Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Update Summary

New Test Activation	1/30/2024	FCAPE - "Fecal Calprotectin and Pancreatic Elastase Panel"
Update Existing Test	1/16/2024	AHPR - "Acute Hepatitis Panel"
Update Existing Test	1/29/2024	BORDN - "Borrelia species DNA, QUAL Real-Time PCR, Tick"
Update Existing Test	1/29/2024	BSDQL - "Borrelia Species DNA, Qual Real-Time PCR"
Update Existing Test	1/30/2024	CALPT - "Calprotectin"
Update Existing Test	1/16/2024	HCVQL - "Hepatitis C Virus (HCV) RNA, Qualitative"
Update Existing Test	1/16/2024	HCVQN - "Hepatitis C Virus (HCV) RNA, Quantitative"
Update Existing Test	1/16/2024	HCVR - "Hepatitis C Antibody, Diagnostic, with reflex to PCR"
Update Existing Test	1/16/2024	HCVSR - "Hepatitis C Antibody, Screening, with reflex to PCR"
Update Existing Test	1/22/2024	KRBC - "Potassium - RBC"
Update Existing Test	1/29/2024	TICKI - "Tick ID with Reflex to Borrelia species DNA, RT-PCR, Tick"
Inactivate Test With Replacement	1/15/2024	CEA - "CEA (Carcinoembryonic Antigen)" replaced by CEANT - "Carcioembryonic Antigen (CEA)"
Inactivate Test With Replacement	1/30/2024	PE1 - "Pancreatic Elastase 1" replaced by PEL1 - "Pancreatic Elastase 1"
Inactivate Test With Replacement	1/15/2024	PROG - "Progesterone" replaced by PROGE - "Progesterone"
Inactivate Test With Replacement	1/30/2024	TORM - "TORCH IgM Panel" replaced by TORC - "TORC Panel"
Inactivate Test With Replacement	1/15/2024	VITD - "25-hydroxy Vitamin D" replaced by VD25H - "Vitamin D, 25-Hydroxy"
Inactivate Test Without Replacement	1/22/2024	F17G - "Hazel Nut (Food) IgG"
Inactivate Test Without Replacement	1/22/2024	F202G - "Allergen - Cashew Nut IgG"
Inactivate Test Without Replacement	1/22/2024	F23G - "Crab IgG"
Inactivate Test Without Replacement	1/22/2024	F280G - "Black Pepper (f280) IgG"
Inactivate Test Without Replacement	1/22/2024	F41G - "Salmon IgG"
Inactivate Test Without Replacement	1/22/2024	F80G - "Allergen - Lobster IgG"
Inactivate Test Without Replacement	1/22/2024	F81G - "Allergen - Cheese, Cheddar Type IgG"
Inactivate Test Without Replacement	1/22/2024	F87G - "Allergen - Melon IgG"
Inactivate Test Without Replacement	1/30/2024	HERPM - "Herpes Simplex I and/or II IgM"
Inactivate Test Without Replacement	1/30/2024	HSVGM - "Herpes Simplex Virus IgG/IgM"
Inactivate Test Without Replacement	1/22/2024	I204E - "Allergen - Horsefly (I204) IgE"
Inactivate Test Without Replacement	1/22/2024	RF266 - "Mace, IgE"
Inactivate Test Without Replacement	1/22/2024	RUIGE - "Rabbit Urine (e211) IgE"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

New Test Activation			
Effective Date	1/30/2024		
Name	Fecal Calprotectin and Pancreatic Elastase Panel		
Code	FCAPE		
CPT Code(s)	83993, 82653		
Notes	New Test Activation		
Specimen Requirements			
Specimen Required	*Collect:* Random stool *Specimen Preparation:* Send 1.5 g unpreserved stool refrigerated in a screw capped plastic stool container. *Minimum Volume:* 0.3 g *Transport Temperature:* Refrigerated		
Rejection Criteria	Stool in media or preservative. Swabs		
Stability	Room temperature: 6 hours; Refrigerated: 72 hours; Frozen: 16 weeks		
Performing Information			
Methodology	Chemiluminescence Immunoassay		
Reference Range	See report		
Performed Days	Monday - Friday		
Turnaround Time	72 hours		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code[1]	FCAPE		
Interface Order Code	3000884		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3000883	Pancreatic Elastase 1	25907-7	No
3000050	Calprotectin	82874-9	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: 12/12/2023 09:55 Received: 12/12/2023 09:55

Test Name	Result	Flag	Ref-Ranges	Units	Site
Pancreatic Elastase 1	210.0		>200	mcg/g	WMRL

```
Adult and Pediatric Referance Ranges
for Pancreatic Elastase-1:

Normal:             >200 mcg/g

Moderate Pancreatic
Insufficiency:      100-200 mcg/g

Severe Pancreatic
Insufficiency:      <100 mcg/g
```

Reported Date: 12/12/2023 09:55 FCAPE

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

Molecular

Collected: 12/12/2023 09:55 Received: 12/12/2023 09:55

Test Name	Result	Flag	Ref-Ranges	Units	Site
Calprotectin	35.0		<50	mcg/g	WMRL

```
<50 mcg/g         Normal
50 - 120 mcg/g    Borderline
>120 mcg/g        Abnormal

Borderline results suggest repeat testing in 4 to 6 weeks.
```

Reported Date: 12/12/2023 09:55 FCAPE

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

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

F612000009
WX0000003827
Printed D&T: 12/12/23 09:55

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Update Existing Test	
Effective Date	1/16/2024
Name	Acute Hepatitis Panel
Code	AHPR
Interface Order Code	3001485
Legacy Code	AHPR
Notes	Update to alternate specimen, rejection criteria, stability.
Required Testing Changes	
Alternate Specimen	**Red top, lavender EDTA (follow plasma collection guide for PCR)**
Rejection Criteria	**Gross hemolysis, gross lipemia, heparin plasma**
Stability	Room temperature: Unacceptable **Refrigerated: 5 days** Frozen (-20°C): Undetermined

Update Existing Test			
Effective Date	1/29/2024		
Name	Borrelia species DNA, QUAL Real-Time PCR, Tick		
Code	BORDN		
Interface Order Code	3425780		
Legacy Code	BORRSPTQ		
Notes	LOINC code update		
Required Testing Changes			
Result Code	**Name**	**LOINC Code**	**AOE/Prompt²**
3425780	Borrelia species DNA, QUAL Real-Time PCR, Tick	**90042-3**	No

Update Existing Test			
Effective Date	1/29/2024		
Name	Borrelia Species DNA, Qual Real-Time PCR		
Code	BSDQL		
Interface Order Code	3400641		
Legacy Code	BSDQL		
Notes	LOINC code updates		
Required Testing Changes			
Result Code	**Name**	**LOINC Code**	**AOE/Prompt²**
3400642	SOURCE	**31208-2**	Yes
3400643	BORRELIA spp DNA, QL, Misc	**49615-8**	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Update Existing Test	
Effective Date	1/30/2024
Name	Calprotectin
Code	CALPT
Interface Order Code	3000049
Legacy Code	CALPT
Notes	Changes to Stability, Methodology, Reference Range, TAT, and LOINC
Required Testing Changes	
Stability	**Room temperature: 6 hours** **Refrigerated: 72 hours** **Frozen: 16 weeks**
Methodology	**Chemiluminescence Immunoassay**
Reference Range	**Normal: <50 mcg/g** **Borderline: 50 - 120 mcg/g** **Elevated: >120 mcg/g**
Turnaround Time	**72 hours**
LOINC	**Calprotectin** **82874-9**

Update Existing Test	
Effective Date	1/16/2024
Name	Hepatitis C Virus (HCV) RNA, Qualitative
Code	HCVQL
Interface Order Code	3010550
Legacy Code	HCVQUAL
Notes	Updates to alternate specimen and rejection criteria.
Required Testing Changes	
Alternate Specimen	**Serum: red top. *PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.**
Rejection Criteria	**HCV PCR: gross hemolysis, gross lipemia, heparin plasma, gel-based plasma separation tubes, specimens subjected to repeat freeze thaw cycles, shared specimens.**

Update Existing Test	
Effective Date	1/16/2024
Name	Hepatitis C Virus (HCV) RNA, Quantitative
Code	HCVQN
Interface Order Code	3041400
Legacy Code	HCVQRNA
Notes	Updates to alternate specimen and rejection criteria.
Required Testing Changes	
Alternate Specimen	**HCV PCR: Serum: red top. *PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.**
Rejection Criteria	**HCV PCR: gross hemolysis, gross lipemia, heparin plasma, gel-based plasma separation tubes, specimens subjected to repeat freeze thaw cycles, shared specimens.**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Update Existing Test	
Effective Date	1/16/2024
Name	Hepatitis C Antibody, Diagnostic, with reflex to PCR
Code	HCVR
Interface Order Code	3001440
Legacy Code	HCVR
Notes	Update to alternate specimen.
Required Testing Changes	
Alternate Specimen	**HCV Antibody: red top, lavender EDTA (follow Plasma collection guide for PCR), lithium heparin, sodium heparin. HCV PCR: Serum: red top. *PCR for antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens**

Update Existing Test	
Effective Date	1/16/2024
Name	Hepatitis C Antibody, Screening, with reflex to PCR
Code	HCVSR
Interface Order Code	3001452
Legacy Code	HCVSR
Notes	Update to alternate specimen.
Required Testing Changes	
Alternate Specimen	**HCV Antibody: red top, lavender EDTA (follow Plasma collection guide for PCR), lithium heparin, sodium heparin. HCV PCR: Serum: red top. *PCR for antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.**

Update Existing Test	
Effective Date	1/22/2024
Name	Potassium - RBC
Code	KRBC
Interface Order Code	3718600
Legacy Code	POTR
Notes	Update to specimen required and stability.
Required Testing Changes	
Specimen Required	*Collect:* Green sodium heparin AND Lavender EDTA *Specimen Preparation:* Send 4.0 mL whole blood collected in a green sodium heparin tube AND 4.0 mL whole blood collected in Lavender EDTA tube. **Both samples must only be collected Mon-Thurs and must be received together for testing.** *Minimum Volume:* 1.5 mL *Transport Temperature:* Refrigerated

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Update Existing Test

Effective Date	1/29/2024
Name	Tick ID with Reflex to Borrelia species DNA, RT-PCR, Tick
Code	TICKI
Interface Order Code	3515060
Legacy Code	TICKINFLX
Notes	LOINC code update

Required Testing Changes

Result Code	Name	LOINC Code	AOE/Prompt²
3515060	Tick ID with Reflex to Borrelia species DNA, RT-PCR, Tick	90042-3	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Inactivate Test With Replacement			
Effective Date	1/15/2024		
Inactivated Test			
Name	CEA (Carcinoembryonic Antigen)		
Code	CEA		
Legacy Code[1]	CEA		
Interface Order Code	1000612		
Replacement Test			
Name	Carcioembryonic Antigen (CEA)		
Code	CEANT		
CPT Code(s)	82378		
Notes	New test activation New York DOH approved: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Allow specimen to clot completely at room temperature. Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in a screw capped plastic vial. *Minimum Volume:* 0.6 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Plasma: Green lithium heparin		
Rejection Criteria	Body fluid		
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 6 months		
Performing Information			
Methodology	Quantitative Electrochemiluminescent Immunoassay		
Reference Range	Age: 0 -20 years: No ranges 20 - 69 years: 0.0 - 3.8 ng/mL 69 - 150 years: No ranges		
Performed Days	Sunday - Saturday		
Turnaround Time	3 - 4 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code[1]	CEANT		
Interface Order Code	3600337		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3600337	Carcinoembryonic Antigen	2039-6	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: 12/12/2023 09:53 Received: 12/12/2023 09:53

Test Name	Result	Flag	Ref-Ranges	Units	Site
Carcinoembryonic Antigen	**5.2**	**H**	<=3.8	ng/mL	ARRL

INTERPRETIVE INFORMATION: Carcinoembryonic Antigen

The Roche CEA electrochemiluminescent immunoassay was used.
Results obtained with different test methods or kits cannot
be used interchangeably. Measurement of CEA has been shown
to be clinically relevant in the management of patients
with colorectal, breast, lung, prostatic, pancreatic, and
ovarian carcinomas. Smokers may have slightly elevated
levels of CEA. The CEA assay value, regardless of level,
should not be interpreted as evidence for the presence or
absence of malignant disease and is not recommended for use
as a screening procedure to detect the presence of cancer
in the general population.
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 12/12/2023 09:53 CEANT

Performing Site:
ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

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

F612000007
WX0000003827
Printed D&T: 12/12/23 09:53

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Inactivate Test With Replacement			
Effective Date	1/30/2024		
Inactivated Test			
Name	Pancreatic Elastase 1		
Code	PE1		
Legacy Code[1]	PE1SP		
Interface Order Code	3711720		
Replacement Test			
Name	Pancreatic Elastase 1		
Code	PEL1		
CPT Code(s)	82653		
Notes	New test activation		
Specimen Requirements			
Specimen Required	*Collect:* Stool *Specimen Preparation:* Send 1.0 g stool in a screw capped plastic container. Do not add fixative or preservative. *Minimum Volume:* 0.3 g *Transport Temperature:* Refrigerated		
Rejection Criteria	Stool in media or preservative. Swabs		
Stability	Room temperature: 8 hours Refrigerated: 7 days Frozen: 12 months		
Performing Information			
Methodology	Chemiluminescence Immunoassay		
Reference Range	<100 ug/g severe exocrine pancreatic insufficiency 100 - <200 ug/g mild to moderate >200 ug/g normal		
Performed Days	Monday - Friday		
Turnaround Time	72 hours		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code[1]	PEL1		
Interface Order Code	3000883		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3000883	Pancreatic Elastase 1	25907-7	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 35 Y

Immunology

Collected: 12/12/2023 09:54 Received: 12/12/2023 09:54

Test Name	Result	Flag	Ref-Ranges	Units	Site
Pancreatic Elastase 1	205.0		>200	mcg/g	WMRL

Adult and Pediatric Referance Ranges
for Pancreatic Elastase-1:

Normal: >200 mcg/g

Moderate Pancreatic
Insufficiency: 100-200 mcg/g

Severe Pancreatic
Insufficiency: <100 mcg/g

Reported Date: 12/12/2023 09:54 PEL1

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

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

F612000008
WX0000003826
Printed D&T: 12/12/23 09:54

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002353

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

Inactivate Test With Replacement	
Effective Date	1/15/2024
Inactivated Test	
Name	Progesterone
Code	PROG
Legacy Code[1]	PROG
Interface Order Code	1010200
Replacement Test	
Name	Progesterone
Code	PROGE
CPT Code(s)	84144
Notes	New test activation New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Collect:* Red top *Specimen Preparation:* Allow blood to clot (10 - 15 minutes) at room temperature. Centrifuge, separate serum from cells immediately. Send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.25 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Plasma: EDTA, sodium heparin, lithium heparin
Rejection Criteria	Serum separator tube (SST), Gross hemolysis
Stability	Room temperature: 72 hours Refrigerated: 14 days Frozen: 2 years
Performing Information	
Methodology	Chromatography/Mass Spectrometry
Reference Range	Pediatric Males <30 days Not established 1 month – 11 years ≤0.5 ng/mL 12 years ≤7.8 ng/mL 13 years ≤10.7 ng/mL 14 years ≤12.5 ng/mL 15 years ≤12.1 ng/mL 16 – 17 years ≤11.7 ng/mL Adult Males 18 – 29 years ≤0.3 ng/mL 30 – 39 years ≤0.2 ng/mL 40 – 49 years ≤0.2 ng/mL 50 – 59 years ≤0.2 ng/mL Adult Females Pre-Menopausal Mid Follicular ≤0.3 ng/mL Pre-Menopausal Surge 0.1 – 1.5 ng/mL Pre-Menopausal Mid Luteal 6.7 – 22.2 ng/mL

	Postmenopausal Phase ≤0.2 ng/mL Clinical Significance This test (1) establishes the presence of a functioning corpus luteum or luteal cell function, (2) confirms basal body temperature measurement of the occurrence of ovulation (3) affords an indication of the day of ovulation, (4) assesses placental function during pregnancy.
Performed Days	Sunday - Friday
Turnaround Time	4 - 7 days
Performing Laboratory	Quest SJC

Interface Information

Legacy Code[1]	PROGE
Interface Order Code	3400811

Result Code	Name	LOINC Code	AOE/Prompt[2]
3400811	Progesterone, LC/MS	2839-9	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 35 Y

Referral Testing

Collected: 12/15/2023 07:36 Received: 12/15/2023 07:36

Test Name	Result	Flag	Ref-Ranges	Units	Site
Progesterone, LC/MS	0.2			ng/mL	QCRL

```
Adult Female Reference Ranges for Progesterone:

  Pre-Menopausal Mid Follicular: < or = 0.3 ng/mL
  Pre-Menopausal Surge:            0.1-1.5 ng/mL
  Pre-Menopausal Mid Luteal:      6.7-22.2 ng/mL
  Postmenopausal Phase:         < or = 0.2 ng/mL

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
```

Reported Date: 12/15/2023 07:36 PROGE

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

F615000002
WX0000003826
Printed D&T: 12/15/23 07:36

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002353

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Inactivate Test With Replacement			
Effective Date	1/30/2024		
Inactivated Test			
Name	TORCH IgM Panel		
Code	TORM		
Legacy Code[1]	TORCHM		
Interface Order Code	3007010		
Replacement Test			
Name	TORC Panel		
Code	TORC		
CPT Code(s)	86645 CMV IgM Ab; 86762 Rubella IgM Ab; 86778 Toxoplasma IgM Ab		
Specimen Requirements			
Specimen Required	Serum separator tube (SST)		
Alternate Specimen	Serum: Red top		
Rejection Criteria	Grossly hemolyzed, lipemic or icteric specimens; plasma		
Stability	See individual test listings.		
Performing Information			
Methodology	Enzyme Linked Immunoassay Chemiluminescent Immunoassay		
Reference Range	See individual test listings.		
Performed Days	See individual test listings.		
Turnaround Time	1 - 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code[1]	TORC		
Interface Order Code	3000882		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3007000	Cytomegalovirus (CMV) IgM Antibody	22249-7	No
3000285	Rubella IgM Antibody	5335-5	No
3000329	Toxoplasma IgM Antibody	8040-8	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: 11/20/2023 10:43 Received: 11/20/2023 10:43

Test Name	Result	Flag	Ref-Ranges	Units	Site
Rubella IgM Antibody	<10.0		<20.0	AU/mL	WMRL
INTERPRETATION:					
Negative: No antibody detected.					
Cytomegalovirus (CMV) IgM Antibody	<8.0		<30.0	AU/mL	WMRL
INTERPRETATION:					
Negative: No antibody detected.					
Toxoplasma IgM Antibody	<3.0		<8.0	AU/mL	WMRL
INTERPRETATION:					
Negative: No antibody detected.					

Reported Date: 11/20/2023 10:45 TORC

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

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

F520000001
WX0000003827
Printed D&T: 11/20/23 10:55

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Inactivate Test With Replacement			
Effective Date	1/15/2024		
Inactivated Test			
Name	25-hydroxy Vitamin D		
Code	VITD		
Legacy Code[1]	VITD25H		
Interface Order Code	1007180		
Replacement Test			
Name	Vitamin D, 25-Hydroxy		
Code	VD25H		
CPT Code(s)	82306		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.3 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Serum: Red top		
Rejection Criteria	EDTA plasma, tissue or urine. Grossly hemolyzed, lipemic.		
Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 6 months		
Performing Information			
Methodology	Quantitative Chemiluminescent Immunoassay		
Reference Range	0 - 17 years Deficiency: <20 ng/mL Optimum Level: >=to 20 ng/mL* *(Wagner CL et al. Pediatrics 2008; 122: 1142-52.) 18 years and older Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimum Level: 30 - 80 ng/mL Possible Toxicity: >150 ng/mL		
Performed Days	Sunday - Saturday		
Turnaround Time	3 - 4 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code[1]	VD25H		
Interface Order Code	3600336		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt[2]**
3600336	Vitamin D, 25-Hydroxy	1989-3	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 35 Y

Referral Testing

Collected: 12/12/2023 09:49 Received: 12/12/2023 09:49

Test Name	Result	Flag	Ref-Ranges	Units	Site
Vitamin D, 25-Hydroxy	**85**	**H**	30-80	ng/mL	ARRL

```
INTERPRETIVE INFORMATION: Vitamin D, 25-Hydroxy

This assay accurately quantifies the sum of vitamin D3,
25-hydroxy and vitamin D2, 25-hydroxy.

0-17 years:
Deficiency: less than 20 ng/mL
Optimum level: greater than or equal to 20 ng/mL*
*(Wagner CL et al. Pediatrics 2008; 122: 1142-52.)

18 years and older:
Deficiency: Less than 20 ng/mL
Insufficiency: 20-29 ng/mL
Optimum Level: 30-80 ng/mL
Possible Toxicity: Greater than 150 ng/mL
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979
```

Reported Date: 12/12/2023 09:49 VD25H

Performing Site:
ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

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

F612000006
WX0000003826
Printed D&T: 12/12/23 09:50

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002353

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2024

Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Hazel Nut (Food) IgG
Code	F17G
Legacy Code	RAF17SP
Interface Code	3708770
Notes	Suggested alternative is Warde test F17: Allergen - Hazel Nut IgE.

Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Allergen - Cashew Nut IgG
Code	F202G
Legacy Code	F202G
Interface Code	3724370
Notes	Suggested alternative is Warde test F202: Allergen - Cashew Nut IgE.

Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Crab IgG
Code	F23G
Legacy Code	RAF23SP
Interface Code	3709480
Notes	Suggested alternative is Warde test F23: Allergen - Crab IgE.

Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Black Pepper (f280) IgG
Code	F280G
Legacy Code	F280G
Interface Code	3724780
Notes	Suggested alternative is Warde test F280: Allergen - Black Pepper IgE

Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Salmon IgG
Code	F41G
Legacy Code	RAF41SP
Interface Code	3709540
Notes	Suggested alternative is Warde test F41: Allergen - Salmon IgE.

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Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Allergen - Lobster IgG
Code	F80G
Legacy Code	F80G
Interface Code	3724720
Notes	Suggested alternative is Warde test F80: Allergen - Lobster IgE.

Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Allergen - Cheese, Cheddar Type IgG
Code	F81G
Legacy Code	F81G
Interface Code	3724390
Notes	Suggested alternative is Warde test F81: Allergen - Cheese, Cheddar Type IgE.

Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Allergen - Melon IgG
Code	F87G
Legacy Code	F87G
Interface Code	3724740
Notes	Suggested alternative is Warde test F87: Allergen - Melon IgE.

Inactivate Test Without Replacement	
Effective Date	1/30/2024
Name	Herpes Simplex I and/or II IgM
Code	HERPM
Legacy Code	HERPM
Interface Code	3007420
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	1/30/2024
Name	Herpes Simplex Virus IgG/IgM
Code	HSVGM
Legacy Code	HERPGM
Interface Code	3007410
Notes	Test discontinued.

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Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Allergen - Horsefly (I204) IgE
Code	I204E
Legacy Code	I204E
Interface Code	3724010
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Mace, IgE
Code	RF266
Legacy Code	RARF266ES
Interface Code	3722300
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	1/22/2024
Name	Rabbit Urine (e211) IgE
Code	RUIGE
Legacy Code	RUIGE
Interface Code	3700005
Notes	Test discontinued.