date</b>	8/22/2023		
Inactivated Test			
<b>Name</b>	DNA (DS) Antibody, Crithidia, IFA w/Refl		
<b>Code</b>	DNDSI		
<b>Legacy Code<sup>1</sup></b>	DNDSI		
<b>Interface Order Code</b>	3724220		
Replacement Test			
<b>Name</b>	DNA (DS) Antibody, Crithidia, IFA w/Refl		
<b>Code</b>	DNDS		
<b>CPT Code(s)</b>	86255		
<b>Notes</b>	Brought test in-house		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Serum separator tube (SST) <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in a screw capped plastic vial. <i>Transport Temperature:</i> Refrigerated <i>Minimum Volume:</i> 0.5 mL		
<b>Alternate Specimen</b>	Serum, Red top		
<b>Rejection Criteria</b>	Samples other than serum		
<b>Stability</b>	Room temperature: 48 hours Refrigerated: 7 days Frozen: Undetermined		
Performing Information			
<b>Methodology</b>	Indirect Fluorescent Antibody		
<b>Reference Range</b>	Negative		
<b>Performed Days</b>	Sunday - Thursday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	DNDS		
<b>Interface Order Code</b>	3000484		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt<sup>2</sup></b>
3000511	DNA Ab (ds) Crithidia, IFA	Not Available	No
3000512	DNA Ab (ds) Crithidia, Titer	Not Available	No

Inactivate Test With Replacement			
<b>Effective Date</b>	8/22/2023		
Inactivated Test			
<b>Name</b>	Muscle-Specific Kinase (MuSK) Antibody, IgG		
<b>Code</b>	MUSKE		
<b>Legacy Code<sup>1</sup></b>	MUSKE		
<b>Interface Order Code</b>	3600115		
Replacement Test			
<b>Name</b>	MuSK Ab, IgG by CBA-IFA wReflex to Titer, Serum		
<b>Code</b>	MUSKG		
<b>CPT Code(s)</b>	86255, plus 86256 if reflexed, at an additional fee		
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 within 2 hours of collection and send 2.0 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>		
<b>Alternate Specimen</b>	Red top		
<b>Rejection Criteria</b>	Grossly lipemic, icteric or hemolyzed specimens		
<b>Stability</b>	Room temperature: 48 hours Refrigerated: 14 days Frozen: 1 month		
Performing Information			
<b>Methodology</b>	Semi-quantitative Cell-Based Indirect Fluorescent Antibody		
<b>Reference Range</b>	<1:10		
<b>Performed Days</b>	Monday, Wednesday, Friday		
<b>Turnaround Time</b>	3 - 8 days		
<b>Performing Laboratory</b>	ARUP Reference Laboratory		
Interface Information			
<b>Legacy Code<sup>1</sup></b>	MUSKG		
<b>Interface Order Code</b>	3600291		
Result Code	Name	LOINC Code	AOE/Prompt <sup>2</sup>
3600292	MuSK Ab IgG CBA IFA Screen, Serum	38362-0	No
3600293	MuSK Ab IgG CBA IFA Titer, Serum	51763-1	No

Inactivate Test Without Replacement	
Effective Date	8/8/2023
Name	Borrelia burgdorferi VlsE1/pepC10 Abs, ELISA
Code	BBURV
Legacy Code	BBURV
Interface Code	3600169
Notes	Suggest Warde test BBRUV

Inactivate Test Without Replacement	
Effective Date	8/8/2023
Name	Chlamydia/Neisseria gonorrhoeae RNA, TMA, Rectal
Code	CNREC
Legacy Code	CNREC
Interface Code	3435330
Notes	Suggested replacement Chlamydia and Neisseria Testing by PCR (COPCR)

Inactivate Test Without Replacement	
Effective Date	8/8/2023
Name	Chlamydia/Neisseria gonorrhoeae RNA, TMA, Throat
Code	CNTH
Legacy Code	CNTH
Interface Code	3435350
Notes	Suggested replacement Chlamydia and Neisseria Testing by PCR (COPCR)