Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2023

Update Summary		
Update Existing Test	11/6/2023	TRIH - "Trihexyphenidyl, Serum/Plasma"
Update Existing Test	10/24/2023	UMMAG - "Methylmalonic Acid, Urine with Creatinine"
Inactivate Test With Replacement	10/24/2023	C5C - "Complement Component C5" replaced by C5AG - "C5 Complement, Antigen, Serum"
Inactivate Test With Replacement	10/24/2023	C7 - "C7 Complement" replaced by C7FX - "C7 Complement, Functional, Serum"
Inactivate Test With Replacement	10/24/2023	C8 - "C8 Complement" replaced by C8FX - "C8 Complement, Functional, Serum"
Inactivate Test With Replacement	10/24/2023	C9 - "C9 Complement" replaced by C9FX - "C9 Complement, Functional, Serum"
Inactivate Test With Replacement	10/24/2023	CHBNP - "NT proBNP" replaced by NTBNP - "NT proBNP"
Inactivate Test With Replacement	10/24/2023	TSHRA - "TRAb (TSH Receptor Antibody)" replaced by ATSHR - "TRAb (TSH Receptor Antibody)"
Inactivate Test Without Replacement	10/23/2023	C57F - "CD57, CD3, CD8 Flow Cytometry"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2023

Update Existing Test	
Effective Date	11/6/2023
Name	Trihexyphenidyl, Serum/Plasma
Code	TRIH
Interface Order Code	3510740
Legacy Code	TRIH
Notes	Changes to specimen requirement, stability and methodology
Required Testing Changes	
Specimen Required	***Collect:*** Red top ***Specimen Preparation:*** Centrifuge, separate serum from cells and send **1.0 mL** serum in a screw capped plastic vial. ***Minimum Volume:*** **1.0 mL** ***Transport Temperature:*** Refrigerated
Stability	Room Temperature: **30 days** Refrigerated: **30 days** Frozen: 1 year
Methodology	**Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)**

Update Existing Test	
Effective Date	10/24/2023
Name	Methylmalonic Acid, GC/MS/MS, Urine
Code	UMMAG
Interface Order Code	3719900
Legacy Code	UMMAG
Notes	Name change, Methodology change
Required Testing Changes	
Name	**Methylmalonic Acid, Urine with Creatinine**
Methodology	**Chromatography/Mass Spectrometry**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2023

Inactivate Test With Replacement			
Effective Date	10/24/2023		
Inactivated Test			
Name	Complement Component C5		
Code	C5C		
Legacy Code[1]	C5CQ		
Interface Order Code	3420120		
Replacement Test			
Name	C5 Complement, Antigen, Serum		
Code	C5AG		
CPT Code(s)	86160		
Specimen Requirements			
Specimen Required	***Patient Preparation:*** Fasting is preferred but not required. ***Collect:*** Red top ***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:*** Frozen		
Alternate Specimen	Serum separator tube (SST)		
Rejection Criteria	Plasma, Gross lipemia		
Stability	Room temperature: 7 days Refrigerated: 28 days Frozen: 60 days		
Performing Information			
Methodology	Nephelometry		
Reference Range	10.6 - 26.3 mg/dL		
Performed Days	Monday - Friday		
Turnaround Time	4 - 7 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			
Legacy Code[1]	C5AG		
Interface Order Code	3800333		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3800333	C5 Complement, Antigen, Serum	4505-4	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 45 Y

Referral Testing

Collected: 09/27/2023 13:50 Received: 09/27/2023 13:50

Test Name	Result	Flag	Ref-Ranges	Units	Site
C5 Complement, Antigen, Serum	11.1		10.6-26.3	mg/dL	MMRL

```
-------------------ADDITIONAL INFORMATION-------------------
This test was developed and its performance characteristics
determined by Mayo Clinic in a manner consistent with
CLIA requirements. This test has not been cleared or
approved by the U.S. Food and Drug Administration.

Test Performed by:
Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55905
Lab Director: William G. Morice M.D. Ph.D.; CLIA# 24D1040592
```

Performing Site:
MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901

Reported Date: 2023.09.27 13:50

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

F327000034
WX0000003827
Printed D&T: 09/27/23 13:51

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2023

Inactivate Test With Replacement			
Effective Date	10/24/2023		
Inactivated Test			
Name	C7 Complement		
Code	C7		
Legacy Code[1]	C7		
Interface Order Code	3501010		
Replacement Test			
Name	C7 Complement, Functional, Serum		
Code	C7FX		
CPT Code(s)	86161		
Specimen Requirements			
Specimen Required	***Patient Preparation:*** Fasting prior to draw preferred ***Collect:*** Red top ***Specimen Preparation:*** Place tube on wet ice immediately after collection. Centrifuge, separate serum from clot and send 1.0 mL serum in a screw capped plastic vial. CRITICAL FROZEN. ***Minimum Volume:*** 0.5 mL ***Transport Temperature:*** Critical frozen		
Rejection Criteria	Non frozen specimens, gross lipemia		
Stability	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 14 days		
Performing Information			
Methodology	Automated Liposome Lysis Assay		
Reference Range	36 - 60 U/mL		
Performed Days	Mayo Clinic Laboratories		
Turnaround Time	4 - 6 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			
Legacy Code[1]	C7FX		
Interface Order Code	3800334		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3800334	C7 Complement, Functional, Serum	87724-1	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 45 Y

Referral Testing

Collected: 09/27/2023 13:52 Received: 09/27/2023 13:52

Test Name	Result	Flag	Ref-Ranges	Units	Site
C7 Complement, Functional, Serum	50		36-60	U/mL	MMRL

```
-------------------ADDITIONAL INFORMATION-------------------
This test was developed and its performance characteristics
determined by Mayo Clinic in a manner consistent with
CLIA requirements. This test has not been cleared or
approved by the U.S. Food and Drug Administration.

Test Performed by:
Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55905
Lab Director: William G. Morice M.D. Ph.D.; CLIA# 24D1040592
```

Performing Site:
MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901

Reported Date: 2023.09.27 13:52

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

F327000035
WX0000003827
Printed D&T: 09/27/23 13:52

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2023

Inactivate Test With Replacement

Effective Date	10/24/2023

Inactivated Test

Name	C8 Complement
Code	C8
Legacy Code[1]	C8
Interface Order Code	3501020
Name	C8 Complement, Functional, Serum
Code	C8FX
CPT Code(s)	86161

Specimen Requirements

Specimen Required	***Patient Preparation:*** Fasting prior to draw preferred. ***Collect:*** Red Top ***Specimen Preparation:*** Place tube on wet ice immediately after collection. Centrifuge, separate serum from clot and send 1.0 mL serum in a screw capped plastic vial. CRITICAL FROZEN. ***Minimum Volume:*** 0.5 mL ***Transport Temperature:*** CRITICAL FROZEN
Rejection Criteria	Non frozen specimens, gross lipemia
Stability	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 14 days

Performing Information

Methodology	Automated Liposome Lysis Assay
Reference Range	33 - 58 U/mL
Performed Days	Monday - Friday
Turnaround Time	4 - 6 days
Performing Laboratory	Mayo Clinic Laboratories

Interface Information

Legacy Code[1]	C8FX
Interface Order Code	3800336

Result Code	Name	LOINC Code	AOE/Prompt[2]
3800336	C8 Complement, Functional, Serum	50997-6	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 45 Y

Referral Testing

Collected: 09/27/2023 13:53 Received: 09/27/2023 13:53

Test Name	Result	Flag	Ref-Ranges	Units	Site
C8 Complement, Functional, Serum	40		33-58	U/mL	MMRL

```
-------------------ADDITIONAL INFORMATION-------------------
This test was developed and its performance characteristics
determined by Mayo Clinic in a manner consistent with
CLIA requirements. This test has not been cleared or
approved by the U.S. Food and Drug Administration.

Test Performed by:
Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55905
Lab Director: William G. Morice M.D. Ph.D.; CLIA# 24D1040592
```

Performing Site:
MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901

Reported Date: 2023.09.27 13:53

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

F327000036
WX0000003827
Printed D&T: 09/27/23 13:53

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2023

Inactivate Test With Replacement			
Effective Date	10/24/2023		
Inactivated Test			
Name	C9 Complement		
Code	C9		
Legacy Code[1]	C9		
Interface Order Code	3501030		
Replacement Test			
Name	C9 Complement, Functional, Serum		
Code	C9FX		
CPT Code(s)	86161		
Specimen Requirements			
Specimen Required	***Patient Preparation:*** Fasting prior to draw preferred ***Collect:*** Red Top ***Specimen Preparation:*** Place tube on wet ice immediately after collection. Centrifuge, separate serum from clot and send 1.0 mL serum in a screw capped plastic vial. CRITICAL FROZEN. ***Minimum Volume:*** 0.5 mL ***Transportation Temperature:*** CRITCAL FROZEN		
Rejection Criteria	Non frozen specimens, gross lipemia		
Stability	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 14 days		
Performing Information			
Methodology	Automated Liposome Lysis Assay		
Reference Range	37 - 61 U/mL		
Performed Days	Monday - Friday		
Turnaround Time	4 - 6 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			
Legacy Code[1]	C9FX		
Interface Order Code	3800337		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3800337	C9 Complement, Functional, Serum	87727-4	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 45 Y

Referral Testing

Collected: 09/27/2023 13:54 Received: 09/27/2023 13:54

Test Name	Result	Flag	Ref-Ranges	Units	Site
C9 Complement, Functional, Serum	51		37-61	U/mL	MMRL

```
-------------------ADDITIONAL INFORMATION-------------------
This test was developed and its performance characteristics
determined by Mayo Clinic in a manner consistent with
CLIA requirements. This test has not been cleared or
approved by the U.S. Food and Drug Administration.

Test Performed by:
Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55905
Lab Director: William G. Morice M.D. Ph.D.; CLIA# 24D1040592
```

Performing Site:
MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901

Reported Date: 2023.09.27 13:54

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

F327000037
WX0000003827
Printed D&T: 09/27/23 13:55

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2023

Inactivate Test With Replacement

Effective Date	10/24/2023

Inactivated Test

Name	NT proBNP
Code	CHBNP
Legacy Code[1]	CHFBNPSP
Interface Order Code	3709260
Notes	Inactivating test, bringing in-house

Replacement Test

Name	NT proBNP
Code	NTBNP
CPT Code(s)	83880
Notes	Bringing in-house

Specimen Requirements

Specimen Required	***Collect:*** Serum separator tube (SST) ***Specimen Preparation:*** Centrifuge, separate serum from cells within one hour and send 1.0 mL serum in a screw capped plastic vial. ***Minimum Volume:*** 0.5 mL ***Transport Temperature:*** Refrigerated
Alternate Specimen	Plasma Li-heparin; K2-EDTA
Rejection Criteria	Gross hemolysis
Stability	Room temperature: 3 days; Refrigerated: 6 days; Frozen: 24 months

Performing Information

Methodology	Electrochemiluminescence Immunoassay (ELCIA)
Reference Range	<75 years of age: <125 pg/mL >=75 years of age: <450 pg/mL
Performed Days	Tuesday, Friday
Turnaround Time	1 - 4 days
Performing Laboratory	Warde Medical Laboratory

Interface Information

Legacy Code[1]	NTBNP
Interface Order Code	3000317

Result Code	Name	LOINC Code	AOE/Prompt[2]
3000317	NT proBNP	Not Available	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 45 Y

Immunology

Collected: 09/27/2023 13:55 Received: 09/27/2023 13:55

Test Name	Result	Flag	Ref-Ranges	Units	Site
NT proBNP	<36		<125	pg/mL	WMRL

Performing Site:
WMRL: WARDE MEDICAL LABORATORY 300 West Textile Road Ann Arbor MI 48108

Reported Date: 2023.09.27 13:56

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

F327000038
WX0000003827
Printed D&T: 09/27/23 13:57

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2023

Inactivate Test With Replacement

Effective Date	10/24/2023

Inactivated Test

Name	TRAb (TSH Receptor Antibody)
Code	TSHRA
Legacy Code[1]	TSHRA
Interface Order Code	3400198
Notes	Bringing test in-house

Replacement Test

Name	TRAb (TSH Receptor Antibody)
Code	ATSHR
CPT Code(s)	83520
Notes	Bringing test in-house

Specimen Requirements

Specimen Required	***Collect:*** Serum Separator Tube (SST) ***Specimen Preparation:*** 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. ***Minimum Volume:*** 0.5 mL ***Transport Temperature:*** Refrigerated
Rejection Criteria	Gross hemolysis; specimens other than serum
Stability	Room temperature: 7 hours; Refrigerated: 6 day; Frozen: 1 year

Performing Information

Methodology	Electrochemiluminescence Immunoassay (ELCIA)
Reference Range	<=1.75 IU/L
Performed Days	Tuesday, Friday
Turnaround Time	1 - 4 days
Performing Laboratory	Warde Medical Laboratory

Interface Information

Legacy Code[1]	ATSHR
Interface Order Code	3000316

Result Code	Name	LOINC Code	AOE/Prompt[2]
3000316	TRAb (TSH Receptor Antibody)	Not Available	No

Inactivate Test Without Replacement

Effective Date	10/23/2023
Name	CD57, CD3, CD8 Flow Cytometry
Code	C57F
Legacy Code	C57F
Interface Code	3434250
Notes	

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 45 Y

Immunology

Collected: 09/27/2023 13:59 Received: 09/27/2023 13:59

Test Name	Result	Flag	Ref-Ranges	Units	Site
TRAb (TSH Receptor Antibody)	1.15		<=1.75	IU/L	WMRL

Performing Site:
WMRL: WARDE MEDICAL LABORATORY 300 West Textile Road Ann Arbor MI 48108

Reported Date: 2023.09.27 14:00

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

F327000039
WX0000003827
Printed D&T: 09/27/23 14:00

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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