Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Summary		
New Test Activation	4/23/2024	BRIVA - "Brivaracetam, Serum/Plasma"
New Test Activation	4/23/2024	HTLVD - "HTLV I/II DNA, Qualitative, Real-Time PCR"
New Test Activation	4/23/2024	IGF2 - "IGF-2"
New Test Activation	4/30/2024	MITQU - "Mitragynine (Qualitative), Urine"
Update Existing Test	4/4/2024	ANNSE - "Annatto Seed IgE*"
Update Existing Test	4/22/2024	CHLAP - "Chlamydia and Chlamydophila Antibody Panel 3 IgG, IgA, IgM"
Update Existing Test	4/22/2024	CHPAB - "Chlamydia pneumoniae IgG, IgM and IgA Abs"
Update Existing Test	4/15/2024	CNTMA - "Chlamydia/N. gonorrhoeae and T. vaginallis RNA, Qual, TMA"
Update Existing Test	4/22/2024	CTGAM - "Chlamydia Trachomatis Antibodies (IgG, IgA, IgM)"
Update Existing Test	3/22/2024	COV2G - "SARS Coronavirus 2 IgG Antibody"
Update Existing Test	4/15/2024	DISAC - "Disaccharidases"
Update Existing Test	4/29/2024	E209E - "Allergen - Gerbil (E209) IgE"
Update Existing Test	4/29/2024	E214E - "Allergen - Finch Feathers (E214) IgE"
Update Existing Test	4/29/2024	E88EQ - "Allergen - Mouse (E88) IgE"
Update Existing Test	4/29/2024	F246E - "Allergen - Guar Bean Gum (F246) IgE"
Update Existing Test	4/29/2024	F261E - "Allergen - Asparagus (F261) IgE"
Update Existing Test	4/29/2024	F262E - "Allergen - Eggplant (F262) IgE"
Update Existing Test	4/29/2024	F268E - "Allergen - Clove (F268) IgE"
Update Existing Test	4/29/2024	F269E - "Allergen - Basil (F269) IgE"
Update Existing Test	4/29/2024	F273E - "Allergen - Thyme (F273) IgE"
Update Existing Test	4/29/2024	F277E - "Allergen - Dill (F277) IgE"
Update Existing Test	4/29/2024	F296E - "Allergen - Carob (F296) IgE"
Update Existing Test	4/29/2024	F300E - "Allergen - Goat Milk (F300) IgE"
Update Existing Test	4/29/2024	F313Q - "Anchovy (f313) IgE"
Update Existing Test	4/29/2024	F332E - "Allergen - Mint (F332) IgE"
Update Existing Test	4/29/2024	F341E - "Allergen - Cranberry (F341) IgE"
Update Existing Test	4/29/2024	F347Q - "Quinoa (f347) IgE"
Update Existing Test	4/15/2024	HPVMR - "HPV mRNA E6/E7 with Reflex to HPV Genotypes 16, 18/45"
Update Existing Test	4/29/2024	HYSPQ - "Hypersensitivity Pneumonitis Eval"
Update Existing Test	3/25/2024	INHB - "Inhibin B"
Update Existing Test	4/29/2024	M209E - "Penicillium Glabrum (P. Frequentans)(M209) IGE**"
Update Existing Test	4/1/2024	MTBNR - "Mycobacterium tuberculosis Complex, PCR, Non-Respiratory"
Update Existing Test	4/1/2024	MTBR - "MTB Complex, PCR, Respiratory"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	4/29/2024	P1EQ - "Allergen - Ascaris (P1) IgE"
Update Existing Test	4/29/2024	PPSEE - "Pumpkin Seed (f226) IgE"
Update Existing Test	4/29/2024	RF272 - "Allergen - Tarragon IgE"
Update Existing Test	4/9/2024	SERBC - "Selenium, RBC"
Update Existing Test	4/30/2024	TGAB - "Anti-thyroglobulin Antibody"
Update Existing Test	4/30/2024	THAB - "Thyroid Antibody Panel"
Update Existing Test	4/30/2024	THY - "Thyroglobulin and Anti-Thyroglobulin Antibody Panel"
Inactivate Test With Replacement	4/4/2024	CITAL - "Citalopram (Celexa)" replaced by CITA - "Citalopram, Serum/Plasma"
Inactivate Test With Replacement	4/30/2024	ESTFR - "Estrogen, Fractionated, LC-TMS" replaced by ESTM - "Estrogens, Total and Fractionated, LC/MS/MS"
Inactivate Test With Replacement	4/30/2024	ESTR - "Total Estrogen" replaced by ESTM - "Estrogens, Total and Fractionated, LC/MS/MS"
Inactivate Test With Replacement	4/29/2024	F278E - "Allergen - Bay Leaf (F278) IgE" replaced by BAYLE - "Bay Leaf IgE"
Inactivate Test With Replacement	4/29/2024	F312E - "Allergen - Swordfish (F312) IgE" replaced by SWRDE - "Swordfish (f312) IgE"
Inactivate Test With Replacement	4/29/2024	F337E - "Allergen - Sole (F337) IgE" replaced by SOLEE - "Sole (Rf337) IgE"
Inactivate Test With Replacement	5/6/2024	JAKCR - "JAK2 V617F Cascading Reflex" replaced by MPNCP - "MPN Core Diagnostics Panel"
Inactivate Test With Replacement	4/22/2024	PETHQ - "Phosphatidylethanol (Peth), WB, Quantitative" replaced by PETCB - "Phosphatidylethanol Confirmation, Blood "
Inactivate Test With Replacement	4/4/2024	VENLA - "Venlafaxine and Metabolite Qnt" replaced by VENM - "Venlafaxine and Metabolite, Serum or Plasma"
Inactivate Test Without Replacement	4/29/2024	CHOCG - "Chocolate IgG"
Inactivate Test Without Replacement	4/29/2024	CODFG - "Codfish IgG"
Inactivate Test Without Replacement	4/29/2024	F13G - "Peanut IgG"
Inactivate Test Without Replacement	4/29/2024	F14G - "Soybean IgG"
Inactivate Test Without Replacement	4/29/2024	F1G - "Egg White IgG"
Inactivate Test Without Replacement	4/29/2024	F25G - "Tomato IgG"
Inactivate Test Without Replacement	4/29/2024	F26G - "Pork IgG"
Inactivate Test Without Replacement	4/29/2024	F27G - "Beef IgG"
Inactivate Test Without Replacement	4/29/2024	F29G - "Banana IgG"
Inactivate Test Without Replacement	4/29/2024	F2G - "Cow's Milk IgG"
Inactivate Test Without Replacement	4/29/2024	F33G - "Orange IgG"
Inactivate Test Without Replacement	4/29/2024	F35G - "Potato IgG"
Inactivate Test Without Replacement	4/29/2024	F49G - "Apple IgG"
Inactivate Test Without Replacement	4/29/2024	F4G - "Wheat IgG"
Inactivate Test Without Replacement	4/29/2024	F74G - "Coffee IgG"

Inactivate Test Without Replacement	4/29/2024	F75G - "Egg Yolk IgG"
Inactivate Test Without Replacement	4/29/2024	F78G - "Casein IgG"
Inactivate Test Without Replacement	4/29/2024	F79G - "Gluten IgG"
Inactivate Test Without Replacement	4/29/2024	F83G - "Chicken Meat IgG"
Inactivate Test Without Replacement	4/29/2024	F8G - "Corn IgG"
Inactivate Test Without Replacement	4/18/2024	HAIGG - "Hepatitis A IgG Antibody, Serum"
Inactivate Test Without Replacement	4/15/2024	LLC24 - "Kappa/Lamda Light Chains Total, w/calc, 24h Urine"
Inactivate Test Without Replacement	4/29/2024	M2G - "Allergen - Cladosporium herbarum IgG"
Inactivate Test Without Replacement	4/29/2024	M3G - "Aspergillus fumigatus IgG"
Inactivate Test Without Replacement	4/29/2024	YSTBG - "Yeast (Bakers/Brewers) IgG"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

New Test Activation

Effective Date	4/23/2024
Name	Brivaracetam, Serum/Plasma
Code	BRIVA
CPT Code(s)	80375
Notes	New Test Activation New York DOH Approved Status: Yes

Specimen Requirements

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:* 0.2 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Lavender EDTA
Rejection Criteria	Serum separator tube (SST)
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen: 4 months

Performing Information

Methodology	High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)
Reference Range	See report
Performed Days	Varies
Turnaround Time	6 - 10 days
Performing Laboratory	NMS Labs

Interface Information

Legacy Code	BRIVA
Interface Order Code	3300332

Result Code	Name	LOINC Code	AOE/Prompt
3300332	Brivaracetam, Serum/Plasma	88894-1	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: 03/18/2024 14:19 Received: 03/18/2024 14:19

Test Name	Result	Flag	Ref-Ranges	Units	Site
Brivaracetam, Serum/Plasma	None Detected			mcg/mL	NMRL

Reporting Limit: 0.10 mcg/mL
Synonym(s): Briviact(R)
The recommended steady-state brivaracetam plasma concentration for seizure control is 0.2 to 2.0 mcg/mL.
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)
This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the US Food and Drug Administration.
Digital data review may have taken place remotely by qualified NMS staff utilizing a secure VPN connection for some or all of the reported results. This is in accordance with and follows CLIA regulations.

Testing performed at NMS Labs, Inc.
200 Welsh Road
Horsham, PA 19044-2208
CLIA 39D0197898

Reported Date: 03/18/2024 14:19 BRIVA

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

F918000030
WX0000003827
Printed D&T: 03/18/24 14:20

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

New Test Activation

Effective Date	4/23/2024
Name	HTLV I/II DNA, Qualitative, Real-Time PCR
Code	HTLVD
CPT Code(s)	87798 (x2)
Notes	New Test Activation New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Centrifuge, separate plasma from cells and send 1.0 mL plasma in a screw capped plastic vial. *Minimum Volume:* 0.4 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Yellow ACD A
Rejection Criteria	Whole blood anticoagulated with heparin
Stability	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days

Performing Information

Methodology	Real-Time Polymerase Chain Reaction (PCR)
Reference Range	HTLV I DNA Not detected HTLV II DNA Not detected
Performed Days	Monday - Saturday
Turnaround Time	3 - 5 days
Performing Laboratory	Quest SJC

Interface Information

Legacy Code	HTLVD
Interface Order Code	3400829

Result Code	Name	LOINC Code	AOE/Prompt
3400831	HTLV I DNA	44537-9	No
3400832	HTLV II DNA	44542-9	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: 03/18/2024 14:22 Received: 03/18/2024 14:22

Test Name	Result	Flag	Ref-Ranges	Units	Site
HTLV I/II DNA, Qualitative, Real-Time PCR					
HTLV I DNA	NOT DETECTED				QCRL

This assay may demonstrate reduced analytical sensitivity
for HTLV-I non subtype A strains.

HTLV II DNA	NOT DETECTED				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

Reported Date: 03/18/2024 14:22 HTLVD

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

F918000032
WX0000003826
Printed D&T: 03/18/24 14:22

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002353

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

New Test Activation

Effective Date	4/23/2024
Name	IGF-2
Code	IGF2
CPT Code(s)	82542
Notes	New Test Activation New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Patient Preparation:* Overnight fasting is preferred *Collect:* Red top *Specimen Preparation:* Allow blood to clot (10 - 15 minutes) at room temperature. Separate serum from cells and send 0.5 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.3 mL *Transport Temperature:* Room temperature
Alternate Specimen	Serum separator tube (SST)
Rejection Criteria	Hemolysis, Grossly lipemic, Plasma
Stability	Room temperature: 7 days Refrigerated: 7 days Frozen -20°C: 21 days Frozen -70°C: 34 days

Performing Information

Methodology	Chromatography/Mass Spectrometry
Reference Range	<2 Years: Not established 2 - 17 years: 260 - 630 ng/mL ≥18 year: 267 - 616 ng/mL
Performed Days	Monday, Thursday
Turnaround Time	6 - 9 days
Performing Laboratory	Quest SJC

Interface Information

Legacy Code	IGF2
Interface Order Code	3400827

Result Code	Name	LOINC Code	AOE/Prompt
3400827	IGF-2	2485-1	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: 03/18/2024 14:21 Received: 03/18/2024 14:21

Test Name	Result	Flag	Ref-Ranges	Units	Site
IGF-2	355		267-616	ng/mL	QCRL

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: 03/18/2024 14:21 IGF2

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

F918000031
WX0000003826
Printed D&T: 03/18/24 14:21

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002353

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

New Test Activation

Effective Date	4/30/2024
Name	Mitragynine (Qualitative), Urine
Code	MITQU
CPT Code(s)	80323
Notes	New Test Activation New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Collect:* Random urine *Specimen Preparation:* Send 2.0 mL random urine in a sterile, screw capped plastic container. *Minimum Volume:* 0.7 mL *Transport Temperature:* Refrigerated
Rejection Criteria	Urine collected with preservative.
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen: 30 days

Performing Information

Methodology	High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)
Reference Range	See report
Performed Days	Varies
Turnaround Time	9 - 11 days
Performing Laboratory	NMS Labs

Interface Information

Legacy Code	MITQU
Interface Order Code	3300333

Result Code	Name	LOINC Code	AOE/Prompt
3300333	Mitragynine (Qualitative), Urine		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: 03/18/2024 14:24 Received: 03/18/2024 14:24

Test Name	Result	Flag	Ref-Ranges	Units	Site
Mitragynine (Qualitative), Urine	None Detected			ng/mL	NMRL

Reporting Limit: 10 ng/mL
Synonym(s): Kratom
Mitragynine is an alkaloid found in the plant Kratom which originates from Asia. The leaves of plant are consumed for their stimulant and analgesic effects and these effects are attributed to mitragynine. Plant extracts are sold for their medicinal use and may be subject to abuse. Some Kratom materials have also been reported to contain O-desmethyltramadol presumably from exogenous sources.
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)
This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the US Food and Drug Administration.
Digital data review may have taken place remotely by qualified NMS staff utilizing a secure VPN connection for some or all of the reported results. This is in accordance with and follows CLIA regulations.

Testing performed at NMS Labs, Inc.
200 Welsh Road
Horsham, PA 19044-2208
CLIA 39D0197898

Reported Date: 03/18/2024 14:24 MITQU

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

F918000034
WX0000003826
Printed D&T: 03/18/24 14:24

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002353

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/4/2024
Name	Annatto Seed IgE
Code	ANNSE
Interface Order Code	3350610
Legacy Code	ANNSE
Notes	Update to specimen stability.
Required Testing Changes	
Stability	Room temperature: 28 days Refrigerated: 28 days **Frozen: Undetermined**

Update Existing Test	
Effective Date	4/22/2024
Name	Chlamydia and Chlamydophila Antibody Panel 3 IgG, IgA, IgM
Code	CHLAP
Interface Order Code	3400093
Legacy Code	CHLAP
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	**Gross hemolysis; grossly lipemic; grossly icteric**

Update Existing Test	
Effective Date	4/22/2024
Name	Chlamydia pneumoniae IgG, IgM and IgA Abs
Code	CHPAB
Interface Order Code	3400044
Legacy Code	CHPAB
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	**Gross hemolysis; grossly lipemic; grossly icteric**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/15/2024
Name	Chlamydia/N. gonorrhoeae and T. vaginallis RNA, Qual, TMA
Code	CNTMA
Interface Order Code	3435200
Legacy Code	CNTMA
Notes	Update to specimen required and alternate specimen.
Required Testing Changes	
Specimen Required	*Collect:* Liquid cytology PreservCyt® Preservative (ThinPrep®) *Specimen Required:* **1.0 mL liquid cytology (PreservCyt®) preservative (ThinPrep®) collected in an APTIMA® transfer tube (green label)** *Minimum Volume:* 1.0 mL (PreservCyt®) preservative (ThinPrep®) in Aptima® transfer tube (green label) *Transport Temperature:* Refrigerated
Alternate Specimen	**0.5 mL SurePath™ preservative fluid in Aptima® transfer tube (green label)**

Update Existing Test	
Effective Date	3/22/2024
Name	SARS Coronavirus 2 IgG Antibody
Code	COV2G
Interface Order Code	3000068
Legacy Code	COV2G
Notes	Update to specimen stability and reference range.
Required Testing Changes	
Stability	**Room temperature: 48 hours** **Refrigerated: 21 days** **Frozen: Undetermined**
Reference Range	**Negative: <13.0 AU/mL** **Positive: >=13.0 AU/mL**

Update Existing Test	
Effective Date	4/22/2024
Name	Chlamydia Trachomatis Antibodies (IgG, IgA, IgM)
Code	CTGAM
Interface Order Code	3400095
Legacy Code	CTGAM
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	**Gross hemolysis, grossly lipemic, grossly icteric**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/15/2024
Name	Disaccharidases
Code	DISAC
Interface Order Code	3724460
Legacy Code	DISAC
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Gerbil (E209) IgE
Code	E209E
Interface Order Code	3723790
Legacy Code	E209E
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Finch Feathers (E214) IgE
Code	E214E
Interface Order Code	3723800
Legacy Code	E214E
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test

Effective Date	4/29/2024
Name	Allergen - Mouse (E88) IgE
Code	E88EQ
Interface Order Code	3723740
Legacy Code	E88EQ
Notes	Update to performing laboratory and LOINC codes.

Required Testing Changes

Performing Laboratory	**Quest SJC**		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3723743	Mouse (E88) IgE	19751-7	No
3723746	Mouse (E88) IgE Class	**102993-3**	No

Update Existing Test

Effective Date	4/29/2024
Name	Allergen - Guar Bean Gum (F246) IgE
Code	F246E
Interface Order Code	3723820
Legacy Code	F246E
Notes	Update to performing laboratory and New York approval. **New York DOH Approval Status: No**

Required Testing Changes

Performing Laboratory	**Quest SJC**

Update Existing Test

Effective Date	4/29/2024
Name	Allergen - Asparagus (F261) IgE
Code	F261E
Interface Order Code	3723830
Legacy Code	F261E
Notes	Update to performing laboratory and New York approval. **New York DOH Approval Status: No**

Required Testing Changes

Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Eggplant (F262) IgE
Code	F262E
Interface Order Code	3723840
Legacy Code	F262E
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Clove (F268) IgE
Code	F268E
Interface Order Code	3723860
Legacy Code	F268E
Notes	Update to performing laboratory and New York approval. **New York DOH Approval status: No**
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Basil (F269) IgE
Code	F269E
Interface Order Code	3723870
Legacy Code	F269E
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test			
Effective Date	4/29/2024		
Name	Allergen - Thyme (F273) IgE		
Code	F273E		
Interface Order Code	3723880		
Legacy Code	F273E		
Notes	Update to performing laboratory and LOINC code.		
Required Testing Changes			
Performing Laboratory	**Quest SJC**		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3723883	Thyme (F273) IgE	7737-0	No
3723886	Thyme (F273) IgE Class	**102628-5**	No

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Dill (F277) IgE
Code	F277E
Interface Order Code	3723900
Legacy Code	F277E
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Carob (F296) IgE
Code	F296E
Interface Order Code	3723940
Legacy Code	F296E
Notes	Update to performing laboratory and New York approval. **New York DOH Approval Status: No**
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Goat Milk (F300) IgE
Code	F300E
Interface Order Code	3723960
Legacy Code	F300E
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	4/29/2024
Name	Anchovy (f313) IgE
Code	F313Q
Interface Order Code	3724820
Legacy Code	F313Q
Notes	Update to performing laboratory and New York approval. **New York DOH Approval Status: No**
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Mint (F332) IgE
Code	F332E
Interface Order Code	3723980
Legacy Code	F332E
Notes	Update to performing laboratory and New York approval. **New York DOH Approval Status: No**
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Cranberry (F341) IgE
Code	F341E
Interface Order Code	3724000
Legacy Code	F341E
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/29/2024
Name	Quinoa (f347) IgE
Code	F347Q
Interface Order Code	3724860
Legacy Code	F347Q
Notes	Update to performing laboratory and New York approval. **New York DOH Approval Status: No**
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test	
Effective Date	4/15/2024
Name	HPV mRNA E6/E7 with Reflex to HPV Genotypes 16, 18/45
Code	HPVMR
Interface Order Code	3400359
Legacy Code	HPVMR
Notes	Update to specimen required and rejection criteria.
Required Testing Changes	
Specimen Required	*Collect:* Liquid cytology *Specimen Requirement:* **Send 5.0 mL liquid cytology (PreservCyt®) preservative Thin Prep® in APTIMA® specimen transfer tube (green label).** *Minimum Volume:* 1.0 mL *Transport Temperature:* Room temperature
Rejection Criteria	**Aptima® vaginal collection kit (orange label).**

Update Existing Test	
Effective Date	4/29/2024
Name	Hypersensitivity Pneumonitis Eval
Code	HYSPQ
Interface Order Code	3710235
Legacy Code	HYSPQ
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	3/25/2024
Name	Inhibin B
Code	INHB
Interface Order Code	3711710
Legacy Code	INHBSP
Notes	Update to performing laboratory and New York approval. **New York DOH Approval Status: No**
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Update Existing Test			
Effective Date	4/29/2024		
Name	Penicillium Glabrum (P. Frequentans)(M209) IGE		
Code	M209E		
Interface Order Code	3724020		
Legacy Code	M209E		
Notes	Update to performing laboratory, New York approval, and LOINC code. **New York DOH Approval Status: No**		
Required Testing Changes			
Performing Laboratory	**Quest SJC**		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3724023	Penicillium Glabrum (P. frequentans) (M209) IgE	11187-2	No
3724026	Class	**102505-5**	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/1/2024
Name	Mycobacterium tuberculosis Complex, PCR, Non-Respiratory
Code	MTBNR
Interface Order Code	3400041
Legacy Code	MTBNR
Notes	Update to New York approval, specimen required, alternate specimen, rejection criteria, and stability. **New York DOH Approval Status: Yes**
Required Testing Changes	
Specimen Required	***Collect:*** **Cerebrospinal Fluid (CSF)** ***Specimen Preparation:*** **Collect 1.0 mL Cerebrospinal Fluid (CSF) refrigerated in a sterile screw capped plastic vial.** ***Minimum Volume:*** **0.5 mL** *Transport Temperature:* Refrigerated **Vitreous eye fluid: Frozen.**
Alternate Specimen	**Gastric lavage (must be neutralized with sodium bicarbonate within 4 hours of collection), pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, abscess fluid, urine collected in a sterile, leak-proof container.** **Whole blood collected in an EDTA (lavender-top) tube or ACD (yellow-top) tube.** **Vitreous eye fluid 0.5 mL (0.2 mL minimum) collected in a sterile, leak-proof container.** **Fresh (unfixed) 2 grams tissue collected in a sterile leak-proof container in a small amount of saline, no fixative or preservative.**
Rejection Criteria	Tissue collected in fixative or preservative **Swabs, sputum, specimen received in formalin and/or alcohol** **Formalin-fixed paraffin-embedded tissue, culture isolates, non-neutralized gastric lavage**
Stability	**All other samples:** **Room temperature: 48 hours** **Refrigerated: 14 days** **Frozen: 30 days** **Vitreous Fluid** **Room temperature: Unacceptable** **Refrigerated: Unacceptable** **Frozen: 30 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/1/2024
Name	MTB Complex, PCR, Respiratory
Code	MTBR
Interface Order Code	3400031
Legacy Code	MTBR
Notes	Update to specimen required, rejection criteria, and stability.
Required Testing Changes	
Specimen Required	*Patient Preparation:* Collect first morning specimen. *Collect:* Sputum *Specimen Preparation:* Specimen source required. Send **3.0 mL** sputum in a sterile screw capped plastic container. *Minimum Volume:* **1.0 mL** *Transport Temperature:* Refrigerated
Rejection Criteria	**Swabs**
Stability	**Room temperature: 48 hours** **Refrigerated: 14 days** Frozen: 30 days

Update Existing Test	
Effective Date	4/29/2024
Name	Allergen - Ascaris (P1) IgE
Code	P1EQ
Interface Order Code	3724030
Legacy Code	P1EQ
Notes	Update to performing laboratory.
Required Testing Changes	
Performing Laboratory	**Quest SJC**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test			
Effective Date	4/29/2024		
Name	Pumpkin Seed (f226) IgE		
Code	PPSEE		
Interface Order Code	3700107		
Legacy Code	PPSEE		
Notes	Update to performing laboratory, New York approval, LOINC code. **New York DOH Approval Status: No**		
Required Testing Changes			
Performing Laboratory	**Quest SJC**		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3700108	Pumpkin seed (f226) IgE	11193-0	No
3700109	Class	**102548-5**	No

Update Existing Test			
Effective Date	4/29/2024		
Name	Allergen - Tarragon IgE		
Code	RF272		
Interface Order Code	3722040		
Legacy Code	RARF272ES		
Notes	Update to performing laboratory, New York approval, and LOINC code. **New York DOH Approval Status: No**		
Required Testing Changes			
Performing Laboratory	**Quest SJC**		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3722050	Tarragon (f272) IgE	11202-9	No
3722060	Class	**102624-4**	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/9/2024
Name	Selenium, RBC
Code	SERBC
Interface Order Code	3711820
Legacy Code	SELRBCS
Notes	Update to specimen required, alternate specimen, stability, performed days, and turnaround time.
Required Testing Changes	
Specimen Required	*Collect:* Dark blue trace element EDTA *Specimen Preparation:* **Send 2.0 mL whole blood in the original tube. Carefully clean skin prior to venipuncture. Avoid worksite collection.** *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Whole blood: Dark blue heparin, **Lavender** EDTA, heparin (sodium)
Stability	Room temperature: Unacceptable **Refrigerated: 7 days** Frozen: Unacceptable
Performed Days	Tuesday, Friday, **Saturday**
Turnaround Time	**3 - 6 days**

Update Existing Test	
Effective Date	4/30/2024
Name	Anti-thyroglobulin Antibody
Code	TGAB
Interface Order Code	3007985
Legacy Code	THGLAB
Notes	Update to specimen required.
Required Testing Changes	
Specimen Required	*Patient Preparation:* **Biotin interference message removed, no longer indicated by manufacturer** *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:* 0.5 mL *Transport Temperature:* Refrigerated

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Update Existing Test	
Effective Date	4/30/2024
Name	Thyroid Antibody Panel
Code	THAB
Interface Order Code	3007980
Legacy Code	THAB
Notes	Update to specimen required.
Required Testing Changes	
Specimen Required	*Patient Preparation:* **Biotin interference message removed, no longer indicated by manufacturer** *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:* 0.8 mL *Transport Temperature:* Refrigerated

Update Existing Test	
Effective Date	4/30/2024
Name	Thyroglobulin and Anti-Thyroglobulin Antibody Panel
Code	THY
Interface Order Code	3007960
Legacy Code	THY
Notes	Update to specimen required.
Required Testing Changes	
Specimen Required	*Patient Preparation:* **Biotin interference message removed, no longer indicated by manufacturer** *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:* 0.8 mL *Transport Temperature:* Refrigerated

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test With Replacement	
Effective Date	4/4/2024
Inactivated Test	
Name	Citalopram (Celexa)
Code	CITAL
Legacy Code	CITALNM
Interface Order Code	3500820
Replacement Test	
Name	Citalopram, Serum/Plasma
Code	CITA
CPT Code(s)	80332
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
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:* 0.4 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Plasma: Lavender EDTA
Rejection Criteria	Polymer gel separation tube (SST or PST)
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen: 7 months
Performing Information	
Methodology	High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)
Reference Range	See report
Performed Days	Varies
Turnaround Time	6 - 8 days
Performing Laboratory	NMS Labs
Interface Information	
Legacy Code	CITA
Interface Order Code	3300334

Result Code	Name	LOINC Code	AOE/Prompt
3300334	Citalopram, Serum/Plasma	34635-3	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: 03/18/2024 15:04 Received: 03/18/2024 15:04

Test Name	Result	Flag	Ref-Ranges	Units	Site
Citalopram, Serum/Plasma	None Detected			ng/mL	NMRL

Reporting Limit: 5.0 ng/mL
Synonym(s): Celexa(R) / Lexapro(R)
Steady-state serum or plasma levels from patients on a daily regimen of 30 to 60 mg Citalopram: 9-200 ng/mL.
Steady-state peak plasma levels from patients on a regimen of 10 or 30 mg Escitalopram: 21 and 64 ng/mL, respectively, and occur at approximately 4 hours post dose.
This test is not chiral specific; therefore, Citalopram and/or Escitalopram may be present. Concentrations are dependent on the form of drug administered.
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)
This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the US Food and Drug Administration.
Digital data review may have taken place remotely by qualified NMS staff utilizing a secure VPN connection for some or all of the reported results. This is in accordance with and follows CLIA regulations.

Testing performed at NMS Labs, Inc.
200 Welsh Road
Horsham, PA 19044-2208
CLIA 39D0197898

Reported Date: 03/18/2024 15:04 CITA

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

F918000039
WX0000003827
Printed D&T: 03/18/24 15:04

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test With Replacement	
Effective Date	4/30/2024
Inactivated Test	
Name	Estrogen, Fractionated, LC-TMS
Code	ESTFR
Legacy Code	ESTRFARP
Interface Order Code	3685650
Replacement Test	
Name	Estrogens, Total and Fractionated, LC/MS/MS
Code	ESTM
CPT Code(s)	82671
Notes	New York DOH Approval Status: No
Specimen Requirements	
Specimen Required	*Collect:* Red Top *Specimen Preparation:* Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated
Rejection Criteria	Serum separator tube (SST), EDTA plasma, Gross hemolysis, Gross lipemia
Stability	Room temperature: 8 hours Refrigerated: 7 days Frozen: 30 days
Performing Information	
Methodology	Liquid Chromatography - Tandem Mass Spectrometry (LC/MS/MS)
Reference Range	See report
Performed Days	Monday, Thursday
Turnaround Time	2 - 6 days
Performing Laboratory	Warde Medical Laboratory
Interface Information	
Legacy Code	ESTM
Interface Order Code	3000887

Result Code	Name	LOINC Code	AOE/Prompt
3000888	Estrone by LC/MS/MS		No
3000889	Estradiol by LC/MS/MS		No
3000891	Estrogens, Total, Calculation		No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test With Replacement

Effective Date	4/30/2024

Inactivated Test

Name	Total Estrogen
Code	ESTR
Legacy Code	ESTR
Interface Order Code	1010090

Replacement Test

Name	Estrogens, Total and Fractionated, LC/MS/MS
Code	ESTM
CPT Code(s)	82671
Notes	New York DOH Approval Status: No

Specimen Requirements

Specimen Required	*Collect:* Red top *Specimen Preparation:* Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated
Rejection Criteria	Serum separator tube (SST), EDTA plasma, Gross hemolysis, Gross lipemia
Stability	Room temperature: 8 hours Refrigerated: 7 days Frozen: 30 days

Performing Information

Methodology	Liquid Chromatography - Tandem Mass Spectrometry (LC/MS/MS)
Reference Range	See report
Performed Days	Monday, Thursday
Turnaround Time	2 - 6 days
Performing Laboratory	Warde Medical Laboratory

Interface Information

Legacy Code	ESTM
Interface Order Code	3000887

Result Code	Name	LOINC Code	AOE/Prompt
3000888	Estrone by LC/MS/MS		No
3000889	Estradiol by LC/MS/MS		No
3000891	Estrogens, Total, Calculation		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

Immunochemistry

Collected: 03/22/2024 09:59 Received: 03/22/2024 09:59

Test Name	Result	Flag	Ref-Ranges	Units	Site
Estrogens, Total and Fractionated, LC/MS/MS					
Estrone by LC/MS/MS	11			pg/mL	WMRL
Early Follicular			<150		
Late Follicular			100-250		
Luteal			<200		
Post-menopausal			3-31		
Estradiol by LC/MS/MS	13			pg/mL	WMRL
Early Follicular			30-100		
Late Follicular			100-400		
Luteal			50-150		
Post-menopausal			2-21		
Estrogens, Total, Calculation	24			pg/mL	WMRL
Early Follicular			30-250		
Late Follicular			200-650		
Luteal			50-350		
Post-menopausal			5-52		

Note that total estrogens from estrone plus estradiol are not valid in pregnancy due to presence of estriol at significant levels.

This test was developed and its performance characteristics determined by Warde Medical Laboratory in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration. This test is used for patient testing purposes. It should not be regarded as investigational or for research.

Reported Date: 03/22/2024 10:00 ESTM

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

F922000001
WX0000003826
Printed D&T: 03/22/24 10:00

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002353

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test With Replacement	
Effective Date	4/29/2024
Inactivated Test	
Name	Allergen - Bay Leaf (F278) IgE
Code	F278E
Legacy Code	F278E
Interface Order Code	3723910
Replacement Test	
Name	Bay Leaf IgE
Code	BAYLE
CPT Code(s)	86003
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Collect:* Red top *Specimen Preparation:* Centrifuge, separate serum from cells and send 0.5 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.4 mL *Transport Temperature:* Room temperature
Alternate Specimen	Serum separator tube (SST)
Rejection Criteria	Lipemia
Stability	Room temperature: 28 days Refrigerated: 28 days Frozen: >28 days
Performing Information	
Methodology	ImmunoCAP® FEIA
Reference Range	See report
Performed Days	Varies
Turnaround Time	3 - 5 days
Performing Laboratory	Viracor Eurofins
Interface Information	
Legacy Code	BAYLE
Interface Order Code	3300336

Result Code	Name	LOINC Code	AOE/Prompt
3300337	Bay Leaf IgE	7125-8	No
3300338	Class	15561-4	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: 03/18/2024 14:40 Received: 03/18/2024 14:40

Test Name	Result	Flag	Ref-Ranges	Units	Site
Bay Leaf IgE					
Bay Leaf IgE	<0.10		<0.35	kU/L	VIRL
Class	0				VIRL

The test method is the Phadia ImmunoCAP allergen-specific IgE system.
CLASS INTERPRETATION <0.10 kU/L= 0, Negative; 0.10 - 0.34 kU/L= 0/1, Equivocal/Borderline; 0.35 - 0.69 kU/L=1, Low Positive; 0.70 - 3.49 kU/L=2, Moderate Positive; 3.50 - 17.49 kU/L=3, High Positive; 17.50 - 49.99 kU/L= 4, Very High Positive; 50.00 - 99.99 kU/L= 5, Very High Positive; >99.99 kU/L=6, Very High Positive
*This test was developed and its performance characteristics determined by Eurofins Viracor. It has not been cleared or approved by the U.S. Food and Drug Administration.

Testing Performed At:
Eurofins Viracor, LLC
18000 W. 99th Street, Suite 10
Lenexa, KS 66219
Lab Director: Brock Neil, PhD BCLD (ABB)
CLIA # 26D-0983643
FLAG Interpretation: A = Abnormal, H = High, L = Low

Reported Date: 03/18/2024 14:40 BAYLE

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

F918000036
WX0000003827
Printed D&T: 03/18/24 14:41

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Inactivate Test With Replacement			
Effective Date	4/29/2024		
Inactivated Test			
Name	Allergen - Swordfish (F312) IgE		
Code	F312E		
Legacy Code	F312E		
Interface Order Code	3723970		
Replacement Test			
Name	Swordfish (f312) IgE		
Code	SWRDE		
CPT Code(s)	86003		
Specimen Requirements			
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 0.3 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.2 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Serum: Red top		
Stability	Room temperature: 14 days Refrigerated: 14 days Frozen: 30 days		
Performing Information			
Methodology	Immunoassay - Analyte Specific Reagents (ImmunoCAP)		
Reference Range	<0.10 kU/L		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code	SWRDE		
Interface Order Code	3400914		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3400916	Swordfish (f312) IgE	7728-9	No
3400917	Class	16045-7	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: 03/20/2024 08:11 Received: 03/20/2024 08:11

Test Name	Result	Flag	Ref-Ranges	Units	Site
Swordfish (f312) IgE					
Swordfish (f312) IgE	0.01			kU/L	QCRL
Class	0				QCRL

Allergens denoted with a '**' include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.
Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway

Reported Date: 03/20/2024 08:11 SWRDE

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

F920000001
WX0000003827
Printed D&T: 03/20/24 08:11

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Inactivate Test With Replacement			
Effective Date	4/29/2024		
Inactivated Test			
Name	Allergen - Sole (F337) IgE		
Code	F337E		
Legacy Code	F337E		
Interface Order Code	3723990		
Replacement Test			
Name	Sole (Rf337) IgE		
Code	SOLEE		
CPT Code(s)	86003		
Specimen Requirements			
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 0.3 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.2 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Serum: Red top		
Stability	Room temperature: 14 days Refrigerated: 14 days Frozen: 30 days		
Performing Information			
Methodology	Immunoassay (IA)		
Reference Range	<0.10 kU/L		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Quest SJC		
Interface Information			
Legacy Code	SOLEE		
Interface Order Code	3400913		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3400911	Sole kU/L	7709-9	No
3400912	Conventional Class	16026-7	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: 03/20/2024 08:09 Received: 03/20/2024 08:09

Test Name	Result	Flag	Ref-Ranges	Units	Site
Sole (Rf337) IgE					
Sole kU/L	<0.10		<0.10		QCRL
Conventional Class	0		0		QCRL

INTERPRETATION

SPECIFIC IgE CLASS	kU/L	LEVEL OF ALLERGEN SPECIFIC IgE ANTIBODY
0	<0.10	Absent/Undetectable
0/1	0.10-0.34	Very Low Level
1	0.35-0.69	Low Level
2	0.70-3.49	Moderate Level
3	3.50-17.4	High Level
4	17.5-49.9	Very High Level
5	50-100	Very High Level
6	>100	Very High Level

The clinical relevance of allergen results of 0.10-0.34 kU/L are undetermined and intended for specialist use.

Allergens denoted with a '**' include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Test Performed by Quest, Chantilly,
Quest Diagnostics Nichols Institute,
14225 Newbrook Drive, Chantilly, VA 20151
Patrick W Mason, M.D., Ph.D., Director of Laboratories
(703) 802-6900, CLIA 49D0221801
Test Performed at:
Quest Diagnostics/Nichols Chantilly
14225 Newbrook Dr.

Reported Date: 03/20/2024 08:09 SOLEE

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

F920000000
WX0000003827
Printed D&T: 03/20/24 08:09

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test With Replacement

Effective Date	5/6/2024

Inactivated Test

Name	JAK2 V617F Cascading Reflex
Code	JAKCR
Legacy Code	JAKCR
Interface Order Code	3400380

Replacement Test

Name	MPN Core Diagnostics Panel
Code	MPNCP
CPT Code(s)	81270, 81279, 81219, 81339
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Send 4.0 mL whole blood or 3.0 mL bone marrow aspirate. *Minimum Volume:* Whole blood: 3.0 mL Bone marrow: 1.0 mL *Transport Temperature:* Whole blood and bone marrow: Room temperature Cell pellet and DNA: Frozen
Alternate Specimen	Whole blood or bone marrow aspirate: Green sodium heparin Fixed cell pellet: Collected in a plastic leak-proof container. Send within 7 days of fixation date. Indicate type of fixative used. Carnoy's or other alcohol-based fixatives are acceptable. Extracted DNA: From CLIA-certified Laboratory collected in a sterile leak-proof container.
Rejection Criteria	Hemolysis
Stability	Room Temperature: Undetermined Refrigerated: Undetermined Frozen: Unacceptable

Performing Information

Methodology	Targeted Next Generation Sequencing
Reference Range	JAK2 V617F Mutation: Not detected JAK2 V617F Mutation: Not detected CALR Exon 9 Mutation: Not detected MPL Exon 10 Mutation: Not detected
Performed Days	Sunday - Saturday
Turnaround Time	7 - 9 days
Performing Laboratory	Quest SJC

Interface Information

Legacy Code	MPNCP
Interface Order Code	3400877

Result Code	Name	LOINC Code	AOE/Prompt
3400878	Clinical Indication:	55752-0	Yes
3400879	Specimen Source:	31208-2	Yes

3400881	Block/Specimen ID:		Yes
3400882	JAK2 V617F Mutation	43399-5	No
3400883	JAK2 Exon 12 Mutation	55300-8	No
3400884	CALR Exon 9 Mutation	77174-1	No
3400886	MPL Exon 10 Mutation	62947-7	No
3400887	Gene 1	48018-6	No
3400888	Amino Acid 1	48005-3	No
3400889	Mutation Frequency 1	81258-6	No
3400891	Mutation Type 1	48019-4	No
3400892	Exon 1	47999-8	No
3400893	Nucleotide Change 1	48004-6	No
3400894	Reference 1	81256-0	No
3400896	Gene 2	48018-6	No
3400897	Amino Acid 2	48005-3	No
3400898	Mutation Frequency 2	81258-6	No
3400899	Mutation Type 2	48019-4	No
3400901	Exon 2	47999-8	No
3400902	Nucleotide Change 2	48004-6	No
3400903	Reference 2	81256-0	No
3400904	Interpretation	50398-7	No
3400906	Assay Details	8266-9	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

Referral Testing

Collected: 03/18/2024 14:25 Received: 03/18/2024 14:25

Test Name	Result	Flag	Ref-Ranges	Units	Site
MPN Core Diagnostics Panel					
Clinical Indication:	PV				QCRL
Specimen Source:	Whole Blood				QCRL
Block/Specimen ID:	123456				QCRL
JAK2 V617F Mutation	NOT DETECTED				QCRL
Reference Range: NOT DETECTED					
JAK2 Exon 12 Mutation	NOT DETECTED				QCRL
Reference Range: NOT DETECTED					
CALR Exon 9 Mutation	NOT DETECTED				QCRL
Reference Range: NOT DETECTED					
MPL Exon 10 Mutation	NOT DETECTED				QCRL
Reference Range: NOT DETECTED					
Gene 1	SEE NOTE				QCRL
MPL					
Amino Acid 1	SEE NOTE				QCRL
p.Trp515Leu					
Mutation Frequency 1	SEE NOTE				QCRL
84.1					
Mutation Type 1	SEE NOTE				QCRL
missense					
Exon 1	SEE NOTE				QCRL
Exon 10					

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

F918000035
WX0000003827
Printed D&T: 03/18/24 14:29

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002365

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

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

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

Referral Testing

Collected: 03/18/2024 14:25 Received: 03/18/2024 14:25

Test Name	Result	Flag	Ref-Ranges	Units	Site
Nucleotide Change 1	SEE NOTE				QCRL
	NM_005373.2:c.1544G>T				
Reference 1	SEE NOTE				QCRL
	COSM27289				
Gene 2	.				QCRL
Amino Acid 2	.				QCRL
Mutation Frequency 2	.				QCRL
Mutation Type 2	.				QCRL
Exon 2	.				QCRL
Nucleotide Change 2	.				QCRL
Reference 2	.				QCRL
Interpretation	SEE NOTE				QCRL

A mutation is detected in codon 515 (exon 10) of MPL. Mutations of this type are associated with essential thrombocythemia (ET) and primary myelofibrosis (PMF). MPL mutational analysis can be considered on sequential samples to assess for treatment response.

This data was reviewed and interpreted by Charles Ma, PhD. HCLD(ABB)

Assay Details	SEE NOTE	QCRL

This Next-Generation Sequencing based assay interrogates DNA from leukocytes for the presence of mutations in exon 12 and exon 14 of JAK2 (including codon 617), exon 9 of CALR and exon 10 of MPL (including codons 505 and 515). The sensitivity of mutation detection is approximately 5% but may vary depending on the mutation type. Insertions up to 30bp and deletions up to 52bp have been successfully detected by the assay. Alterations outside of the tested areas of these genes will not be detected. Synonymous or known non-synonymous polymorphic changes (SNPs) are not reported.

JAK2 V617F mutation is associated with myeloproliferative neoplasms (MPNs), including polycythemia vera (PV), essential thrombocythemia (ET) and primary myelofibrosis (PMF); JAK2 exon 12 mutations with PV; CALR exon 9 indels and MPL exon 10 mutations with ET and PMF. Increasing allele burden of JAK2 V617F in MPNs has been shown in a number of studies to be associated with increased symptoms including pruritis, splenomegaly, and leukocytosis. Results of this assay should

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

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

Referral Testing

Collected: 03/18/2024 14:25 Received: 03/18/2024 14:25

Test Name	Result	Flag	Ref-Ranges	Units	Site

be correlated with morphology and other laboratory testing for final diagnosis and classification. To further evaluate for MPNs if this assay is negative, additional testing options including BCR-ABL1 rearrangement, Leukovantage MPN, or CSF3R mutation analysis can be considered.

DNA was aligned to GRCh37 (hg19) for analysis. The transcripts IDs used as reference sequences are ENST00000381652 (JAK2), ENST00000316448 (CALR) and ENST00000372470 (MPL).

For additional information, please refer to
http://education.QuestDiagnostics.com/faq/FAQ211
(This link is being provided for informational/educational purposes only.)

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: 03/18/2024 14:29 MPNCP

Performing Site:
QCRL: QUEST DIAGNOSTICS REFERENCE LAB CAPISTRANO 33608 Ortega Highway San Juan Capistrano CA 92675

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test With Replacement

Effective Date	4/22/2024

Inactivated Test

Name	Phosphatidylethanol (Peth), WB, Quantitative
Code	PETHQ
Legacy Code	PETHQ
Interface Order Code	3600311

Replacement Test

Name	Phosphatidylethanol Confirmation, Blood
Code	PETCB
CPT Code(s)	80321 (G0480)
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Collect:* Lavender EDTA *Specimen Required:* Send 1.0 mL whole blood in the original tube. Do not aliquot. Do not centrifuge. Do not use alcohol to clean arm. Use alternatives such as Betadine or ChloraPrep to cleanse arm before collecting any specimen. *Minimum Volume:* 0.5 mL *Transport Temperature:* Frozen
Rejection Criteria	Gross lipemia, Gross icterus, Serum separator tube (SST), Red top, light blue sodium citrate, yellow ACD or SPS
Stability	Room temperature: Unacceptable Refrigerated: 14 days Frozen: 28 days

Performing Information

Methodology	Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)
Reference Range	Negative (<10 ng/mL)
Performed Days	Saturday - Sunday
Turnaround Time	4 - 7 days
Performing Laboratory	Mayo Clinic Laboratories

Interface Information

Legacy Code	PTEHQ
Interface Order Code	3800363

Result Code	Name	LOINC Code	AOE/Prompt
3800364	PEth 16:0/18:1 (POPEth) by LC-MS/MS	97607-6	No
3800366	PEth 16:0/18:2 (PLPEth) by LC-MS/MS	97606-8	No
3800367	PEth Interpretation	59462-2	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: 03/18/2024 15:02 Received: 03/18/2024 15:02

Test Name	Result	Flag	Ref-Ranges	Units	Site
Phosphatidylethanol Confirmation, Blood					
PEth 16:0/18:1 (POPEth) by LC-MS/MS	<10		Cutoff: 10	ng/mL	MMRL

Phosphatidylethanol (PEth) homologues result interpretation

PEth 16:0/18:1 (POPEth)
Less than 10 ng/mL: Not detected
10 - 19 ng/mL: Abstinence or light alcohol consumption
(<2 drinks per day for several days a week)
20 - 200 ng/mL: Moderate alcohol consumption
(up to 4 drinks per day for several days a week)
Greater than 200 ng/mL: Heavy alcohol consumption or
chronic alcohol use (at least 4 drinks per day several days
a week)

(Reference: W. Ulwelling and K Smith 2018 J. Forensic Sci)

PEth 16:0/18:2 (PLPEth) by LC-MS/MS	<10		Cutoff:10	ng/mL	MMRL

PEth 16:0/18:2 (PLPEth)
Reference ranges are not well established

PEth Interpretation	Negative				MMRL

----------ADDITIONAL INFORMATION----------
This report is intended for use in clinical monitoring and
management of patients. It is not intended for use in
employment-related testing.
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

Reported Date: 03/18/2024 15:02 PETCB

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

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

F918000038
WX0000003827
Printed D&T: 03/18/24 15:02

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002354

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test With Replacement

Effective Date	4/4/2024

Inactivated Test

Name	Venlafaxine and Metabolite Qnt
Code	VENLA
Legacy Code	VENLAF
Interface Order Code	3510990

Replacement Test

Name	Venlafaxine and Metabolite, Serum or Plasma
Code	VENM
CPT Code(s)	80338 (Alt code: G0480)
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Patient Preparation:* Pre-dose (trough) draw - At steady state concentration. *Collect:* Red top *Specimen Preparation:* Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Plasma: Lavender EDTA
Rejection Criteria	Whole blood, Serum separator tube (SST), Light blue sodium citrate, or yellow (SPS or ACD Solution).
Stability	Room temperature: 14 days Refrigerated: 14 days Frozen: 14 days

Performing Information

Methodology	Quantitative Liquid Chromatography/Tandem Mass Spectrometry
Reference Range	Therapeutic range (Venlafaxine and o-Desmethylvenlafaxine) 195-400 ng/mL Toxic range (Venlafaxine and o-Desmethylvenlafaxine) >= 800 ng/mL
Performed Days	Wednesday, Saturday
Turnaround Time	3 - 10 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	VENM
Interface Order Code	3600382

Result Code	Name	LOINC Code	AOE/Prompt
3600383	Venlafaxine Serum/Plasma	9630-5	No
3600384	O-Desmethylvenlafaxine S/P	9628-9	No
3600386	Total Venlafaxine and Metabolite S/P	62849-5	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: 03/18/2024 15:06 Received: 03/18/2024 15:06

Test Name	Result	Flag	Ref-Ranges	Units	Site
Venlafaxine and Metabolite, Serum or Plasma					
Venlafaxine Serum/Plasma	153.0			ng/mL	ARRL
O-Desmethylvenlafaxine S/P	283.6			ng/mL	ARRL
Total Venlafaxine and Metabolite S/P	**436.6**	**H**	195.0 - 400.00	ng/mL	ARRL

```
INTERPRETIVE INFORMATION: Venlafaxine and Metabolite, Serum
                          or Plasma
Therapeutic range (Venlafaxine and o-Desmethylvenlafaxine)
.........................................195-400 ng/mL
Toxic range (Venlafaxine and o-Desmethylvenlafaxine)
.......................Greater than or equal to 800 ng/mL

The therapeutic range is based on serum pre-dose (trough)
draw at steady-state concentration. Adverse effects to
venlafaxine therapy may include nausea, vomiting,
dizziness, tremor and blurred vision.

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

Reported Date: 03/18/2024 15:06 VENM

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

F918000040
WX0000003826
Printed D&T: 03/18/24 15:06

Ordered By: KAJAL SITWALA, MD, PhD
WX00000000002353

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Chocolate IgG
Code	CHOCG
Legacy Code	CHOCIGGSP
Interface Code	3710770
Notes	Test discontinued. Suggested alternative is Warde test F93: Allergen - Chocolate IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Codfish IgG
Code	CODFG
Legacy Code	RAF3SP
Interface Code	3710840
Notes	Test discontinued. Suggested alternative is Warde test F3: Allergen - Cod IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Peanut IgG
Code	F13G
Legacy Code	RAF13SP
Interface Code	3708510
Notes	Test discontinued. Suggested alternative is Warde test F13: Allergen - Peanut IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Soybean IgG
Code	F14G
Legacy Code	RAF14SP
Interface Code	3708530
Notes	Test discontinued. Suggested alternative is Warde test F14: Allergen - Soybean IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Egg White IgG
Code	F1G
Legacy Code	RAF1SP
Interface Code	3708500
Notes	Test discontinued. Suggested alternative is Warde test F1: Allergen - Egg White IgE.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Tomato IgG
Code	F25G
Legacy Code	RAF25SP
Interface Code	3708540
Notes	Test discontinued. Suggested alternative is Warde test F25: Allergen - Tomato IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Pork IgG
Code	F26G
Legacy Code	RAF26SP
Interface Code	3709530
Notes	Test discontinued. Suggested alternative is Warde test F26: Allergen - Pork IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Beef IgG
Code	F27G
Legacy Code	RAF27SP
Interface Code	3709440
Notes	Test discontinued. Suggested alternative is Warde test F27: Allergen - Beef IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Banana IgG
Code	F29G
Legacy Code	RAF29SP
Interface Code	3708760
Notes	Test discontinued. Suggested alternative is Warde test F92: Allergen - Banana IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Cow's Milk IgG
Code	F2G
Legacy Code	RAF2SP
Interface Code	3708490
Notes	Test discontinued. Suggested alternative is Warde test F2: Allergen - Cow's Milk IgE.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Orange IgG
Code	F33G
Legacy Code	RAF33SP
Interface Code	3709520
Notes	Test discontinued. Suggested alternative is Warde test F33: Allergen - Orange IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Potato IgG
Code	F35G
Legacy Code	RAF35SP
Interface Code	3708520
Notes	Test discontinued. Suggested alternative is Warde test F35: Allergen - Potato IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Apple IgG
Code	F49G
Legacy Code	F49GSP
Interface Code	3711320
Notes	Test discontinued. Suggested alternative is Warde test F49: Allergen - Apple IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Wheat IgG
Code	F4G
Legacy Code	RAF4SP
Interface Code	3708550
Notes	Test discontinued. Suggested alternative is Warde test F4: Allergen - Wheat IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Coffee IgG
Code	F74G
Legacy Code	RAF74SP
Interface Code	3709470
Notes	Test discontinued. Suggested alternative is Warde test RF221: Allergen - Coffee IgE.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Egg Yolk IgG
Code	F75G
Legacy Code	RAF75SP
Interface Code	3709490
Notes	Test discontinued. Suggested alternative is Warde test F75: Allergen - Egg Yolk IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Casein IgG
Code	F78G
Legacy Code	RAF78GSP
Interface Code	3710940
Notes	Test discontinued. Suggested alternative is Warde test F78: Allergen - Casein IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Gluten IgG
Code	F79G
Legacy Code	F79GSP
Interface Code	3711310
Notes	Test discontinued. Suggested alternative is Warde test F79: Allergen - Gluten IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Chicken Meat IgG
Code	F83G
Legacy Code	RAF83SP
Interface Code	3709460
Notes	Test discontinued. Suggested alternative is Warde test F83: Allergen - Chicken IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Corn IgG
Code	F8G
Legacy Code	RAF8SP
Interface Code	3708480
Notes	Test discontinued. Suggested alternative is Warde test F8: Allergen - Maize, Corn IgE.

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2024

Inactivate Test Without Replacement	
Effective Date	4/18/2024
Name	Hepatitis A IgG Antibody, Serum
Code	HAIGG
Legacy Code	HAIGG
Interface Code	3800008
Notes	Test discontinued. Suggested alternative is Warde test HAAB: Hepatitis A Antibody, Total.

Inactivate Test Without Replacement	
Effective Date	4/15/2024
Name	Kappa/Lamda Light Chains Total, w/calc, 24h Urine
Code	LLC24
Legacy Code	LLC24
Interface Code	3700483
Notes	Test discontinued. Suggested alternative is Warde test KLFU: Kappa/Lambda Light Chains, Free with Ratio, Urine.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Allergen - Cladosporium herbarum IgG
Code	M2G
Legacy Code	M2G
Interface Code	3724400
Notes	Test discontinued. Suggested alternative is Warde test M2: Allergen - Cladosporium herbarum IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Aspergillus fumigatus IgG
Code	M3G
Legacy Code	RAM3GSP
Interface Code	3721000
Notes	Test discontinued. Suggested alternative is Warde test M3: Allergen - Aspergillus fumigatus IgE.

Inactivate Test Without Replacement	
Effective Date	4/29/2024
Name	Yeast (Bakers/Brewers) IgG
Code	YSTBG
Legacy Code	RAF45SP
Interface Code	3710880
Notes	Test discontinued. Suggested alternative is Warde test F45: Allergen - Yeast (bakers/brewers) IgE.