

JUNE 2024

Undata Summary		
Update Summary	6/4/2024	
Update Existing Test	6/4/2024	AHA - "Histone Antibody, IgG"
Update Existing Test	6/4/2024	AMDLU - "Amphetamines [D/L Differentiation], Urine"
Update Existing Test	6/4/2024	APCAB - "Gastric Parietal Cell Antibody"
Update Existing Test	6/3/2024	B12 - "Vitamin B12"
Update Existing Test	6/4/2024	CH50 - "Complement, Total (CH50)"
Update Existing Test	7/1/2024	CHRMS - "Chromium, Serum"
Update Existing Test	6/17/2024	EBVQL - "Epstein Barr Virus DNA PCR, Qual."
Update Existing Test	6/17/2024	EPBAV - "Epstein-Barr Virus DNA, Quant Real-Time PCR, CSF"
Update Existing Test	6/4/2024	ETOHC - "Ethanol, Blood, Serum, or Plasma"
Update Existing Test	6/3/2024	FOL - "Folate, Serum"
Update Existing Test	6/4/2024	HTLVD - "HTLV I/II DNA, Qualitative, Real-Time PCR"
Update Existing Test	6/4/2024	IGS12 - "Immunoglobulin G (IgG) Subclasses 1 + 2"
Update Existing Test	6/4/2024	IGSUB - "Immunoglobulin G (IgG) Subclasses"
Update Existing Test	7/1/2024	MGRBC - "Magnesium, RBC"
Update Existing Test	5/28/2024	MLH1 - "MLH1 Promoter Methylation"
Update Existing Test	6/17/2024	PNJRP - "Pneumocystis jirovecii, Quan, Real-Time PCR"
Update Existing Test	5/28/2024	PRMET - "MGMT Promoter Methylation Det by ddPCR"
Update Existing Test	6/4/2024	SOSMQ - "Osmolality, Serum"
Update Existing Test	6/17/2024	UARSR - "Arsenic Urine Random"
Update Existing Test	7/1/2024	UBISR - "Bismuth, Random Urine w/Creatinine"
Update Existing Test	6/17/2024	UHVMR - "Heavy Metals - Urine Random"
Update Existing Test	6/4/2024	ULEGA - "Legionella Urinary Antigen"
Update Existing Test	6/4/2024	UOSMQ - "Osmolality (U)"
Update Existing Test	6/3/2024	VB2 - "Vitamin B2 (Riboflavin), Plasma"
Update Existing Test	6/3/2024	VB5 - "Vitamin B5 (Pantothenic Acid)"
Update Existing Test	6/17/2024	WHIPP - "Tropheryma whipplei DNA (PCR), Qual"
Update Existing Test	6/4/2024	WNVG - "West Nile Virus Antibody, IgG"
Update Existing Test	6/4/2024	WNVGM - "West Nile Virus IgG/IgM Abs"
Update Existing Test	6/4/2024	WNVM - "West Nile Virus Antibody, IgM"
Inactivate Test With Replacement	7/1/2024	BIS24 - "Bismuth, 24 Hour Urine" replaced by BISMU - "Bismuth,
	, =, === :	24 Hour Urine"
Inactivate Test With Replacement	6/10/2024	OM3FA - "Omega-3 and -6 Fatty Acids" replaced by OMEGC -
•		"OmegaCheck"
Inactivate Test With Replacement	6/17/2024	UARS - "Arsenic 24 Hour Urine" replaced by UARSN - "Arsenic, 24 Hour Urine"
Inactivate Test With Replacement	6/17/2024	UHMT - "Heavy Metal Scrn 24hr Urine" replaced by URHMT -
		"Heavy Metals Panel, 24 Hour Urine"

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Inactivate Test Without Replacement	6/25/2024	MHAIR - "Metro Air Panel"
Inactivate Test Without Replacement	6/25/2024	MHGW - "Metro Grass/Weed Panel"
Inactivate Test Without Replacement	6/25/2024	MHPAN - "Metro Panel"
Inactivate Test Without Replacement	6/25/2024	MHTRE - "Metro Tree Panel"
Inactivate Test Without Replacement	6/25/2024	PFPA - "Pediatric Food Panel AEL"
Inactivate Test Without Replacement	6/25/2024	PHFDE - "Food Panel PHH"
Inactivate Test Without Replacement	6/25/2024	PHST1 - "Standard Panel Part 1 PHH"
Inactivate Test Without Replacement	6/25/2024	PHST2 - "Standard Panel Part 2 PHH"
Inactivate Test Without Replacement	6/25/2024	RPF32 - "Full Panel (Foote) Part 2"
Inactivate Test Without Replacement	6/25/2024	RPFT1 - "Pediatric Panel (Foote)"
Inactivate Test Without Replacement	6/25/2024	RPFT3 - "Full Panel (Foote) Part1"
Inactivate Test Without Replacement	6/24/2024	TCRGQ - "T Cell Rec Gamma Gene Rear PCR"

Update Existing Test		
Effective Date	6/4/2024	
Name	Histone Antibody, IgG	
Code	AHA	
Interface Order Code	3671850	
Legacy Code	AHA	
Notes	Update to rejection criteria and stability.	
Required Testing Changes		
Rejection Criteria	Grossly hemolyzed, lipemic, heat-treated, microbially contaminated specimens, or plasma	
	Room temperature: 8 hours	
Stability	Refrigerated: 48 hours	
	Frozen: Undetermined	

Update Existing Test		
Effective Date	6/4/2024	
Name	Amphetamines [D/L Differentiation], Urine	
Code	AMDLU	
Interface Order Code	3300090	
Legacy Code	AMDLU	
Notes	Update to turnaround time.	
Required Testing Changes		
Turnaround Time	7 - 12 days	

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Update Existing Test		
Effective Date	6/4/2024	
Name	Gastric Parietal Cell Antibody	
Code	APCAB	
Interface Order Code	3007760	
Legacy Code	APCAB	
Notes	Update to rejection criteria and stability.	
Required Testing Changes		
Rejection Criteria	Grossly hemolyzed, lipemic, heat-treated, microbially contaminated specimen, plasma	
	Room temperature: 8 hours	
Stability	Refrigerated: 48 hours	
	Frozen: Undetermined	

Update Existing Test		
Effective Date	6/3/2024	
Name	Vitamin B12	
Code	B12	
Interface Order Code	1000760	
Legacy Code	B12	
Notes	Update to performing laboratory.	
Required Testing Changes		
Performing Laboratory	Quest SJC	

Update Existing Test		
Effective Date	6/4/2024	
Name	Complement, Total (CH50)	
Code	CH50	
Interface Order Code	3000310	
Legacy Code	CH50	
Notes	Update to stability.	
Required Testing Changes		
Stability	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: Undetermined	

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Update Existing Test		
Effective Date	7/1/2024	
Name	Chromium, Serum	
Code	CHRMS	
Interface Order Code	3422860	
Legacy Code	CHRMQ	
Notes	Update to New York approval and performing laboratory.	
Required Testing Changes		
New York Approval	New York DOH Approval Status: No	
Performing Laboratory	Quest SJC	

Update Existing	g Test
Effective Date	6/17/2024
Name	Epstein Barr Virus DNA PCR, Qual.
Code	EBVQL
Interface Order Code	3421440
Legacy Code	EBVDPCRQ
Notes	Update to specimen requirements, alternate specimen, rejection criteria, and stability.
Required Testing C	hanges
Specimen Required	Collect: Cerebrospinal Fluid (CSF) Specimen Preparation: Send 1.0 mL Cerebrospinal fluid (CSF) in a sterile leakproof container. Minimum Volume: 0.3 mL Transport Temperature: Refrigerated: All others; Frozen: Tissue
Alternate Specimen	Serum: Serum separator tube, Red top Whole blood: EDTA Lavender Fresh tissue: >3 cubic MM collected in sterile leakproof container. Fluid: Broncheoalveolar lavage, eye, bronchial wash, amniotic fluid, tracheal secretions.
Rejection Criteria	Hemolyzed whole blood, heparin whole blood, ACD (Yellow top), PPT potassium tube (White top), Thawed Tissue
Stability	Whole Blood: Room temperature: 48 hours Refrigerated: 8 days Frozen: Unacceptable Bone marrow, CSF, tissue, fluids, serum: Room temperature: 48 hours Refrigerated: 8 days Frozen: 30 days

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Update Existing	g Test
Effective Date	6/17/2024
Name	Epstein-Barr Virus DNA, Quant Real-Time PCR, CSF
Code	EPBAV
Interface Order Code	3400475
Legacy Code	EPBAV
Notes	Update to specimen requirements, rejection criteria, stability, and reference range.
Required Testing C	nanges
Specimen Required	Collect: Cerebrospinal fluid (CSF) Specimen Preparation: Send 1.0 mL Cerebrospinal fluid (CSF) in a sterile leak proof container. Minimum Volume: 0.5 mL Transport Temperature: Refrigerated
Rejection Criteria	Heparinized samples, avoid repeated freezing and thawing, ACD (yellow top), PPT potassium tube (white top)
Stability	CSF, Bronchoalveolar Lavage, Serum: Room temperature: 48 hours Refrigerated: 8 days Frozen: 30 days Whole Blood: Room temperature: 48 hours Refrigerated: 8 days Frozen: Unacceptable
Reference Range	EBV DNA, QN PCR (copies/mL): Not detected EBV DNA, QN PCR (Log copies/mL): Not detected

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Update Existin	g Test	
Effective Date	6/4/2024	
Name	Ethanol, Blood, Serum, or Plasma	
Code	ETOHC	
Interface Order Code	1750410	
Legacy Code	ETOH	
Notes	Update to specimen requirements, stability, reference range, and performed days.	
Required Testing Changes		
Specimen Required	Collect: Gray sodium flouride. Use non-alcohol swabs during collection. Specimen Preparation: Send 5.0 mL whole blood, refrigerated. Do not remove cap from collection tube. Minimum Volume: 2.0 mL Transport Temperature: Refrigerated	
Stability	Room temperature: 48 hours Refrigerated: 7 days Frozen: Whole blood: Unacceptable; Plasma/Serum: 30 days	
Reference Range	Decision Level: 10 mg/dL Low toxic: >300 mg/dL High toxic: >400 mg/dL	
Performed Days	Monday - Friday	

Update Existing Test		
Effective Date	6/3/2024	
Name	Folate, Serum	
Code	FOL	
Interface Order Code	1000770	
Legacy Code	FOL	
Notes	Update to specimen requirements and performing laboratory.	
Required Testing Cl	nanges	
Specimen Required	Collect: Serum separator tube (SST) Specimen Preparation: Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in an amber screw capped plastic vial. PROTECT FROM LIGHT. Minimum Volume: 0.5 mL Transport Temperature: Refrigerated	
Performing Laboratory	Quest SJC	

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Update Existing Test		
Effective Date	6/4/2024	
Name	HTLV I/II DNA, Qualitative, Real-Time PCR	
Code	HTLVD	
Interface Order Code	3400829	
Legacy Code	HTLVD	
Notes	Update to specimen requirements.	
Required Testing Changes		
Specimen Required	Collect: Lavender EDTA	
	Specimen Preparation: Send 1.0 mL whole blood.	
	Minimum Volume: 0.4 mL	
	Transport Temperature: Refrigerated	

Update Existing Test	
Effective Date	6/4/2024
Name	Immunoglobulin G (IgG) Subclasses 1 + 2
Code	IGS12
Interface Order Code	3003980
Legacy Code	IGGS12
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: Undetermined Refrigerated: 8 days Frozen: Undetermined

Update Existing Test		
Effective Date	6/4/2024	
Name	Immunoglobulin G (IgG) Subclasses	
Code	IGSUB	
Interface Order Code	3004000	
Legacy Code	IGGSUB	
Notes	Update to stability.	
Required Testing Changes		
Stability	Room temperature: Undetermined Refrigerated: 8 days Frozen: Undetermined	

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Update Existing Test	
Effective Date	7/1/2024
Name	Magnesium, RBC
Code	MGRBC
Interface Order Code	3700770
Legacy Code	MAGNRBC
Notes	Update to New York approval and performing laboratory.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	5/28/2024
Name	MLH1 Promoter Methylation
Code	MLH1
Interface Order Code	3624180
Legacy Code	MLH1
Notes	Update to rejection critera.
Required Testing Changes	
Rejection Criteria	Fixative other than 10 percent neutral buffered formalin, decalcified specimens (except in EDTA), less than 20 percent tumor.

Update Existing Test		
Effective Date	6/17/2024	
Name	Pneumocystis jirovecii, Quan, Real-Time PCR	
Code	PNJRP	
Interface Order Code	3400816	
Legacy Code	PNJRP	
Notes	Update to New York approval and specimen requirements.	
Required Testing Changes		
New York Approval	New York DOH Approval Status: No	
Specimen Required	Collect: Bronchoalveolar Lavage (BAL) Specimen Preparation: Collect 1.0 mL bronchoalveolar lavage in a sterile leakproof container. Minimum Volume: 0.5 mL Transport Temperature: Refrigerated	

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Update Existing Test	
Effective Date	5/28/2024
Name	MGMT Promoter Methylation Det by ddPCR
Code	PRMET
Interface Order Code	3600217
Legacy Code	PRMET
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Fixative other than 10 percent neutral buffered formalin, decalcified specimens (except in EDTA), less than 20 percent tumor.

Update Existing Test		
Effective Date	6/4/2024	
Name	Osmolality, Serum	
Code	SOSMQ	
Interface Order Code	3424500	
Legacy Code	SOSMQ	
Notes	Update to specimen requirements and performing laboratory.	
Required Testing Changes		
Specimen Required	Collect: Red top Specimen Preparation: Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. Minimum Volume: 0.5 mL Transport Temperature: Frozen	
Performing Laboratory	Quest SJC	

Update Existing Test	
Effective Date	6/17/2024
Name	Arsenic Urine Random
Code	UARSR
Interface Order Code	3705687
Legacy Code	UARSRSP
Notes	Update to New York approval and performing laboratory.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No
Performing Laboratory	Quest SJC

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Update Existing Test	
Effective Date	7/1/2024
Name	Bismuth, Random Urine w/Creatinine
Code	UBISR
Interface Order Code	3724520
Legacy Code	UBISR
Notes	Update to New York approval and performing laboratory.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	6/17/2024
Name	Heavy Metals - Urine Random
Code	UHVMR
Interface Order Code	3708165
Legacy Code	UHVYMTSP
Notes	Update to New York approval and performing laboratory.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No
Performing Laboratory	Quest SJC

Update Existing Test		
Effective Date	6/4/2024	
Name	Legionella Urinary Antigen	
Code	ULEGA	
Interface Order Code	3002030	
Legacy Code	ULEGAG	
Notes	Update to stability and turnaround time.	
Required Testing Changes		
Stability	Room temperature: 24 hours Refrigerated: 14 days Frozen: Undetermined	
Turnaround Time	1 - 3 days	

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Update Existing Test			
Effective Date	6/4/2024		
Name	Osmolality (U)		
Code	UOSMQ		
Interface Order Code	3424540		
Legacy Code	UOSMQ		
Notes	Update to specimen requirements and performing laboratory.		
Required Testing Changes			
Specimen Required	Collect: Random urine Specimen Preparation: Send 2.0 mL urine in a screw capped plastic container. Minimum Volume: 0.5 mL Transport Temperature: Frozen		
Performing Laboratory	Quest SJC		

Update Existing Test			
Effective Date	6/3/2024		
Name	Vitamin B2 (Riboflavin), Plasma		
Code	VB2		
Interface Order Code	3422140		
Legacy Code	VB2Q		
Notes	Update to performing laboratory.		
Required Testing Changes			
Performing Laboratory	Quest SJC		

Update Existing Test			
Effective Date	6/3/2024		
Name	Vitamin B5 (Pantothenic Acid)		
Code	VB5		
Interface Order Code	3719380		
Legacy Code	VB5SP		
Notes	Update to performing laboratory.		
Required Testing Changes			
Performing Laboratory	Quest SJC		

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Undata Evictina	r Tost				
Update Existing					
Effective Date	6/17/2024				
Name	Tropheryma whipplei DNA (PCR), Qual				
Code	WHIPP				
Interface Order Code	3803710				
Legacy Code	WHIPPLE				
Notes	Update to New York approval, specimen requirements, alternate specimen, rejection criteria, and stability.				
Required Testing Cl	nanges				
New York Approval	New York DOH Approval Status: No				
Specimen Required	Collect: Tissue Specimen Preparation: Send 3 mm (fresh) tissue in a sterile leak proof container. Minimum Volume: Tissue: 3 mm; All others: 0.3 mL Transport Temperature: Frozen: Tissue; Refrigerate: All others				
Alternate Specimen	0.7 mL CSF, 0.7 mL EDTA Lavender whole blood, 0.7 mL Synovial fluid				
Rejection Criteria	ACD (Yellow Top)				
	Tissue/Synovial Fluid Room temperature: Unacceptable Refrigerated: 7 days Frozen: 30 days				
Stability					
	Whole blood/CSF: Room temperature: 48 hours				
	Room temperature: 48 hours				
	Refrigerated: 7 days Frozen: 30 days				

Update Existing Test				
Effective Date	6/4/2024			
Name	West Nile Virus Antibody, IgG			
Code	WNVG			
Interface Order Code	3016010			
Legacy Code	WNVG			
Notes	Update to rejection criteria, stability, and performed days.			
Required Testing Cl	hanges			
Rejection Criteria	Grossly hemolyzed, icteric, or lipemic specimens, plasma, heat-inactivated samples.			
	Room temperature: 8 hours			
Stability	Refrigerated: 48 hours			
	Frozen: Undetermined			
Performed Days	Thursday			

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JUNE 2024

Update Existing Test				
Effective Date	6/4/2024			
Name	West Nile Virus IgG/IgM Abs			
Code	WNVGM			
Interface Order Code	3016000			
Legacy Code	WNVGM			
Notes	Update to rejection criteria, stability, and performed days.			
Required Testing C	Required Testing Changes			
Rejection Criteria	Grossly hemolyzed, icteric, or lipemic specimens, plasma, heat-inactivated samples.			
	Room temperature: 8 hours			
Stability	Refrigerated: 48 hours			
	Frozen: Undetermined			
Performed Days	Thursday			

Update Existing Test				
Effective Date	6/4/2024			
Name	West Nile Virus Antibody, IgM			
Code	WNVM			
Interface Order Code	3016020			
Legacy Code	WNVM			
Notes	Update to rejection criteria, stability, and performed days.			
Required Testing C	hanges			
Rejection Criteria	Grossly hemolyzed, icteric, or lipemic specimens, plasma, heat-inactivated samples.			
	Room temperature: 8 hours			
Stability	Refrigerated: 48 hours			
	Frozen: Undetermined			
Performed Days	Thursday			

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Inactivate Test With Replacement					
Effective Date	7/1/2024				
	Inactivated Test				
Name	Bismuth, 24 Hour Urine				
Code	BIS24				
Legacy Code		BIS24			
Interface Order Code	3	700534			
	Replacement Te	est			
Name	Bismuth,	24 Hour Urine			
Code		BISMU			
CPT Code(s)	83018				
Notes	New York DOH Approval Status: No				
Specimen Requiren	nents				
Specimen Required	Patient Preparation: Avoid taking mineral supplements and bismuth preparations such as Pepto-Bismol™ for at least 1 week prior to collection. Collect: 24 hour urine in an acid washed container. Specimen Preparation: Collect 24 hour urine in an acid washed 24 hour urine container. Mix well and send 7.0 mL urine refrigerated in a screw capped acid-washed container. Minimum Volume: 3.0 mL Transport Temperature: Refrigerated				
Stability	Room temperature: 48 hours Refrigerated: 5 days Frozen: 14 days				
Performing Informa		,			
Methodology	Inductively Coupled F		ectrometry		
Reference Range Performed Days	<21 mcg/L				
Turnaround Time	Tuesday, Thursday, Saturday 4 - 6 days				
Performing Laboratory	•	uest SJC			
Interface Informati					
Legacy Code	BISMU				
Interface Order Code	3400957				
Result Code	Name LOINC Code AOE/Prompt				
3400958	Total Volume		Yes		
3400959	Bismuth, 24 Hour Urine		No		

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Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108 **EXAMPLE, REPORT W**

WX0000003827 M 07/08/1978 45 Y

Referral Testing

Collected: 05/15/2024 15:39 Received: 05/15/2024 15:39

Test Name Result Flag Ref-Ranges Units Site

Bismuth, 24 Hour Urine

 Total Volume
 1500
 QCRL

 Bismuth, 24 Hour Urine
 19.5
 <21.0</td>
 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
Ithiel James L. Frame, MD, PhD
Test Performed at:
MedFusion
2501 South State Highway 121, Suite 1100

Reported Date: 05/15/2024 15:39 BISMU

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

G115000010 WX0000003827 Printed D&T: 05/15/24 15:40 Ordered By: KAJAL SITWALA, MD, PHD WX00000000002365

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



JUNE 2024

Inactivate Test	With Replacement				
Effective Date	6/10/2024				
	Inactivate	d Test			
Name	Omega-3 and -6 Fatty Acids				
Code		OM3FA			
Legacy Code		OM3FA			
Interface Order Code		3434900			
	Replaceme	ent Test			
Name		OmegaCheck			
Code		OMEGC			
CPT Code(s)	82542				
Notes	New York DOH Approval Status: Yes				
Specimen Requiren	nents				
Specimen Required	Patient Preparation: Overnight fasting is preferred but not required. Collect: Lavender EDTA Specimen Preparation: Send 0.5 mL whole blood. Gently invert tube 8-10 times immediately after draw. DO NOT SHAKE. Minimum Volume: 0.1 mL Transport Temperature: Refrigerated				
Rejection Criteria	Plasma, serum, heparinized whole bloc	od, lipemia			
Stability	Room temperature: 70 days Refrigerated: 70 days Frozen (-20°C): Unacceptable Frozen (-70°C): 10 weeks				
Performing Informa	ation				
Methodology	Liquid Chromatograph	y/Tandem Mass Spectro	ometry (LC/MS/MS)		
Reference Range		See report			
Performed Days	Monday - Saturday				
Turnaround Time	5 - 7 days				
Performing Laboratory		Quest SJC			
Interface Informati	on				
Legacy Code		OMEGC			
Interface Order Code		3400931			
Result Code	Name	LOINC Code	AOE/Prompt		
3400932	EPA DPA DHA	90908-5	No		
3400933	Arachidonic Acid/EPA Ratio	90909-3	No		
3400934	Omega 6/Omega 3 Ratio	90910-1	No No		
3400936	Omega 3 total	90911-9	No No		
3400937	EPA	90912-7	No		
3400938	DPA	90913-5	No		
3400939	DHA	90914-3	No No		
3400941	Omega 6 total	90915-0	No No		
3400942	Arachidonic Acid	90916-8	No No		
3400943	Linoleic Acid	90917-6	No		

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Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108

EXAMPLE, REPORT W

WX0000003826 F 12/05/1988 35 Y

Increasing blood levels of long-chain n-3 fatty acids are associated with a lower risk of sudden cardiac death (1). Based on the top (75th percentile) and bottom (25th percentile) quartiles of the CHL reference population, the following risk categories were established for OmegaCheck: A cut-off of $\geq 5.5\%$ by wt defines a population at low relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and <=3.7% by wt defines a population at high relative risk of sudden cardiac death. The totality of the scientific evidence demonstrates that when consumption of fish oils is limited to 3 g/day or less of EPA and DHA, there is no significant risk for increased bleeding time beyond the normal range. A daily dosage of 1 gram of EPA and DHA lowers the circulating triglycerides by about 7-10% within 2 to 3 weeks. (Reference: 1-Albert et al. NEJM. 2002; 346: 1113-1118). This test is performed by a Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS) method. This test was developed and its performance characteristics determined by the Cleveland HeartLab, Inc. It has not been cleared or approved by the U.S. FDA. The Cleveland HeartLab, Inc. is regulated under Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Arachidonic Acid/EPA Ratio	6.6		QCRL
Omega 6/Omega 3 Ratio	5.3		QCRL
Omega 3 total	6.0	% by wt	QCRL
EPA	1.6	% by wt	QCRL
DPA	1.2	% by wt	QCRL
DHA	3.2	% by wt	QCRL
Omega 6 total	43.1	% by wt	QCRL
Arachidonic Acid	10.5	% by wt	QCRL
Linoleic Acid	21.6	% by wt	QCRL

Test Performed at: Cleveland HeartLab, Inc 6701 Carnegie Avenue Suite 500

Reported Date: 05/15/2024 15:37 OMEGC

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

G115000009 WX0000003826 Printed D&T: 05/15/24 15:38 Ordered By: KAJAL SITWALA, MD, PHD WX00000000002353

Kajal V. Sitwala, MD, PhD - Medical Director Form: MM RL1 PAGE 1 OF 2



Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108 **EXAMPLE, REPORT W**WX0000003826 F 12/05/1988 35 Y

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

G115000009 WX0000003826 Printed D&T: 05/15/24 15:38 Ordered By: KAJAL SITWALA, MD, PHD WX00000000002353

Kajal V. Sitwala, MD, PhD - Medical Director Form: MM RL1 PAGE 2 OF 2



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	nactivate Test With Replacement				
Effective Date	6/17/2024				
	Inactivated Tes	st			
Name	Arsenic 24 Hour Urine				
Code	UARS				
Legacy Code	L	JARSSP			
Interface Order Code	3	705670			
	Replacement Te	est			
Name	Arsenic,	24 Hour Urine			
Code	l	JARSN			
CPT Code(s)	82175				
Notes	New York DOH Approval Status: No				
Specimen Requiren	nents				
Specimen Required Rejection Criteria Stability	Patient Preparation: Avoid seafood consumption for 48 hours prior to collection. Collect: 24 hour urine in acid-washed or metal-free container Specimen Preparation: Collect 24 hour urine in acid washed container. Mix well and send 7.0 mL urine frozen in acid washed screw capped plastic container. Record total volume on specimen container and test requisition. Call lab for collection container. A complete heavy metal form must accompany sample. Tests performed on a specimen submitted in a non-trace element tube or non acid washed/non metal free container may not accurately reflect the patients level. If a non-trace element tube/container is received, it will be accepted for testing. However, elevated results shall be reported with a message that a resubmission with a trace element tube/container is recommended. Minimum Volume: 3.0 mL Transport Temperature: Frozen Sample acidified with HCl Room temperature: 48 hours Refrigerated: 5 days				
Performing Informa	ation				
Methodology	Inductively Coupled Plasn	na-Mass Spectro	ometry (ICP-MS)		
Reference Range	<8	0 mcg/L			
Performed Days	Tuesday, Thursday, Saturday				
Turnaround Time	3 - 6 days				
Performing Laboratory	Quest SJC				
Interface Informati	on				
Legacy Code	UARSN				
Interface Order Code	3400944				
Result Code	Name	LOINC Code	AOE/Prompt		
3400946	Total Volume		Yes		
3400948	Arsenic, 24 Hour Urine		No		

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Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108 **EXAMPLE, REPORT W**

WX0000003826 F 12/05/1988 35 Y

Referral Testing

Collected: 05/15/2024 15:40 Received: 05/15/2024 15:40

Test Name Result Flag Ref-Ranges Units Site

Arsenic, 24 Hour Urine

 Total Volume
 1650
 QCRL

 Arsenic, 24 Hour Urine
 13
 <81</td>
 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
Ithiel James L. Frame, MD, PhD
Test Performed at:
MedFusion
2501 South State Highway 121, Suite 1100

Reported Date: 05/15/2024 15:41 UARSN

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

G115000011 WX0000003826 Printed D&T: 05/15/24 15:41 Ordered By: KAJAL SITWALA, MD, PHD WX00000000002353



JUNE 2024

	With Replacement				
Effective Date	6/17/2024				
	Inactivated Tes	it			
Name	Heavy Metal Scrn 24hr Urine				
Code	UHMT				
Legacy Code	UHVYMT				
Interface Order Code	3700645				
	Replacement Te	est			
Name	Heavy Metals	Panel, 24 Hour U	rine		
Code	ι	JRHMT			
CPT Code(s)	82175, 83655, 83825				
Notes	New York DOH Approval Status: No				
Specimen Requirer	nents				
Specimen Required	Patient Preparation: Avoid seafood consumption for 48 hours prior to collection. Avoid worksite collection. Collect: 24 hour urine Specimen Preparation: Mix well and send 7.0 mL urine refrigerated in acid washed screw capped plastic container. Record total volume on specimen container and test requisition. Call lab for collection container. A complete heavy metal form must accompany sample. Tests performed on a specimen submitted in a non-trace element tube or non acid washed/non metal free container may not accurately reflect the patients level. If a non-trace element tube/container is received, it will be accepted for testing. However, elevated results shall be reported with a message that a resubmission with a trace element tube/container is recommended. Minimum Volume: 3.0 mL				
Stability	Transport Temperature: Refrigerated Room temperature: 48 hours Refrigerated: 5 days Frozen: 14 days				
Performing Informa	ation				
Methodology	Inductively Coupled I	Plasma/Mass Spe	ectrometry		
Reference Range	Lead: <	Arsenic: <80 mcg/L Lead: <80 mcg/L Mercury: <20 mcg/L			
Performed Days	Tuesday, Thursday, Saturday				
Turnaround Time	3 - 6 days		·		
Performing Laboratory	Quest SJC				
Interface Informati	on				
Legacy Code	URHMT				
Interface Order Code	3400949				
Result Code	Name	LOINC Code	AOE/Prompt		
3400951	Total Volume		Yes		
3400953	Arsenic, 24 Hour Urine		No		
3400954	Lead, 24 Hour Urine		No		
3400956	Mercury, 24 Hour Urine		No		

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Example Client, XYZ123 1234 Warde Road Ann Arbor MI 48108

EXAMPLE, REPORT W

WX0000003827 M 07/08/1978 45 Y

Referral Testing

Collected: 05/15/2024 15:42 Received: 05/15/2024 15:42

<u>Test Name</u> <u>Result</u> <u>Flag Ref-Ranges</u> <u>Units</u> <u>Site</u>

Heavy Metals Panel, 24 Hour Urine

 Total Volume
 1700
 QCRL

 Arsenic, 24 Hour Urine
 12
 <81</td>
 mcg/mL
 QCRL

Test Performed at:

MedFusion

2501 South State Highway 121, Suite 1100

Lead, 24 Hour Urine 16 <80 mcg/L QCRL

Test Performed at:

MedFusion

2501 South State Highway 121, Suite 1100

Mercury, 24 Hour Urine 17 <21 mcg/L QCRL

Reference Range: < or = 20 mcg/L Toxic: > or = 150 mcg/L

These tests were developed and their analytical performance characteristics have been determined by Quest Diagnostics. They have not been cleared or approved by the FDA. These assays have been validated pursuant to the CLIA regulations and are used for clinical purposes.

MDF
med fusion
2501 South State Highway 121, Suite 1100
Lewisville TX 75067
972-966-7300
Ithiel James L. Frame, MD, PhD
Test Performed at:
MedFusion
2501 South State Highway 121, Suite 1100

Reported Date: 05/15/2024 15:42 URHMT

Performing Site:

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



JUNE 2024

Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Metro Air Panel
Code	MHAIR
Legacy Code	MHAIR
Interface Code	3069140
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Metro Grass/Weed Panel
Code	MHGW
Legacy Code	MHGW
Interface Code	3069170
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Metro Panel
Code	MHPAN
Legacy Code	MHPAN
Interface Code	3069180
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Metro Tree Panel
Code	MHTRE
Legacy Code	MHTREE
Interface Code	3069150
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Pediatric Food Panel AEL
Code	PFPA
Legacy Code	PFPAEL
Interface Code	3064210
Notes	Test discontinued.

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Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Food Panel PHH
Code	PHFDE
Legacy Code	PHFDE
Interface Code	3062700
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Standard Panel Part 1 PHH
Code	PHST1
Legacy Code	PHSTAND1
Interface Code	3062690
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Standard Panel Part 2 PHH
Code	PHST2
Legacy Code	PHST2
Interface Code	3062770
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Full Panel (Foote) Part 2
Code	RPF32
Legacy Code	RPFT3II
Interface Code	3064045
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Pediatric Panel (Foote)
Code	RPFT1
Legacy Code	RPFT1
Interface Code	3064000
Notes	Test discontinued.

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Inactivate Test Without Replacement	
Effective Date	6/25/2024
Name	Full Panel (Foote) Part1
Code	RPFT3
Legacy Code	RPFT3I
Interface Code	3064040
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	6/24/2024
Name	T Cell Rec Gamma Gene Rear PCR
Code	TCRGQ
Legacy Code	TCRGQ
Interface Code	3427200
Notes	Test discontinued.

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