

Update Summary		
New Test Activation	3/26/2024	<a href="#">ASDMA - "ADMA/SDMA"</a>
New Test Activation	3/26/2024	<a href="#">CORSE - "Cortisone, Serum"</a>
New Test Activation	3/26/2024	<a href="#">F13F - "Factor XIII, Functional"</a>
New Test Activation	3/26/2024	<a href="#">PNJRP - "Pneumocystis jirovecii, Quan, Real-Time PCR"</a>
Update Existing Test	3/11/2024	<a href="#">ARSW - "Arsenic, Blood"</a>
Update Existing Test	3/18/2024	<a href="#">C6E - "Allergen - Amoxicillin IgE"</a>
Update Existing Test	3/11/2024	<a href="#">CADWB - "Cadmium Whole Blood"</a>
Update Existing Test	3/5/2024	<a href="#">CATFP - "Catecholamines, Frac Plasma"</a>
Update Existing Test	3/5/2024	<a href="#">CRY - "Cryoglobulin and Cryofibrinogen"</a>
Update Existing Test	3/5/2024	<a href="#">CRYGL - "Cryoglobulin Qualitative"</a>
Update Existing Test	3/5/2024	<a href="#">CRYOF - "Cryofibrinogen"</a>
Update Existing Test	3/5/2024	<a href="#">CSFPR - "14-3-3 Protein, CSF (Prion Disease)"</a>
Update Existing Test	3/5/2024	<a href="#">DOP - "Dopamine, Plasma"</a>
Update Existing Test	3/18/2024	<a href="#">E209E - "Allergen - Gerbil (E209) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">E214E - "Allergen - Finch Feathers (E214) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F246E - "Allergen - Guar Bean Gum (F246) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F261E - "Allergen - Asparagus (F261) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F262E - "Allergen - Eggplant (F262) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F268E - "Allergen - Clove (F268) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F269E - "Allergen - Basil (F269) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F277E - "Allergen - Dill (F277) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F278E - "Allergen - Bay Leaf (F278) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F296E - "Allergen - Carob (F296) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F300E - "Allergen - Goat Milk (F300) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F312E - "Allergen - Swordfish (F312) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F313Q - "Anchovy (f313) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F332E - "Allergen - Mint (F332) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F337E - "Allergen - Sole (F337) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F341E - "Allergen - Cranberry (F341) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">F347Q - "Quinoa (f347) IgE"</a>
Update Existing Test	3/5/2024	<a href="#">ICA - "Calcium, Ionized"</a>
Update Existing Test	3/5/2024	<a href="#">INFX - "Infliximab Quant with Reflex to Ab to Infliximab, Serum"</a>
Update Existing Test	3/18/2024	<a href="#">K72EQ - "Allergen - Ispaghula (Psyllium) (K72) IgE"</a>
Update Existing Test	3/11/2024	<a href="#">MERWB - "Mercury Whole Blood"</a>
Update Existing Test	3/5/2024	<a href="#">NARCG - "Narcolepsy HLA-DQ Genotyping (HLA-DQB1*06:02)"</a>
Update Existing Test	3/18/2024	<a href="#">P1EQ - "Allergen - Ascaris (P1) IgE"</a>

Update Existing Test	3/18/2024	<a href="#">PPSEE - "Pumpkin Seed (f226) IgE"</a>
Update Existing Test	3/18/2024	<a href="#">RF272 - "Allergen - Tarragon IgE"</a>
Inactivate Test With Replacement	3/12/2024	<a href="#">COV2G - "SARS Coronavirus 2 IgG Antibody"</a>
Inactivate Test With Replacement	3/18/2024	<a href="#">FT4T4 - "T4, Free Dial and T4, Total" replaced by T4FDT - "T4, Free, Direct Dialysis and T4, Total"</a>
Inactivate Test With Replacement	3/11/2024	<a href="#">HMTB - "Heavy Metals Panel, Venous" replaced by HMPV - "Heavy Metals Panel (Venous)"</a>
Inactivate Test With Replacement	3/26/2024	<a href="#">ZFPOR - "Porphyrins - Feces" replaced by PORPF - "Porphyrins, Fecal"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">BARLG - "Barley (Food) IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">D1G - "Allergen - Dermatophagoides pteronyssinus IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">E1G - "Allergen - Cat Epithelium/Dander IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">E5G - "Allergen - Dog Dander IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F100G - "Lettuce IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F20G - "Almond IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F216G - "Allergen - Cabbage IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F236G - "Whey IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F24G - "Shrimp IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F256G - "Walnut IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F259G - "Grape IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F274E - "Allergen - Marjoram (F274) IgE"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F44G - "Strawberry IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F84G - "Kiwi Fruit IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F85G - "Celery IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F96G - "Avocado IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">F9G - "Rice IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">MALTG - "Malt IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">OATG - "Oat IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">RYEG - "Rye IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">T22G - "Allergen - Pecan (Hickory) IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">T7G - "Allergen - Oak IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">T8G - "Allergen - Elm IgG"</a>
Inactivate Test Without Replacement	3/5/2024	<a href="#">W1G - "Allergen - Short (Common) Ragweed IgG"</a>

New Test Activation			
<b>Effective Date</b>	3/26/2024		
<b>Name</b>	ADMA/SDMA		
<b>Code</b>	ASDMA		
<b>CPT Code(s)</b>	82542		
<b>Notes</b>	New Test Activation New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Patient Preparation:</i> Fasting is recommended but not required <i>Collect:</i> Serum separator tube (SST) <i>Specimen Preparation:</i> Gently invert tube 5 times immediately after draw. DO NOT SHAKE. Allow blood to clot for 30 minutes. Centrifuge for 10 minutes. Separate serum from cells and send 1.0 mL in a screw capped plastic vial. <i>Minimum Volume:</i> 0.5 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	N/A		
<b>Rejection Criteria</b>	Hemolysis		
<b>Stability</b>	Room temperature: 5 days Refrigerated: 23 days Frozen: 193 days		
Performing Information			
<b>Methodology</b>	Liquid Chromatography - Tandem Mass Spectrometry (LC/MS/MS)		
<b>Reference Range</b>	ADMA (Asymmetric dimethylarginine) <100 ng/mL SDMA (Symmetric dimethylarginine) 73-135 ng/mL		
<b>Performed Days</b>	Monday - Saturday		
<b>Turnaround Time</b>	7 - 10 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code</b>	ASDMA		
<b>Interface Order Code</b>	3400823		
Result Code	Name	LOINC Code	AOE/Prompt
3400824	ADMA	80981-4	No
3400826	SDMA	90781-6	No



# 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: 02/13/2024 08:23 Received: 02/13/2024 08:23

Test Name	Result	Flag	Ref-Ranges	Units	Site
<b>ADMA/SDMA</b>					
ADMA	95		<100	ng/mL	QCRL

Elevated ADMA levels are associated with significant subclinical atherosclerosis while elevated SDMA levels are associated with kidney function and strongly correlate with reduced eGFR. Available prospective studies suggest an increased risk of cardiovascular disease with higher ADMA concentrations (1). Based on an internal reference range study using 180 'apparently healthy,' non-smoking donors, CHL has defined the following cut-offs for ADMA: A cut-off of <100 ng/mL defines an 'apparently healthy' population at optimal relative risk for a cardiovascular event, 100-123 ng/mL defines a population at moderate relative risk for a cardiovascular event, and >123 ng/mL defines a high relative risk population. (Reference: 1-Willeit P. et al. J Am Heart Assoc. 2015; 4: e001833). This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Cardiometabolic Center of Excellence at Cleveland HeartLab. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

SDMA	80		73-135	ng/mL	QCRL
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Test Performed at:  
Cleveland HeartLab, Inc  
6701 Carnegie Avenue Suite 500

**Reported Date:** 02/13/2024 08:24 ASDMA

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

F813000000  
WX0000003826

Ordered By: KAJAL SITWALA, MD, PhD  
WX00000000002353

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

Printed D&T: 02/13/24 08:24

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New Test Activation	
<b>Effective Date</b>	3/26/2024
<b>Name</b>	Cortisone, Serum
<b>Code</b>	CORSE
<b>CPT Code(s)</b>	82542
<b>Notes</b>	New Test Activation New York DOH Approval Status: No
Specimen Requirements	
<b>Specimen Required</b>	<i>Patient Preparation:</i> Overnight fasting is preferred. <i>Collect:</i> Red top <i>Specimen Preparation:</i> Collect and send 1.0 mL serum in a screw capped plastic vial. Specify time of day specimen was collected. <i>Minimum Volume:</i> 0.3 mL <i>Transport Temperature:</i> Refrigerated
<b>Alternate Specimen</b>	Plasma: Lavender EDTA
<b>Rejection Criteria</b>	Gross hemolysis; received at room temperature; Serum separator tube (SST)
<b>Stability</b>	Room temperature: 48 hours Refrigerated: 21 days Frozen: 1 year
Performing Information	
<b>Methodology</b>	Chromatography/Mass Spectrometry
<b>Reference Range</b>	See Below

		AM (mcg/dL)	PM (mcg/dL)
	Adult Males and Females	1.2-3.5	0.6-2.8
		AM (mcg/dL)	
	Full Term Infants, birth**	2.6-15.6	
	7 Days**	0.3-4.5	
	2 Weeks-3 Months**	0.9-5.4	
	4-11 Months	0.5-4.1	
	1 Year	0.5-4.0	
	2-3 Years	0.5-3.9	
	4 Years	0.5-4.0	
	5 Years	0.5-4.1	
	6 Years	0.6-4.3	
	7 Years	0.7-4.5	
	8 Years	0.8-4.7	
	9 Years	0.9-4.9	
	10 Years	0.9-5.1	
	11-12 Years	1.0-5.2	
	13-17 Years	1.0-5.3	
	Pediatric lower reference values are reflective of both AM and early PM sampling		
	**Pediatric data from Sippell WG et al., Pediat Res (1980) 14:39-46.		
<b>Performed Days</b>	Sunday - Friday		
<b>Turnaround Time</b>	4 - 6 days		
<b>Performing Laboratory</b>	Quest SJC		
<b>Interface Information</b>			
<b>Legacy Code</b>	CORSE		
<b>Interface Order Code</b>	3400822		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3400822	Cortisone, Serum	14159-8	No



# 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: 02/16/2024 13:49 Received: 02/16/2024 13:49

<u>Test Name</u>	<u>Result</u>	<u>Flag</u>	<u>Ref-Ranges</u>	<u>Units</u>	<u>Site</u>
Cortisone, Serum	1.4			mcg/dL	QCRL

Reference Range:  
AM: 1.2-3.5  
PM: 0.6-2.8

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:** 02/16/2024 13:50 CORSE

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

F816000001  
WX0000003826

Ordered By: KAJAL SITWALA, MD, PhD  
WX00000000002353

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

Printed D&T: 02/16/24 13:50

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New Test Activation			
<b>Effective Date</b>	3/26/2024		
<b>Name</b>	Factor XIII, Functional		
<b>Code</b>	F13F		
<b>CPT Code(s)</b>	85290		
<b>Notes</b>	New Test Activation New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Light blue sodium citrate <i>Specimen Preparation:</i> See Coagulation Test Instruction Guide. Send 1.0 mL plasma in a screw capped plastic vial. <i>Minimum Volume:</i> 0.3 mL <i>Transport Temperature:</i> CRITICAL FROZEN		
<b>Alternate Specimen</b>	N/A		
<b>Rejection Criteria</b>	Thawed specimen		
<b>Stability</b>	Room temperature: 24 hours Refrigerated: 24 hours Frozen: 14 days		
Performing Information			
<b>Methodology</b>	Chromogenic		
<b>Reference Range</b>	57-192 % activity		
<b>Performed Days</b>	Thursday		
<b>Turnaround Time</b>	4 - 11 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code</b>	F13F		
<b>Interface Order Code</b>	3400821		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3400821	Factor XIII, Functional	27815-0	No





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: 01/29/2024 10:38 Received: 01/29/2024 10:38

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Factor XIII, Functional, 100, 57-192, % activity, QCRL

This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042

Reported Date: 01/29/2024 10:38 F13F

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

F729000002
WX0000003826

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002353

Printed D&T: 01/29/24 10:38

Kajal V. Sitwala, MD, PhD - Medical Director

Form: MM RL1

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New Test Activation			
<b>Effective Date</b>	3/26/2024		
<b>Name</b>	Pneumocystis jirovecii, Quan, Real-Time PCR		
<b>Code</b>	PNJRP		
<b>CPT Code(s)</b>	87799		
<b>Notes</b>	New Test Activation New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Bronchoalveolar Lavage (BAL) <i>Specimen Preparation:</i> Collect 0.7 mL bronchoalveolar lavage in a sterile leakproof container. <i>Minimum Volume:</i> 0.3 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	Bronchial wash		
<b>Rejection Criteria</b>	N/A		
<b>Stability</b>	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days		
Performing Information			
<b>Methodology</b>	Real-Time Polymerase Chain Reaction (PCR)		
<b>Reference Range</b>	P. jirovecii DNA, QN PCR Not Detected copies/mL P. jirovecii DNA, QN PCR Not Detected Log copies/mL		
<b>Performed Days</b>	Monday - Saturday		
<b>Turnaround Time</b>	3 - 5 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code</b>	PNJRP		
<b>Interface Order Code</b>	3400816		
Result Code	Name	LOINC Code	AOE/Prompt
3400817	Source	31208-2	Yes
3400818	P. jirovecii DNA, QN PCR	49441-9	No
3400819	P. jirovecii DNA, QN PCR	10693-1	No



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: 01/29/2024 10:31 Received: 01/29/2024 10:31

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Pneumocystis jirovecii, Quan, Real-Time PCR. Row 2: Source BAL, >125000000, H, copies/mL, QCRL. Row 3: P. jirovecii DNA, QN PCR >8.10, H, Log cps/mL, QCRL.

REFERENCE RANGE: NOT DETECTED

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
San Juan Capistrano, CA 92675-2042
Medical Director: I Maramica MD, PhD

Reported Date: 01/29/2024 10:31 PNJRP

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

Update Existing Test	
Effective Date	3/11/2024
Name	Arsenic, Blood
Code	ARSW
Interface Order Code	3701410
Legacy Code	ARSWSP
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	Quest SJC

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Amoxicillin IgE		
Code	C6E		
Interface Order Code	3400046		
Legacy Code	C6E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3400047	Amoxicillin IgE	6829-6	No
3400048	Class	<b>102137-7</b>	No

Update Existing Test	
Effective Date	3/11/2024
Name	Cadmium Whole Blood
Code	CADWB
Interface Order Code	3701420
Legacy Code	CADSP
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	3/5/2024
Name	Catecholamines, Frac Plasma
Code	CATFP
Interface Order Code	3700210
Legacy Code	CATEFRAC
Notes	Update to specimen requirements, alternate specimen, rejection criteria, and methodology.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Green sodium heparin (pre-chilled)  <i>Specimen Preparation:</i> After drawing specimen, place green sodium heparin tube in ice bath. Centrifuge for 20 minutes 1000 x G. The plasma must be free of red blood cells. <b>Send 2.0 mL plasma frozen in a screw capped plastic vial. CRITICAL FROZEN.</b>  <i>Minimum Volume:</i> <b>1.0 mL</b>  <i>Transport Temperature:</i> CRITICAL FROZEN</p>
Alternate Specimen	Lavender: EDTA
Rejection Criteria	Specimen received not frozen.
Methodology	Liquid Chromatography/Mass Spectrometry

Update Existing Test	
Effective Date	3/5/2024
Name	Cryoglobulin and Cryofibrinogen
Code	CRY
Interface Order Code	2000760
Legacy Code	CRY
Notes	Update to specimen requirements and rejection criteria.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Cryoglobulin - Red top  Cryofibrinogen - Light blue sodium citrate  <i>Specimen Preparation:</i> <b>Cryoglobulin: Draw 5.0 mL of blood into a prewarmed (37°C) red top tube. Allow blood to clot at 37°C. Centrifuge at 37°C or ambient temperature. Do not use a refrigerated centrifuge. Keep sample at 37°C until after separation of serum from red blood cells. Send 3.0 mL of serum in a screw capped plastic vial.</b>  <b>Cryofibrinogen: Draw blood into a prewarmed (37°C) light blue sodium citrate tube. Centrifuge at 37°C or ambient temperature. Do not use a refrigerated centrifuge. Send 2.0 mL of plasma in a screw capped plastic vial.</b>  <i>Minimum Volume:</i> <b>Cryofibrinogen: 1.0 mL; Cryoglobulin: 2.0 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
Rejection Criteria	<b>Cryoglobulin: Plasma; Serum separator tube (SST); Grossly hemolyzed or lipemic specimens. Cryofibrinogen: Serum; Heparanized plasma; Grossly hemolyzed or lipemic specimens</b>

Update Existing Test	
Effective Date	3/5/2024
Name	Cryoglobulin Qualitative
Code	CRYGL
Interface Order Code	3000400
Legacy Code	CRYGL
Notes	Update to specimen requirements and rejection criteria.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Red top  <i>Specimen Preparation:</i> Draw 5.0 mL of blood into a prewarmed (37°C) red top tube. Allow blood to clot at 37°C. Centrifuge at 37°C or ambient temperature. Do not use a refrigerated centrifuge. Keep sample at 37°C until after separation of serum from red blood cells. Send 3.0 mL of serum in a screw capped plastic vial.  <i>Minimum Volume:</i> 2.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
Rejection Criteria	Plasma; Serum separator tube (SST); Grossly hemolyzed or lipemic specimens

Update Existing Test	
Effective Date	3/5/2024
Name	Cryofibrinogen
Code	CRYOF
Interface Order Code	2500300
Legacy Code	CRYOFIB
Notes	Update to specimen requirements and rejection criteria.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Light blue sodium citrate  <i>Specimen Preparation:</i> Draw blood into a prewarmed (37°C) light blue sodium citrate tube. Centrifuge at 37°C or ambient temperature. Do not use a refrigerated centrifuge. Send 2.0 mL of plasma in a screw capped plastic vial.  <i>Minimum Volume:</i> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
Rejection Criteria	Serum; Heparinized plasma; Grossly hemolyzed or lipemic specimens

Update Existing Test	
Effective Date	3/5/2024
Name	14-3-3 Protein, CSF (Prion Disease)
Code	CSFPR
Interface Order Code	3700101
Legacy Code	CSFPR
Notes	Update to reference range.
Required Testing Changes	
Reference Range	<b>14-3-3 GAMMA (CSF): &lt;173 - 1999 AU/mL</b> For other result components please see report.

Update Existing Test	
Effective Date	3/5/2024
Name	Dopamine, Plasma
Code	DOP
Interface Order Code	3501425
Legacy Code	DOP
Notes	Update to methodology, reference range, specimen requirements, alternate specimen, specimen stability, and rejection criteria.
Required Testing Changes	
Specimen Required	<p><i>Patient Preparation:</i> Patients should be relaxed in either a supine or upright position before blood is drawn. States of anxiety and stress can cause fluctuations in the catecholamine levels. Patient should avoid alcohol, coffee, tea, tobacco and strenuous exercise prior to collection. Overnight fast is preferred.</p> <p><i>Collect:</i> Green sodium heparin (pre-chilled)</p> <p><i>Specimen Preparation:</i> Plasma should be separated in a refrigerated centrifuge within 30 minutes of collection and then frozen immediately at -20°C in a screw capped plastic vial. <b>Send 2.0 mL plasma frozen in a plastic screw capped vial.</b></p> <p><i>Minimum Volume:</i> <b>1.0 mL</b></p> <p><i>Transport Temperature:</i> Frozen</p>
Alternate Specimen	<b>Lavender EDTA</b>
Rejection Criteria	<b>Gross hemolysis</b>
Stability	Room temperature: 6 hours Refrigerated: 6 hours <b>Frozen: 31 days</b>
Methodology	<b>Liquid Chromatography Mass Spectrometry</b>
Reference Range	<b>&lt;18 years: No reference range available</b> <b>&gt; or = 18 years: Supine: &lt;16 pg/mL</b> <b>Upright: &lt;27 pg/mL</b>

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Gerbil (E209) IgE		
Code	E209E		
Interface Order Code	3723790		
Legacy Code	E209E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723793	Gerbil (E209) IgE	7334-6	No
3723796	Gerbil (E209) IgE Class	<b>102948-7</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Finch Feathers (E214) IgE		
Code	E214E		
Interface Order Code	3723800		
Legacy Code	E214E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723803	Finch Feathers (RE214) IgE	13833-9	No
3723806	Finch Feathers (RE214) IgE Class	<b>102306-8</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Guar Bean Gum (F246) IgE		
Code	F246E		
Interface Order Code	3723820		
Legacy Code	F246E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723823	Guar Bean Gum (F246) IgE	10933-0	No
3723826	Guar Bean Gum (F246) IgE Class	<b>102352-2</b>	No



Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Asparagus (F261) IgE		
Code	F261E		
Interface Order Code	3723830		
Legacy Code	F261E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723833	Asparagus (F261) IgE	7099-5	No
3723836	Asparagus (F261) IgE Class	<b>102151-8</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Eggplant (F262) IgE		
Code	F262E		
Interface Order Code	3723840		
Legacy Code	F262E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723843	Eggplant (F262) IgE	7296-7	No
3723846	Eggplant (F262) IgE Class	<b>102289-6</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Clove (F268) IgE		
Code	F268E		
Interface Order Code	3723860		
Legacy Code	F268E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723863	Clove (F268) IgE	7234-8	No
3723866	Clove (F268) IgE Class	<b>102242-5</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Basil (F269) IgE		
Code	F269E		
Interface Order Code	3723870		
Legacy Code	F269E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723873	Basil (F269) IgE	7118-3	No
3723876	Basil (F269) IgE Class	<b>102161-7</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Dill (F277) IgE		
Code	F277E		
Interface Order Code	3723900		
Legacy Code	F277E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723903	Dill (F277) IgE	7280-1	No
3723906	Dill (F277) IgE Class	<b>102280-5</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Bay Leaf (F278) IgE		
Code	F278E		
Interface Order Code	3723910		
Legacy Code	F278E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723913	Bay Leaf (F278) IgE	7125-8	No
3723916	Bay Leaf (F278) IgE Class	<b>102165-8</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Carob (F296) IgE		
Code	F296E		
Interface Order Code	3723940		
Legacy Code	F296E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723943	Carob (F296) IgE	7179-5	No
3723946	Carob (F296) IgE Class	<b>102206-0</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Goat Milk (F300) IgE		
Code	F300E		
Interface Order Code	3723960		
Legacy Code	F300E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723963	Goat Milk (F300) IgE	7340-3	No
3723966	Goat Milk (F300) IgE Class	<b>102328-2</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Swordfish (F312) IgE		
Code	F312E		
Interface Order Code	3723970		
Legacy Code	F312E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723973	Swordfish (F312) IgE	7728-9	No
3723976	Swordfish (F312) IgE Class	<b>102620-0</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Anchovy (f313) IgE		
Code	F313Q		
Interface Order Code	3724820		
Legacy Code	F313Q		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3724830	Anchovy (f313) IgE	7079-7	No
3724840	Anchovy (f313) IgE Class	<b>102139-3</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Mint (F332) IgE		
Code	F332E		
Interface Order Code	3723980		
Legacy Code	F332E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723983	Mint (F332) IgE	11190-6	No
3723986	Mint (F332) IgE Class	<b>102445-4</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Sole (F337) IgE		
Code	F337E		
Interface Order Code	3723990		
Legacy Code	F337E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723993	Sole (F337) IgE	<b>7709-9</b>	No
3723996	Sole (F337) IgE Class	<b>102602-0</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Cranberry (F341) IgE		
Code	F341E		
Interface Order Code	3724000		
Legacy Code	F341E		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3724003	Cranberry (RF341) IgE	7262-9	No
3724006	Cranberry (RF341) IgE Class	<b>102261-5</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Quinoa (f347) IgE		
Code	F347Q		
Interface Order Code	3724860		
Legacy Code	F347Q		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3724870	Quinoa (f347) IgE	25743-6	No
3724880	Quinoa (f347) IgE Class	<b>102904-0</b>	No

Update Existing Test	
Effective Date	3/5/2024
Name	Calcium, Ionized
Code	ICA
Interface Order Code	1000790
Legacy Code	ICA
Notes	Update to stability.
Required Testing Changes	
Stability	Refrigerated for 7 days unopened.

Update Existing Test	
Effective Date	3/5/2024
Name	Infliximab Quant with Reflex to Ab to Infliximab, Serum
Code	INFX
Interface Order Code	3516100
Legacy Code	INFX
Notes	Update to transport temperature.
Required Testing Changes	
Specimen Required	<p><i>Patient Preparation:</i> For 12 hours before specimen collection do not take supplements or vitamins containing biotin (vitamin B7).</p> <p><i>Collect:</i> Red top</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>

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Ispaghula (Psyllium) (K72) IgE		
Code	K72EQ		
Interface Order Code	3723750		
Legacy Code	K72EQ		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3723753	Ispaghula (Psyllium) (K72) IgE	6150-7	No
3723756	Ispaghula (Psyllium) (K72) IgE Class	<b>102394-4</b>	No

Update Existing Test	
Effective Date	3/11/2024
Name	Mercury Whole Blood
Code	MERWB
Interface Order Code	3707110
Legacy Code	MERWSP
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	3/5/2024
Name	Narcolepsy HLA-DQ Genotyping (HLA-DQB1*06:02)
Code	NARCG
Interface Order Code	3600362
Legacy Code	NARCG
Notes	Update to CPT4 code.
Required Testing Changes	
CPT Code(s)	81382

Update Existing Test			
Effective Date	3/18/2024		
Name	Allergen - Ascaris (P1) IgE		
Code	P1EQ		
Interface Order Code	3724030		
Legacy Code	P1EQ		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3724033	Ascaris (P1) IgE	6022-8	No
3724036	Ascaris (P1) IgE Class	<b>102148-4</b>	No

Update Existing Test			
Effective Date	3/18/2024		
Name	Pumpkin Seed (f226) IgE		
Code	PPSEE		
Interface Order Code	3700107		
Legacy Code	PPSEE		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3700108	Pumpkin seed (f226) IgE	1193-0	No
3700109	Class	<b>102548-5</b>	No

Update Existing Test			
<b>Effective Date</b>	3/18/2024		
<b>Name</b>	Allergen - Tarragon IgE		
<b>Code</b>	RF272		
<b>Interface Order Code</b>	3722040		
<b>Legacy Code</b>	RARF272ES		
<b>Notes</b>	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3722050	Tarragon (f272) IgE	11202-9	No
3722060	Class	<b>102624-4</b>	No



Inactivate Test With Replacement			
<b>Effective Date</b>	3/19/2024		
Inactivated Test			
<b>Name</b>	SARS Coronavirus 2 IgG Antibody		
<b>Code</b>	COVG		
<b>Legacy Code</b>	COVG		
<b>Interface Order Code</b>	3000226		
Replacement Test			
<b>Name</b>	SARS Coronavirus 2 IgG Antibody		
<b>Code</b>	COV2G		
<b>CPT Code(s)</b>	86769		
<b>Notes</b>	<p>**THIS IS A REACTIVATED TEST FROM WARDE THAT SOME CLIENTS MAY HAVE ALREADY BUILT. IT IS THE SAME TEST AS THE CURRENT COVG, JUST WITHOUT THE AOE PROMPTS**</p> <p>New York DOH Approval Status: Yes</p>		
Specimen Requirements			
<b>Specimen Required</b>	<p><i>Collect:</i> Serum separator tube (SST)  <i>Specimen Preparation:</i> Centrifuge, remove serum from cells and send 0.5 mL serum in a screw capped plastic vial.  <i>Minimum Volume:</i> 0.3 mL  <i>Transport Temperature:</i> Refrigerated</p>		
<b>Alternate Specimen</b>	<p>Serum: Red top            Plasma: Sodium or lithium heparin, EDTA</p>		
<b>Rejection Criteria</b>	Gross hemolysis, lipemia		
<b>Stability</b>	<p>Room temperature: 8 hours            Refrigerated: 7 days            Frozen: 14 days</p>		
Performing Information			
<b>Methodology</b>	Chemiluminescence Immunoassay		
<b>Reference Range</b>	<p>Negative: &lt;15.0 AU/mL            Positive: ≥15.0 AU/mL</p>		
<b>Performed Days</b>	Sunday - Friday		
<b>Turnaround Time</b>	48 hours		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
Interface Information			
<b>Legacy Code</b>	COV2G		
<b>Interface Order Code</b>	3000068		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3000068	SARS Coronavirus 2 IgG Antibody	94505-5	No



# LABORATORY REPORT

Example Client, XYZ123  
1234 Warde Road  
Ann Arbor MI 48108

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

## Immunology

Collected: 02/13/2024 08:30 Received: 02/13/2024 08:30

Test Name	Result	Flag	Ref-Ranges	Units	Site
SARS Coronavirus 2 IgG Antibody	<13.00		<13.00	AU/mL	WMRL

Antibodies for SARS-CoV-2 are NOT DETECTED.

The DiaSorin Liaison SARS-Co-V-2 TrimericS IgG antibody test is intended for the qualitative and semi-quantitative detection of IgG antibodies to SARS-CoV-2 in human serum and plasma, for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection. The performance of this test has not been established in individuals that have received a COVID-19 vaccine. The clinical significance of a positive or negative antibody result following COVID-19 vaccination has not been established, and the result from this test should not be interpreted as an indication or degree of protection from infection after vaccination. At this time, it is unknown for how long antibodies persist following infection and if the presence of antibodies confers protective immunity. Samples should only be tested from individuals that are 15 days or more post symptom onset. Negative results do not preclude acute SARS-CoV-2 infection. If acute infection is suspected, direct testing for SARS-CoV-2 is necessary. This test is used under FDA emergency use authorization (EUA) during the COVID-19 public health emergency. It has not been cleared or approved by FDA. EAUs remain in effect after the COVID-19 public health emergency.

The FDA requires that a fact sheet be made available for patients and healthcare providers regarding this test.

The fact sheet for patients may be found at:  
<https://wardelab.com/wp-content/uploads/2021/11/DiaSorin-Tri-mericS-IgG-fact-sheet-for-patients.pdf>

The fact sheet for healthcare providers may be found at:  
<https://wardelab.com/wp-content/uploads/2021/11/DiaSorin-Tri-mericS-IgG-fact-sheet-for-providers.pdf>

**Reported Date:** 02/13/2024 08:30 COV2G

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

F813000003  
WX0000003826  
Printed D&T: 02/13/24 08:31

Ordered By: KAJAL SITWALA, MD, PhD  
WX0000000002353

Kajal V. Sitwala, MD, PhD - Medical Director  
Form: MM RL1  
PAGE 1 OF 1

Inactivate Test With Replacement			
<b>Effective Date</b>	3/18/2024		
Inactivated Test			
<b>Name</b>	T4, Free Dial and T4, Total		
<b>Code</b>	FT4T4		
<b>Legacy Code</b>	FT4&T4		
<b>Interface Order Code</b>	3510197		
Replacement Test			
<b>Name</b>	T4, Free, Direct Dialysis and T4, Total		
<b>Code</b>	T4FDT		
<b>CPT Code(s)</b>	84439, 84436		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Patient Preparation:</i> Fasting prior to collection is preferred. <i>Collect:</i> Serum separator tube (SST) <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 2.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 1.0 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	Serum: Red top		
<b>Rejection Criteria</b>	Lipemia, heparin plasma, EDTA plasma		
<b>Stability</b>	Room temperature: 4 days Refrigerated: 7 days Frozen: 28 days		
Performing Information			
<b>Methodology</b>	Equilibrium Dialysis, Chromatography/Mass Spectrometry, Chemiluminescence (CL)		
<b>Reference Range</b>	See report		
<b>Performed Days</b>	Monday - Saturday		
<b>Turnaround Time</b>	5 - 7 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code</b>	T4FDT		
<b>Interface Order Code</b>	3400847		
Result Code	Name	LOINC Code	AOE/Prompt
3432350	T4, Free, Direct Dialysis	6892-4	No
3400848	T4 (Thyroxine), Total	3026-2	No



# 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: 02/13/2024 08:27 Received: 02/13/2024 08:27

<u>Test Name</u>	<u>Result</u>	<u>Flag</u>	<u>Ref-Ranges</u>	<u>Units</u>	<u>Site</u>
T4 (Thyroxine), Total	9.9		4.9-10.5	mcg/dL	QCRL

Test Performed at:  
Quest Diagnostics Nichols Institute  
33608 Ortega Highway

T4, Free, Direct Dialysis	1.5		0.9-2.2	ng/dL	QCRL
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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:** 02/13/2024 08:28 T4FDT

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

F813000002  
WX0000003827

Ordered By: KAJAL SITWALA, MD, PhD  
WX00000000002365

Kajal V. Sitwala, MD, PhD - Medical Director

Form: MM RL1

Printed D&T: 02/13/24 08:28

PAGE 1 OF 1

Inactivate Test With Replacement													
<b>Effective Date</b>	3/11/2024												
Inactivated Test													
<b>Name</b>	Heavy Metals Panel, Venous												
<b>Code</b>	HMTB												
<b>Legacy Code</b>	HVYMTBLD												
<b>Interface Order Code</b>	3700610												
Replacement Test													
<b>Name</b>	Heavy Metals Panel (Venous)												
<b>Code</b>	HMPV												
<b>CPT Code(s)</b>	82175, 83655, 83825												
<b>Notes</b>	New York DOH Approval Status: No												
Specimen Requirements													
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Avoid seafood consumption 48 hours prior to specimen collection. Collection material such as alcohol swabs should be lead free. Use powder-free gloves during collection.</p> <p><i>Collect:</i> EDTA trace metal tube</p> <p><i>Specimen Preparation:</i> Send 4.0 mL whole blood refrigerated in original tube or in a Quest trace element blood transport tube (lavender label). A completed heavy metal form must accompany sample.</p> <p><i>Minimum Volume:</i> 2.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>												
<b>Alternate Specimen</b>	Sodium heparin trace metal tube												
<b>Rejection Criteria</b>	Clotted specimen, lavender EDTA tube												
<b>Stability</b>	Room temperature: 5 days Refrigerated: 7 days Frozen: Unacceptable												
Performing Information													
<b>Methodology</b>	Inductively Coupled Plasma/Mass Spectrometry or Atomic Spectroscopy												
<b>Reference Range</b>	<table border="0"> <thead> <tr> <th>Analyte/Age</th> <th>Reference Range</th> </tr> </thead> <tbody> <tr> <td>Arsenic</td> <td>&lt;23 mcg/L</td> </tr> <tr> <td colspan="2">Whole blood Arsenic level &gt;100 mcg/L is indicative of acute/chronic exposure.</td> </tr> <tr> <td>Lead 0-6 yrs</td> <td>&lt;5 mcg/dL</td> </tr> <tr> <td>Lead &gt;6 yrs</td> <td>&lt;10.0 mcg/dL</td> </tr> <tr> <td>Mercury</td> <td>&lt;10 mcg/L</td> </tr> </tbody> </table>	Analyte/Age	Reference Range	Arsenic	<23 mcg/L	Whole blood Arsenic level >100 mcg/L is indicative of acute/chronic exposure.		Lead 0-6 yrs	<5 mcg/dL	Lead >6 yrs	<10.0 mcg/dL	Mercury	<10 mcg/L
Analyte/Age	Reference Range												
Arsenic	<23 mcg/L												
Whole blood Arsenic level >100 mcg/L is indicative of acute/chronic exposure.													
Lead 0-6 yrs	<5 mcg/dL												
Lead >6 yrs	<10.0 mcg/dL												
Mercury	<10 mcg/L												
<b>Performed Days</b>	Tuesday, Thursday, Saturday												
<b>Turnaround Time</b>	3 - 5 days												
<b>Performing Laboratory</b>	Quest SJC												



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: 02/16/2024 15:08 Received: 02/16/2024 15:08

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Includes patient and employer information and Arsenic, Blood result (22 mcg/L).

Note) Whole Blood Arsenic level >100 mcg/L is indicative of acute/chronic exposure. Urine is usually the best specimen for the analysis of arsenic in body fluids. Blood levels tend to be low even when urine concentrations are high.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

MDF
med fusion
2501 South State Highway 121, Suite 1100
Lewisville TX 75067
972-966-7300
Robert L. Breckenridge, MD

Test Performed at:
MedFusion

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 W
WX0000003826 F 12/05/1988 35 Y

Referral Testing

Collected: 02/16/2024 15:08 Received: 02/16/2024 15:08

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Mercury, Blood, 10, mcg/L, QCRL

(Note)
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.
MDF
med fusion
2501 South State Highway 121, Suite 1100
Lewisville TX 75067
972-966-7300
Robert L. Breckenridge, MD

Test Performed at:
MedFusion
2501 South State Highway 121, Suite 1100

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Lead (Venous), 3.4, mcg/L, QCRL

(Note)
A blood lead reference value of <5 mcg/dL should apply to only New York state residents per NYS DPH.

Analysis was performed by Inductively Coupled Plasma Mass Spectrometry (ICPMS)

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.
MDF
med fusion
2501 South State Highway 121, Suite 1100
Lewisville TX 75067
972-966-7300
Robert L. Breckenridge, MD

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 W
WX0000003826 F 12/05/1988 35 Y

Referral Testing

Collected: 02/16/2024 15:08 Received: 02/16/2024 15:08

Test Name Result Flag Ref-Ranges Units Site
Test Performed at:
MedFusion
2501 South State Highway 121, Suite 1100

Reported Date: 02/16/2024 15:11 HMPV

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

F816000002 Ordered By: KAJAL SITWALA, MD, PhD
WX0000003826 WX00000000002353
Printed D&T: 02/16/24 15:12

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1
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Interface Information			
<b>Legacy Code</b>	HPMV		
<b>Interface Order Code</b>	3400852		
Result Code	Name	LOINC Code	AOE/Prompt
3400853	Patient Street Address	56799-0	Yes
3400854	Patient City	68997-6	Yes
3400856	Patient State	46499-0	Yes
3400857	Patient Zip Code	45401-7	Yes
3400858	Patient County	87721-7	Yes
3400859	Patient Phone Number	42077-8	Yes
3400861	Patient Occupation	85078-4	Yes
3400862	Race	32624-9	Yes
3400863	Ethnicity	32624-9	Yes
3400864	Employment Status	74165-2	Yes
3400866	Employer	80427-8	Yes
3400867	Employer Address	80429-4	Yes
3400868	Employer City	80431-0	Yes
3400869	Employer State	80433-6	Yes
3400871	Employer Zip	80435-1	Yes
3400872	Employer Phone	96676-2	Yes
3400873	Arsenic, Blood	5583-0	No
3400874	Mercury, Blood	5685-3	No
3400876	Lead (Venous)	5671-3	No

Inactivate Test With Replacement			
<b>Effective Date</b>	3/26/2024		
Inactivated Test			
<b>Name</b>	Porphyrins - Feces		
<b>Code</b>	ZFPOR		
<b>Legacy Code<sup>1</sup></b>	FPOR		
<b>Interface Order Code</b>	3509150		
Replacement Test			
<b>Name</b>	Porphyrins, Fecal		
<b>Code</b>	PORPF		
<b>CPT Code(s)</b>	84126		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Random stool <i>Patient Preparation:</i> Protect from light during collection, storage, and shipment. Wrap stool container in foil immediately after collection. Send 5.0 g stool frozen in screw capped plastic container. CRITICAL FROZEN. <i>Minimum Volume:</i> 1.0 g stool <i>Transport Temperature:</i> CRITICAL FROZEN		
<b>Alternate Specimen</b>	N/A		
<b>Rejection Criteria</b>	Complete timed collections (24-72 hour). Specimens stored in one gallon cans or other large containers. Liquid stool, specimen not protected from light.		
<b>Stability</b>	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 3 weeks		
Performing Information			
<b>Methodology</b>	Quantitative High Performance Liquid Chromatography (HPLC)		
<b>Reference Range</b>	Coproporphyrin, Feces 0-45 nmol/g dry weight Protoporphyrin, Feces 0-100 nmol/g dry weight		
<b>Performed Days</b>	Monday		
<b>Turnaround Time</b>	4 - 10 days		
<b>Performing Laboratory</b>	ARUP Reference Laboratory		
Interface Information			
<b>Legacy Code</b>	PORPF		
<b>Interface Order Code</b>	3600377		
Result Code	Name	LOINC Code	AOE/Prompt
3600378	Coproporphyrin, Feces	29266-4	No
3600379	Protoporphyrin, Feces	29267-2	No
3600381	Porphyrin Fecal Interpretation	14884-1	No

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Barley (Food) IgG
Code	BARLG
Legacy Code	RAF6SP
Interface Code	3710830
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Allergen - Dermatophagoides pteronyssinus IgG
Code	D1G
Legacy Code	D1G
Interface Code	3724410
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Allergen - Cat Epithelium/Dander IgG
Code	E1G
Legacy Code	E1G
Interface Code	3724380
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Allergen - Dog Dander IgG
Code	E5G
Legacy Code	E5G
Interface Code	3724420
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Lettuce IgG
Code	F100G
Legacy Code	RAF100SP
Interface Code	3709510
Notes	Test discontinued.



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: 02/13/2024 08:25 Received: 02/13/2024 08:25

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Rows include Coproporphyrin, Feces (47) and Protoporphyrin, Feces (110).

This test is useful for differentiation of acute porphyrias following a positive porphobilinogen (PBG), or diagnosis or strong suspicion of acute porphyria. Fecal porphyrin excretion usually is not elevated in acute intermittent porphyria (AIP), but massive increases of fecal coproporphyrin are seen in hereditary coproporphyrin (HCP). Fecal protoporphyrin and coproporphyrin excretion is increased in variegate porphyria (VP). This fecal porphyrins assay is not a screening test. Total porphyrins are not measured. For additional information, access the Porphyrias topic in ARUP Consult (arupconsult.com).

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Porphyrin Fecal Interpretation Negative ARRL

Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 02/13/2024 08:26 PORPF
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

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Almond IgG
Code	F20G
Legacy Code	RAF20GSP
Interface Code	3717250
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Allergen - Cabbage IgG
Code	F216G
Legacy Code	F216G
Interface Code	3724760
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Whey IgG
Code	F236G
Legacy Code	RF236GSP
Interface Code	3711300
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Shrimp IgG
Code	F24G
Legacy Code	RAF24SP
Interface Code	3709550
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Walnut IgG
Code	F256G
Legacy Code	RAF256GSP
Interface Code	3721020
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Grape IgG
Code	F259G
Legacy Code	RAF259SP
Interface Code	3709500
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Allergen - Marjoram (F274) IgE
Code	F274E
Legacy Code	F274E
Interface Code	3723890
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Strawberry IgG
Code	F44G
Legacy Code	RAF44SP
Interface Code	3709560
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Kiwi Fruit IgG
Code	F84G
Legacy Code	RAF84SP
Interface Code	3708780
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Celery IgG
Code	F85G
Legacy Code	RAF85SP
Interface Code	3709450
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Avocado IgG
Code	F96G
Legacy Code	RAF96SP
Interface Code	3708750
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Rice IgG
Code	F9G
Legacy Code	RAF96GSP
Interface Code	3711390
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Malt IgG
Code	MALTG
Legacy Code	RAF90SP
Interface Code	3710850
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Oat IgG
Code	OATG
Legacy Code	RAF7SP
Interface Code	3710860
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Rye IgG
Code	RYEG
Legacy Code	RAF5SP
Interface Code	3710870
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Allergen - Pecan (Hickory) IgG
Code	T22G
Legacy Code	T22G
Interface Code	3724800
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Allergen - Oak IgG
Code	T7G
Legacy Code	T7G
Interface Code	3724440
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Allergen - Elm IgG
Code	T8G
Legacy Code	T8G
Interface Code	3724430
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/5/2024
Name	Allergen - Short (Common) Ragweed IgG
Code	W1G
Legacy Code	W1G
Interface Code	3724450
Notes	Test discontinued.