

Update Summary		
Update Existing Test	7/9/2024	<a href="#">ACETA - "Acetaminophen"</a>
Update Existing Test	7/9/2024	<a href="#">ALPRZ - "Alprazolam (Xanax)"</a>
Update Existing Test	7/1/2024	<a href="#">ALUMS - "Aluminum, Serum"</a>
Update Existing Test	7/9/2024	<a href="#">AMH - "Anti-Mullerian Hormone"</a>
Update Existing Test	7/9/2024	<a href="#">AMIOD - "Amiodarone (Cordarone)"</a>
Update Existing Test	7/9/2024	<a href="#">AMITR - "Amitriptyline (Elavil, Pamelor)"</a>
Update Existing Test	7/9/2024	<a href="#">AMKCN - "Amikacin, Random"</a>
Update Existing Test	7/9/2024	<a href="#">AMKPK - "Amikacin, Peak"</a>
Update Existing Test	7/9/2024	<a href="#">AMKTR - "Amikacin, Trough"</a>
Update Existing Test	7/8/2024	<a href="#">AROME - "Aromatic Solvents Exposure Panel, Blood"</a>
Update Existing Test	7/8/2024	<a href="#">BENZ - "Benzene, Blood"</a>
Update Existing Test	7/9/2024	<a href="#">BENZP - "Benzodiazepine Panel, Serum Quantitative"</a>
Update Existing Test	7/29/2024	<a href="#">BSDQL - "Borrelia Species DNA, Qual Real-Time PCR"</a>
Update Existing Test	7/9/2024	<a href="#">CARBF - "Carbamazepine, Free"</a>
Update Existing Test	7/9/2024	<a href="#">CARBT - "Carbamazepine, Total"</a>
Update Existing Test	7/9/2024	<a href="#">CHLRP - "Chlordiazepoxide (Librium)"</a>
Update Existing Test	7/9/2024	<a href="#">CLONA - "Clonazepam (Klonopin)"</a>
Update Existing Test	7/9/2024	<a href="#">CLOZA - "Clozapine (Clozaril)"</a>
Update Existing Test	7/2/2024	<a href="#">COCCG - "Coccidioides Quantitative EIA Antigen"</a>
Update Existing Test	7/9/2024	<a href="#">CODEI - "Codeine, Serum"</a>
Update Existing Test	7/9/2024	<a href="#">DESPR - "Desipramine (Norpramin)"</a>
Update Existing Test	7/9/2024	<a href="#">DIAZE - "Diazepam (Valium)"</a>
Update Existing Test	7/9/2024	<a href="#">DOXEP - "Doxepin (Sinequan)"</a>
Update Existing Test	7/9/2024	<a href="#">EONE - "Estrone, LC/MS/MS"</a>
Update Existing Test	7/9/2024	<a href="#">ESTM - "Estrogens, Total and Fractionated, LC/MS/MS"</a>
Update Existing Test	7/9/2024	<a href="#">ETHSX - "Ethosuximide"</a>
Update Existing Test	7/9/2024	<a href="#">FELBA - "Felbamate (Felbatol)"</a>
Update Existing Test	7/15/2024	<a href="#">FLEC - "Flecainide, Serum"</a>
Update Existing Test	7/9/2024	<a href="#">FLUOX - "Fluoxetine (Prozac)"</a>
Update Existing Test	7/9/2024	<a href="#">FLURZ - "Flurazepam (Dalmane)"</a>
Update Existing Test	7/9/2024	<a href="#">GABAP - "Gabapentin (Neurontin)"</a>
Update Existing Test	7/9/2024	<a href="#">HCODS - "Hydrocodone, Serum (Vicodin)"</a>
Update Existing Test	7/2/2024	<a href="#">HSS14 - "Horizon 14 (PAN-ETHNIC STANDARD)"</a>
Update Existing Test	7/2/2024	<a href="#">HSS4 - "Horizon 4 (SMA, CF, FRAGILE X, DMD)"</a>
Update Existing Test	7/9/2024	<a href="#">HYDMS - "Hydromorphone (Dilaudid)"</a>
Update Existing Test	7/9/2024	<a href="#">IMIPR - "Imipramine (Tofranil)"</a>

Update Existing Test	7/2/2024	<a href="#">INPBL - "Comprehensive Volatiles Panel, Blood"</a>
Update Existing Test	7/29/2024	<a href="#">JCVQN - "JC Polyoma Virus DNA Quant RT PCR S/P"</a>
Update Existing Test	7/15/2024	<a href="#">LACOS - "Lacosamide"</a>
Update Existing Test	7/9/2024	<a href="#">LAMOT - "Lamotrigine (Lamictal)"</a>
Update Existing Test	7/9/2024	<a href="#">LEVET - "Levetiracetam (Keppra)"</a>
Update Existing Test	7/9/2024	<a href="#">LIDCN - "Lidocaine (Xylocaine)"</a>
Update Existing Test	7/9/2024	<a href="#">LORAZ - "Lorazepam (Ativan)"</a>
Update Existing Test	7/9/2024	<a href="#">LORCE - "Lorcet, Serum (Hydrocodone/Acetaminophen)"</a>
Update Existing Test	7/2/2024	<a href="#">LPROA - "Lipoprotein LP(a)"</a>
Update Existing Test	7/9/2024	<a href="#">METHD - "Methadone, Serum, Quantitative"</a>
Update Existing Test	7/22/2024	<a href="#">MIXAM - "Microsporidia Exam"</a>
Update Existing Test	7/9/2024	<a href="#">MMA01 - "Methylmalonic Acid"</a>
Update Existing Test	7/9/2024	<a href="#">MORPQ - "Morphine, Serum, Quantitative"</a>
Update Existing Test	7/9/2024	<a href="#">MPA01 - "Mycophenolic Acid"</a>
Update Existing Test	7/9/2024	<a href="#">NORDZ - "Nordiazepam (Clorazepate, Tranxene)"</a>
Update Existing Test	7/9/2024	<a href="#">NORTI - "Nortriptyline"</a>
Update Existing Test	7/9/2024	<a href="#">OCARB - "Oxcarbazepine"</a>
Update Existing Test	7/9/2024	<a href="#">OPTSP - "Opiate Panel, Serum Quantitative"</a>
Update Existing Test	7/9/2024	<a href="#">OXAZE - "Oxazepam (Serax)"</a>
Update Existing Test	7/9/2024	<a href="#">OXYCD - "Oxycodone, Serum (Oxycontin)"</a>
Update Existing Test	7/9/2024	<a href="#">OXYMS - "Oxymorphone, Serum (Numorphan)"</a>
Update Existing Test	7/2/2024	<a href="#">PAN - "Panorama Prenatal Test w/No Microdeletion Panel"</a>
Update Existing Test	7/2/2024	<a href="#">PAN22 - "Panorama Prenatal Test with 22Q11 Microdeletion Panel"</a>
Update Existing Test	7/2/2024	<a href="#">PANFP - "Panorama Prenatal Test with Extended Microdeletion Panel"</a>
Update Existing Test	7/9/2024	<a href="#">PENTO - "Pentobarbital (Nembutal)"</a>
Update Existing Test	7/9/2024	<a href="#">PHEBF - "Phenobarbital, Free"</a>
Update Existing Test	7/9/2024	<a href="#">PHENO - "Phenobarbital"</a>
Update Existing Test	7/9/2024	<a href="#">PHENY - "Phenytoin (Dilantin)"</a>
Update Existing Test	7/9/2024	<a href="#">PHNYF - "Phenytoin, Free (Dilantin)"</a>
Update Existing Test	7/9/2024	<a href="#">PRIMI - "Primidone (Mysoline)"</a>
Update Existing Test	7/9/2024	<a href="#">SALIC - "Salicylate, Serum"</a>
Update Existing Test	7/9/2024	<a href="#">SAMP1 - "Amphetamine, Serum, Qualitative"</a>
Update Existing Test	7/9/2024	<a href="#">SBEN1 - "Benzodiazepine, Serum, Qualitative"</a>
Update Existing Test	7/9/2024	<a href="#">SCOC1 - "Cocaine, Serum, Qualitative"</a>
Update Existing Test	7/9/2024	<a href="#">SDS1A - "Drug Abuse Screen, Serum"</a>
Update Existing Test	7/9/2024	<a href="#">SDSCC - "Drug Screen, Serum Comprehensive"</a>
Update Existing Test	7/1/2024	<a href="#">SELS - "Selenium"</a>

Update Existing Test	7/9/2024	<a href="#">SMTH1 - "Methadone, Serum, Qualitative"</a>
Update Existing Test	7/9/2024	<a href="#">SNICO - "Nicotine and Cotinine, Serum"</a>
Update Existing Test	7/9/2024	<a href="#">SOPT1 - "Opiate, Serum, Qualitative"</a>
Update Existing Test	7/9/2024	<a href="#">SPCP1 - "Phencyclidine, Serum, Qualitative"</a>
Update Existing Test	7/9/2024	<a href="#">SPRP1 - "Propoxyphene, Serum, Qualitative"</a>
Update Existing Test	7/9/2024	<a href="#">STHC1 - "THC, Serum, Qualitative"</a>
Update Existing Test	7/9/2024	<a href="#">TADSP - "Tricyclic Antidepressant Panel, Quantitative"</a>
Update Existing Test	7/9/2024	<a href="#">TEMAZ - "Temazepam"</a>
Update Existing Test	7/9/2024	<a href="#">TESBQ - "Testosterone, Free, Bioavailable and Total, MS"</a>
Update Existing Test	7/9/2024	<a href="#">TOPIR - "Topiramate (Topamax)"</a>
Update Existing Test	7/15/2024	<a href="#">TPMTM - "Thiopurine Metabolites"</a>
Update Existing Test	7/9/2024	<a href="#">TRAZO - "Trazadone (Desyrel)"</a>
Update Existing Test	7/2/2024	<a href="#">UGT1G - "UGT1A1 Genotyping"</a>
Update Existing Test	7/2/2024	<a href="#">VITA - "Vitamin A"</a>
Update Existing Test	7/2/2024	<a href="#">VITAE - "Vitamin A and E"</a>
Update Existing Test	7/2/2024	<a href="#">VITC - "Vitamin C"</a>
Update Existing Test	7/2/2024	<a href="#">VITE - "Vitamin E"</a>
Update Existing Test	7/9/2024	<a href="#">ZONIS - "ZONISAMIDE (ZONEGRAN)"</a>
Inactivate Test With Replacement	7/16/2024	<a href="#">ADABQ - "Adalimumab Quantitative with Reflex to Antibody, Serum"</a> replaced by <a href="#">ADALX - "Adalimumab Quantitative with Reflex to Antibody, Serum"</a>
Inactivate Test With Replacement	7/16/2024	<a href="#">ASAGB - "Aspergillus Antigen, BAL"</a> replaced by <a href="#">ASPBA - "Aspergillus Antigen, Bronchoalveolar Lavage"</a>
Inactivate Test With Replacement	7/16/2024	<a href="#">EASRT - "Ehrlichia and Anaplasma Species by Real-Time PCR"</a> replaced by <a href="#">EPCRB - "Ehrlichia/Anaplasma, Molecular Detection, PCR, Blood"</a>
Inactivate Test With Replacement	7/16/2024	<a href="#">HHV6D - "Herpesvirus 6 A and B DNA, Quant"</a> replaced by <a href="#">HHV6P - "Human Herpesvirus-6, Molecular Detection, PCR, Plasma"</a>
Inactivate Test With Replacement	7/30/2024	<a href="#">INHA - "Inhibin A"</a> replaced by <a href="#">INHNA - "Inhibin-A"</a>
Inactivate Test With Replacement	7/16/2024	<a href="#">LEGSP - "Legionella Species by Qual PCR"</a> replaced by <a href="#">LEGRP - "Legionella species, Molecular Detection, PCR, Varies"</a>
Inactivate Test With Replacement	7/9/2024	<a href="#">PNE14 - "S. pneumoniae IgG ABS 14 Stypes"</a> replaced by <a href="#">PN14S - "Pneumococcal Antibody Panel (14 Serotype)"</a>
Inactivate Test Without Replacement	7/15/2024	<a href="#">CO2 - "Carbon Dioxide"</a>

Update Existing Test	
Effective Date	7/9/2024
Name	Acetaminophen
Code	ACETA
Interface Order Code	1750020
Legacy Code	ACET
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Alprazolam (Xanax)
Code	ALPRZ
Interface Order Code	1751100
Legacy Code	ALPRAZO
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/1/2024
Name	Aluminum, Serum
Code	ALUMS
Interface Order Code	3701240
Legacy Code	ALUMSP
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	7/9/2024
Name	Anti-Mullerian Hormone
Code	AMH
Interface Order Code	3717000
Legacy Code	AMHSP
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	7/9/2024
Name	Amiodarone (Cordarone)
Code	AMIOD
Interface Order Code	1756000
Legacy Code	AMIO
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), heparinized, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Amitriptyline (Elavil, Pamelor)
Code	AMITR
Interface Order Code	1750320
Legacy Code	AMI
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Amikacin, Random
Code	AMKCN
Interface Order Code	1750225
Legacy Code	AMIK
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), whole blood, heparinized plasma, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Amikacin, Peak
Code	AMKPK
Interface Order Code	1750220
Legacy Code	AMIKPK
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), whole blood, heparinized plasma, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

## Update Existing Test

Effective Date	7/9/2024
Name	Amikacin, Trough
Code	AMKTR
Interface Order Code	1750230
Legacy Code	AMIKTR
Notes	Update to rejection criteria.

## Required Testing Changes

Rejection Criteria	Serum separator tube (SST), whole blood, heparinized plasma, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>
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## Update Existing Test

Effective Date	7/8/2024
Name	Aromatic Solvents Exposure Panel, Blood
Code	AROME
Interface Order Code	3300161
Legacy Code	AROME
Notes	Update to example report on website.

## Update Existing Test

Effective Date	7/8/2024
Name	Benzene, Blood
Code	BENZ
Interface Order Code	3500529
Legacy Code	BENZENE
Notes	Update to specimen requirements, methodology, and example report on website.

## Required Testing Changes

Specimen Required	<i>Collect:</i> Gray sodium fluoride Potassium oxalate <b><i>Specimen Preparation:</i> Send 5.0 mL whole blood in a sterile, screw capped plastic vial.</b> <i>Minimum Volume:</i> 0.7 mL <i>Transport Temperature:</i> Refrigerated
Methodology	<b>Headspace Gas Chromatography Mass Spectrometry (GCMS)</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Benzodiazepine Panel, Serum Quantitative
Code	BENZP
Interface Order Code	1750970
Legacy Code	BENZOP
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/29/2024
Name	Borrelia Species DNA, Qual Real-Time PCR
Code	BSDQL
Interface Order Code	3400641
Legacy Code	BSDQL
Notes	Update to alternate specimen, stability, and performing laboratory.
Required Testing Changes	
Alternate Specimen	Cerebrospinal fluid (CSF) or synovial fluid. Collected in a sterile leak proof container.
Stability	Room temperature: 48 hours Refrigerated: 7 days <b>Room temperature: 30 days</b>
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	7/9/2024
Name	Carbamazepine, Free
Code	CARBF
Interface Order Code	1750262
Legacy Code	CARF
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Carbamazepine, Total
Code	CARBT
Interface Order Code	1750260
Legacy Code	CAR
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Chlordiazepoxide (Librium)
Code	CHLRP
Interface Order Code	1750980
Legacy Code	CHLDP
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), not protected from light, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Clonazepam (Klonopin)
Code	CLONA
Interface Order Code	1751120
Legacy Code	CLONAZE
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Clozapine (Clozaril)
Code	CLOZA
Interface Order Code	1757000
Legacy Code	CLOZAP
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), heparinized, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>



## Update Existing Test

Effective Date	7/2/2024
Name	Coccidioides Quantitative EIA Antigen
Code	COCCG
Interface Order Code	3515910
Legacy Code	COCCG
Notes	Update to specimen requirements and alternate specimen.

## Required Testing Changes

Specimen Required	<p><i>Collect:</i> Serum separator tube (SST)  <i>Specimen Preparation:</i> Allow sample to clot 30 minutes, centrifuge, separate serum from cells and send 2.0 mL serum in a screw capped plastic vial.  <b>Minimum Volume: Serum: 1.2 mL</b>  <b>CSF: 0.8 mL</b>  <b>Urine, BAL, other body fluids: 0.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
Alternate Specimen	<p>Serum: Red top            Plasma: EDTA, <b>sodium heparin</b>, lithium heparin, sodium citrate            Urine, BAL, other body fluids</p>

## Update Existing Test

Effective Date	7/9/2024
Name	Codeine, Serum
Code	CODEI
Interface Order Code	1757360
Legacy Code	CODS
Notes	Update to rejection criteria.

## Required Testing Changes

Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>
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## Update Existing Test

Effective Date	7/9/2024
Name	Desipramine (Norpramin)
Code	DESPR
Interface Order Code	1750300
Legacy Code	DES
Notes	Update to rejection criteria.

## Required Testing Changes

Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>
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Update Existing Test	
Effective Date	7/9/2024
Name	Diazepam (Valium)
Code	DIAZE
Interface Order Code	1750990
Legacy Code	DIAZ
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Doxepin (Sinequan)
Code	DOXEP
Interface Order Code	1750650
Legacy Code	DOX
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test			
Effective Date	7/9/2024		
Name	Estrone, LC/MS/MS		
Code	EONE		
Interface Order Code	3000892		
Legacy Code	EONE		
Notes	Update to LOINC code.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3000892	Estrone, LC/MS/MS	2258-2	No

Update Existing Test			
Effective Date	7/9/2024		
Name	Estrogens, Total and Fractionated, LC/MS/MS		
Code	ESTM		
Interface Order Code	3000887		
Legacy Code	ESTM		
Notes	Update to LOINC codes.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3000888	Estrone by LC/MS/MS	2258-2	No
3000889	Estradiol by LC/MS/MS	35384-7	No
3000891	Estrogens, Total, Calculation	53765-4	No

Update Existing Test	
Effective Date	7/9/2024
Name	Ethosuximide
Code	ETHSX
Interface Order Code	1750280
Legacy Code	ETHO
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Felbamate (Felbatol)
Code	FELBA
Interface Order Code	1752000
Legacy Code	FELB
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

## Update Existing Test

Effective Date	7/15/2024
Name	Flecainide, Serum
Code	FLEC
Interface Order Code	3424320
Legacy Code	FLECQ
Notes	Update to New York approval, performed days, turnaround time, and performing laboratory.

## Required Testing Changes

New York Approval	New York DOH Approval Status: No
Performed Days	Wednesday, Saturday
Turnaround Time	5 - 8 days
Performing Laboratory	Quest SJC

## Update Existing Test

Effective Date	7/9/2024
Name	Fluoxetine (Prozac)
Code	FLUOX
Interface Order Code	1750590
Legacy Code	FLUOX
Notes	Update to rejection criteria.

## Required Testing Changes

Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.
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## Update Existing Test

Effective Date	7/9/2024
Name	Flurazepam (Dalmane)
Code	FLURZ
Interface Order Code	1751040
Legacy Code	FLURAZE
Notes	Update to rejection criteria.

## Required Testing Changes

Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.
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## Update Existing Test

Effective Date	7/9/2024
Name	Gabapentin (Neurontin)
Code	GABAP
Interface Order Code	1751300
Legacy Code	GABA
Notes	Update to rejection criteria.

## Required Testing Changes

Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.
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Update Existing Test	
Effective Date	7/9/2024
Name	Hydrocodone, Serum (Vicodin)
Code	HCODS
Interface Order Code	1757300
Legacy Code	HCODS
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test			
<b>Effective Date</b>	7/2/2024		
<b>Name</b>	Horizon 14 (PAN-ETHNIC STANDARD)		
<b>Code</b>	HSS14		
<b>Interface Order Code</b>	3302872		
<b>Legacy Code</b>	HSS14		
<b>Notes</b>	Update to LOINC codes.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3302829	Ethnicity of Patient	46463-6	Yes
3302864	Authorize Natera to share result with partner/physician?		Yes
3302827	Is this patient pregnant?	82810-3	Yes
3302865	Natera to follow up with patient for sample collection?		Yes
3302836	Partner's DOB (MMDDYYYY)		Yes
3302835	Partner's name (LAST NAME, FIRST NAME)		Yes
3302866	Partner's phone number		Yes
3302867	HIPAA consent obtained and available to Natera upon request		Yes
3302868	Specimen type (BLOOD/SALIVA)		Yes
3302826	Tay-Sachs Enzyme Add-on		Yes
3302834	What type of billing?		Yes
3302873	Test medically necessary/Pt. informed, consented?		Yes
3302869	Report Summary	53039-4	No
3302837	Cystic Fibrosis	38404-0	No
3302838	Duchenne/Becker Muscular Dystrophy	50626-1	No
3302839	Fragile X Syndrome	64417-6	No
3302840	Spinal Muscular Atrophy	35462-1	No
3302841	Alpha-Thalassemia		No
3302842	Beta-Hemoglobinopathies		No
3302843	Canavan Disease		No
3302844	Familial Dysautonomia		No
3302845	Gaucher Disease		No
3302846	Galactosemia		No
3302847	Medium Chain Acyl-CoA Dehydrogenase Deficiency		No
3302848	Polycystic Kidney Disease, Autosomal Recessive		No
3302849	Smith-Lemli-Opitz Syndrome		No
3302851	Tay-Sachs Disease (DNA only)	49253-5	No
3302853	Panel Notes		No
3302854	Report Note	86467-8	No

3302855	Footnotes	62364-5	No
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## Update Existing Test

<b>Effective Date</b>	7/2/2024
<b>Name</b>	Horizon 4 (SMA, CF, FRAGILE X, DMD)
<b>Code</b>	HSS4
<b>Interface Order Code</b>	3302871
<b>Legacy Code</b>	HSS4
<b>Notes</b>	Update to LOINC codes.

## Required Testing Changes

Result Code	Name	LOINC Code	AOE/Prompt
3302829	Ethnicity of Patient	<b>46463-6</b>	Yes
3302864	Authorize Natera to share result with partner/physician?		Yes
3302827	Is this patient pregnant?	<b>82810-3</b>	Yes
3302865	Natera to follow up with patient for sample collection?		Yes
3302836	Partner's DOB (MMDDYYYY)		Yes
3302835	Partner's name (LAST NAME, FIRST NAME)		Yes
3302866	Partner's phone number		Yes
3302867	HIPAA consent obtained and available to Natera upon request		Yes
3302868	Specimen type (BLOOD/SALIVA)		Yes
3302826	Tay-Sachs Enzyme Add-on		Yes
3302834	What type of billing?		Yes
3302869	Report Summary	53039-4	No
3302837	Cystic Fibrosis	38404-0	No
3302838	Duchenne/Becker Muscular Dystrophy	50626-1	No
3302839	Fragile X Syndrome	64417-6	No
3302840	Spinal Muscular Atrophy	35462-1	No
3302851	Tay-Sachs Disease (DNA only)	49253-5	No
3302853	Panel Notes		No
3302854	Report Note	86467-8	No
3302855	Footnotes	62364-5	No

Update Existing Test	
Effective Date	7/9/2024
Name	Hydromorphone (Dilaudid)
Code	HYDMS
Interface Order Code	1757540
Legacy Code	HYDMS
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Whole blood frozen, serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Imipramine (Tofranil)
Code	IMIPR
Interface Order Code	1750335
Legacy Code	IMI
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/2/2024
Name	Comprehensive Volatiles Panel, Blood
Code	INPBL
Interface Order Code	3300171
Legacy Code	INPBL
Notes	Update to specimen requirements and turnaround time.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Lavender EDTA  <i>Specimen Preparation:</i> <b>Send 9.0 mL whole blood</b> in a screw capped plastic vial. Tube should be filled to prevent loss of volatile <b>analyte</b> into headspace. Ensure that container remains tightly sealed.  <b>Minimum Volume: 4.5 mL</b>  <i>Transport Temperature:</i> Refrigerated</p>
Turnaround Time	<b>7 - 9 days</b>



Update Existing Test			
Effective Date	7/29/2024		
Name	JC Polyoma Virus DNA Quant RT PCR S/P		
Code	JCVQN		
Interface Order Code	3400637		
Legacy Code	JCVQN		
Notes	Update to LOINC codes.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3400638	Source	31208-2	Yes
3400639	JC Virus DNA, QN PCR	<b>101342-4</b>	No
3400640	JC Virus DNA, QN PCR	<b>101731-8</b>	No

Update Existing Test	
Effective Date	7/15/2024
Name	Lacosamide
Code	LACOS
Interface Order Code	3513660
Legacy Code	LACOS
Notes	Update to New York approval, performed days, turnaround time, and performing laboratory.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No
Performed Days	Tuesday, Saturday
Turnaround Time	5 - 8 days
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	7/9/2024
Name	Lamotrigine (Lamictal)
Code	LAMOT
Interface Order Code	1756800
Legacy Code	LAMOTR
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), green sodium or lithium heparin, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Levetiracetam (Keppra)
Code	LEVET
Interface Order Code	1751330
Legacy Code	LEVETRCTM
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Lidocaine (Xylocaine)
Code	LIDCN
Interface Order Code	1750075
Legacy Code	LID
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), whole blood, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Lorazepam (Ativan)
Code	LORAZ
Interface Order Code	1751080
Legacy Code	LORAZEP
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Lorcet, Serum (Hydrocodone/Acetaminophen)
Code	LORCE
Interface Order Code	1757390
Legacy Code	LORCET
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/2/2024
Name	Lipoprotein LP(a)
Code	LPROA
Interface Order Code	3096200
Legacy Code	LPROA
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No

Update Existing Test	
Effective Date	7/9/2024
Name	Methadone, Serum, Quantitative
Code	METHD
Interface Order Code	1750760
Legacy Code	METHAD
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/22/2024
Name	Microsporidia Exam
Code	MIXAM
Interface Order Code	3700096
Legacy Code	MIXAM
Notes	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
Specimen Required	<i>Collect:</i> Stool <i>Specimen Preparation:</i> Place 5.0 g stool in a Total Fix® vial. <i>Minimum Volume:</i> 2 grams (2.0 mL) <i>Transport Temperature:</i> Room temperature
Alternate Specimen	Duodenal aspirate: 10% formalin or Total Fix®
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen: Unacceptable

Update Existing Test	
Effective Date	7/9/2024
Name	Methylmalonic Acid
Code	MMA01
Interface Order Code	1013000
Legacy Code	MMA
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Morphine, Serum, Quantitative
Code	MORPQ
Interface Order Code	1840110
Legacy Code	MORS
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Mycophenolic Acid
Code	MPA01
Interface Order Code	1757260
Legacy Code	MPA
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Nordiazepam (Clorazepate, Tranxene)
Code	NORDZ
Interface Order Code	1751020
Legacy Code	NORDIAZ
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Nortriptyline
Code	NORTI
Interface Order Code	1750325
Legacy Code	NORT
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Oxcarbazepine
Code	OCARB
Interface Order Code	1751340
Legacy Code	OHCARBAZ
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Opiate Panel, Serum Quantitative
Code	OPTSP
Interface Order Code	1808205
Legacy Code	OPTP
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Oxazepam (Serax)
Code	OXAZE
Interface Order Code	1751060
Legacy Code	OXAZEPA
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Oxycodone, Serum (Oxycontin)
Code	OXYCD
Interface Order Code	1757330
Legacy Code	OXYCODS
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Oxymorphone, Serum (Numorphan)
Code	OXYMS
Interface Order Code	1757500
Legacy Code	OXYMS
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test			
Effective Date	7/2/2024		
Name	Panorama Prenatal Test w/No Microdeletion Panel		
Code	PAN		
Interface Order Code	3302531		
Legacy Code	PAN		
Notes	Update to AOE and LOINC codes.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3302532	Is the patient pregnant?	82810-3	Yes
3302533	Expected Due Date (MM/DD/YYYY)	11778-8	Yes
3302534	Is this an in-vitro fertilized pregnancy?	47224-1	Yes
3302535	Is this a twin pregnancy?	96983-2	Yes
3302536	I want gender results included in this report.	99501-9	Yes
3302537	Maternal Weight (in pounds)	29463-7	Yes
3302538	What type of billing?	74704-8	Yes
<b>3300341</b>	<b>Is Rho(D) status requested?</b>	<b>19148-6</b>	<b>Yes</b>
3302539	Report Summary	75544-7	No

Update Existing Test			
<b>Effective Date</b>	7/2/2024		
<b>Name</b>	Panorama Prenatal Test with 22Q11 Microdeletion Panel		
<b>Code</b>	PAN22		
<b>Interface Order Code</b>	3302540		
<b>Legacy Code</b>	PAN22		
<b>Notes</b>	Update to AOE and LOINC codes.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3302541	Is the patient pregnant?	<b>82810-3</b>	Yes
3302542	Expected Due Date (MM/DD/YYYY)	<b>11778-8</b>	Yes
3302543	Is this an in-vitro fertilized pregnancy?	<b>47224-1</b>	Yes
3302544	Is this a twin pregnancy?	<b>96983-2</b>	Yes
3302545	I want gender results included in this report.	<b>99501-9</b>	Yes
3302546	Maternal Weight (in pounds)	<b>29463-7</b>	Yes
3302547	What type of billing?	<b>74704-8</b>	Yes
<b>3300342</b>	<b>Is Rho(D) status requested?</b>	<b>19148-6</b>	<b>Yes</b>
3302548	Report Summary	75544-7	No

Update Existing Test			
<b>Effective Date</b>	7/2/2024		
<b>Name</b>	Panorama Prenatal Test with Extended Microdeletion Panel		
<b>Code</b>	PANFP		
<b>Interface Order Code</b>	3302551		
<b>Legacy Code</b>	PANFP		
<b>Notes</b>	Update to AOE and LOINC codes.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3302552	Is the patient pregnant?	<b>82810-3</b>	Yes
3302553	Expected Due Date (MM/DD/YYYY)	<b>11778-8</b>	Yes
3302554	Is this an in-vitro fertilized pregnancy?	<b>47224-1</b>	Yes
3302555	Is this a twin pregnancy?	<b>96983-2</b>	Yes
3302556	I want gender results included in this report.	<b>99501-9</b>	Yes
3302557	Maternal Weight (in pounds)	<b>29463-7</b>	Yes
3302558	What type of billing?	<b>74704-8</b>	Yes
<b>3300343</b>	<b>Is Rho(D) status requested?</b>	<b>19148-6</b>	<b>Yes</b>
3302559	Report Summary	75544-7	No

Update Existing Test	
Effective Date	7/9/2024
Name	Pentobarbital (Nembutal)
Code	PENTO
Interface Order Code	1750570
Legacy Code	PENT
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Phenobarbital, Free
Code	PHEBF
Interface Order Code	1750575
Legacy Code	FPHENOB
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Phenobarbital
Code	PHENO
Interface Order Code	1750030
Legacy Code	PHENO
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Phenytoin (Dilantin)
Code	PHENY
Interface Order Code	1750040
Legacy Code	PHENY
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>



Update Existing Test	
Effective Date	7/9/2024
Name	Phenytoin, Free (Dilantin)
Code	PHNYF
Interface Order Code	1750052
Legacy Code	PHENYF
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), whole blood, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Primidone (Mysoline)
Code	PRIMI
Interface Order Code	1750110
Legacy Code	PRI
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	<b>Grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Salicylate, Serum
Code	SALIC
Interface Order Code	1750130
Legacy Code	SAL
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	<b>Grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Amphetamine, Serum, Qualitative
Code	SAMP1
Interface Order Code	1800300
Legacy Code	AMPHSER
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Benzodiazepine, Serum, Qualitative
Code	SBEN1
Interface Order Code	1800320
Legacy Code	BENZOSE
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Cocaine, Serum, Qualitative
Code	SCOC1
Interface Order Code	1800330
Legacy Code	COCSER
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Drug Abuse Screen, Serum
Code	SDS1A
Interface Order Code	1800400
Legacy Code	SDS
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), any tubes containing gel, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Drug Screen, Serum Comprehensive
Code	SDSCC
Interface Order Code	1800410
Legacy Code	SDSC
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), any tubes containing gel, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/1/2024
Name	Selenium
Code	SELS
Interface Order Code	3706520
Legacy Code	SELSP
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	7/9/2024
Name	Methadone, Serum, Qualitative
Code	SMTH1
Interface Order Code	1800340
Legacy Code	METHSER
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Nicotine and Cotinine, Serum
Code	SNICO
Interface Order Code	1860500
Legacy Code	NICOTS
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), sodium citrate, <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Opiate, Serum, Qualitative
Code	SOPT1
Interface Order Code	1800350
Legacy Code	OPTSER
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), <b>grossly lipemic, hemolyzed, and icteric specimens.</b>

Update Existing Test	
Effective Date	7/9/2024
Name	Phencyclidine, Serum, Qualitative
Code	SPCP1
Interface Order Code	1800360
Legacy Code	PCPSER
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Propoxyphene, Serum, Qualitative
Code	SPRP1
Interface Order Code	1800370
Legacy Code	PROPSER
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	THC, Serum, Qualitative
Code	STHC1
Interface Order Code	1800380
Legacy Code	THCSER
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/9/2024
Name	Tricyclic Antidepressant Panel, Quantitative
Code	TADSP
Interface Order Code	1750455
Legacy Code	TADHPLC
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

## Update Existing Test

<b>Effective Date</b>	7/9/2024
<b>Name</b>	Temazepam
<b>Code</b>	TEMAZ
<b>Interface Order Code</b>	1751160
<b>Legacy Code</b>	TEMAZ
<b>Notes</b>	Update to rejection criteria.

## Required Testing Changes

<b>Rejection Criteria</b>	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.
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## Update Existing Test

<b>Effective Date</b>	7/9/2024
<b>Name</b>	Testosterone, Free, Bioavailable and Total, MS
<b>Code</b>	TESBQ
<b>Interface Order Code</b>	3422000
<b>Legacy Code</b>	TESFBTQ
<b>Notes</b>	Update to alternate specimen, rejection criteria, and stability.

## Required Testing Changes

<b>Alternate Specimen</b>	Serum separator tube (SST)
<b>Rejection Criteria</b>	Gross hemolysis, gross lipemia, plasma
<b>Stability</b>	Room temperature: 7 days Refrigerated: 21 days Frozen: 60 days

## Update Existing Test

<b>Effective Date</b>	7/9/2024
<b>Name</b>	Topiramate (Topamax)
<b>Code</b>	TOPIR
<b>Interface Order Code</b>	1752050
<b>Legacy Code</b>	TOPIR
<b>Notes</b>	Update to rejection criteria.

## Required Testing Changes

<b>Rejection Criteria</b>	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.
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Update Existing Test	
Effective Date	7/15/2024
Name	Thiopurine Metabolites
Code	TPMTM
Interface Order Code	3400000
Legacy Code	TPMTM
Notes	Update to New York approval, turnaround time, and performing laboratory.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No
Turnaround Time	5 - 7 days
Performing Laboratory	Quest SJC

Update Existing Test	
Effective Date	7/9/2024
Name	Trazadone (Desyrel)
Code	TRAZO
Interface Order Code	1750580
Legacy Code	TRAZ
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.

Update Existing Test	
Effective Date	7/2/2024
Name	UGT1A1 Genotyping
Code	UGT1G
Interface Order Code	3620140
Legacy Code	UGT1A1GA
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 7 days Refrigerated: 1 month Frozen: Unacceptable

Update Existing Test	
Effective Date	7/2/2024
Name	Vitamin A
Code	VITA
Interface Order Code	1060200
Legacy Code	VITA
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No

Update Existing Test	
Effective Date	7/2/2024
Name	Vitamin A and E
Code	VITAE
Interface Order Code	1060180
Legacy Code	VITAE
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No

Update Existing Test	
Effective Date	7/2/2024
Name	Vitamin C
Code	VITC
Interface Order Code	1060400
Legacy Code	VITC
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No

Update Existing Test	
Effective Date	7/2/2024
Name	Vitamin E
Code	VITE
Interface Order Code	1060300
Legacy Code	VITE
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No

<b>Update Existing Test</b>	
<b>Effective Date</b>	7/9/2024
<b>Name</b>	ZONISAMIDE (ZONEGRAN)
<b>Code</b>	ZONIS
<b>Interface Order Code</b>	1893050
<b>Legacy Code</b>	ZONIS
<b>Notes</b>	Update to rejection criteria.
<b>Required Testing Changes</b>	
<b>Rejection Criteria</b>	Serum separator tube (SST), grossly lipemic, hemolyzed, and icteric specimens.



Inactivate Test With Replacement			
<b>Effective Date</b>	7/16/2024		
Inactivated Test			
<b>Name</b>	Adalimumab Quantitative with Reflex to Antibody, Serum		
<b>Code</b>	ADABQ		
<b>Legacy Code</b>	ADABQ		
<b>Interface Order Code</b>	3600373		
Replacement Test			
<b>Name</b>	Adalimumab Quantitative with Reflex to Antibody, Serum		
<b>Code</b>	ADALX		
<b>CPT Code(s)</b>	80145, plus 83520 (if appropriate)		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> For 12 hours before specimen collection, it is recommended that the patient not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.</p> <p><i>Collect:</i> Serum separator tube (SST)</p> <p><i>Specimen Preparation:</i> Centrifuge, separate and send 0.5 mL serum in a screw capped plastic vial.</p> <p><i>Minimum Volume:</i> 0.35 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>		
<b>Alternate Specimen</b>	Red top		
<b>Rejection Criteria</b>	Heat-treated specimen		
<b>Stability</b>	Room temperature: Unacceptable Refrigerated: 28 days Frozen: 28 days		
Performing Information			
<b>Methodology</b>	Enzyme-linked Immunosorbent Assay (ELISA)		
<b>Reference Range</b>	Adalimumab Quantitative: 0.8 mcg/mL. Optimal therapeutic ranges are disease specific. Adalimumab Antibody: <14.0 AU/mL		
<b>Performed Days</b>	Monday, Wednesday, Friday		
<b>Turnaround Time</b>	4 – 6 days		
<b>Performing Laboratory</b>	Mayo Clinic Laboratories		
Interface Information			
<b>Legacy Code</b>	ADALX		
<b>Interface Order Code</b>	3800368		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3800369	Adalimumab QN with Reflex to Ab, S	86894-3	No
3800371	Adalimumab Ab, S	90779-0	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000003481 F 12/08/1988 35 Y

Referral Testing

Collected: 06/18/2024 08:23 Received: 06/18/2024 08:23

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Adalimumab QN with Reflex to Ab, S, 0.9, L, mcg/mL, MMRL

For concentrations of adalimumab less than or equal to 8.0 mcg/mL, reflex testing for antibodies-to-adalimumab will be performed.

-----REFERENCE VALUE-----
Limit of Quantitation = 0.8 mcg/mL

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

Test Performed by:
Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D1040592

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Adalimumab Ab, S, 12.5, <14.0, AU/mL, MMRL

Absence of detectable antibody-to-adalimumab. Low concentration of adalimumab may be attributable to other parameters related to adalimumab clearance.

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

Test Performed by:
Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D1040592

Reported Date: 06/18/2024 08:23 ADALX

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

Inactivate Test With Replacement			
<b>Effective Date</b>	7/16/2024		
Inactivated Test			
<b>Name</b>	Aspergillus Antigen, BAL		
<b>Code</b>	ASAGB		
<b>Legacy Code</b>	ASPBALAR		
<b>Interface Order Code</b>	3620600		
Replacement Test			
<b>Name</b>	Aspergillus Antigen, Bronchoalveolar Lavage		
<b>Code</b>	ASPBA		
<b>CPT Code(s)</b>	87305		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Lavage <i>Specimen Preparation:</i> Send 2.0 mL bronchoalveolar lavage specimen in a sterile, leak-proof container. <i>Minimum Volume:</i> 1.5 mL <i>Transport Temperature:</i> Refrigerated		
<b>Rejection Criteria</b>	Specimen trap collection containers with suction catheters attached, Specimen in a non-leak proof container, Bronchial washing, Thick viscous mucoid specimens		
<b>Stability</b>	Room temperature: Unacceptable Refrigerated: 14 days Frozen: 14 days		
Performing Information			
<b>Methodology</b>	Enzyme Immunoassay		
<b>Reference Range</b>	<0.5 Index		
<b>Performed Days</b>	Sunday - Friday		
<b>Turnaround Time</b>	3 – 5 days		
<b>Performing Laboratory</b>	Mayo Clinic Laboratories		
Interface Information			
<b>Legacy Code</b>	ASPBA		
<b>Interface Order Code</b>	3800372		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3800372	Aspergillus Ag, BAL	62467-6	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000003481 F 12/08/1988 35 Y

Referral Testing

Collected: 06/18/2024 08:29 Received: 06/18/2024 08:29

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Aspergillus Ag, BAL, <0.500, <0.5, index, MMRL

-----ADDITIONAL INFORMATION-----
This is a qualitative test and the resulted index value is not indicative of disease severity. Serial testing is recommended for patients at high risk for invasive aspergillosis.
This assay was performed using the FDA-cleared Bio-Rad Platelia Aspergillus Galactomannan EIA.

Test Performed by:
Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D1040592

Reported Date: 06/18/2024 08:29 ASPBA

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

G218000132 Ordered By: CLIENT CLIENT
WX0000003481 WX00000000002063
Printed D&T: 06/18/24 08:29

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

Inactivate Test With Replacement			
<b>Effective Date</b>	7/16/2024		
Inactivated Test			
<b>Name</b>	Ehrlichia and Anaplasma Species by Real-Time PCR		
<b>Code</b>	EASRT		
<b>Legacy Code</b>	EASRT		
<b>Interface Order Code</b>	3600090		
Replacement Test			
<b>Name</b>	Ehrlichia/Anaplasma, Molecular Detection, PCR, Blood		
<b>Code</b>	EPCRB		
<b>CPT Code(s)</b>	87468, 87484, 87798 x2, plus 87999 (if appropriate for government payors)		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Lavender EDTA <i>Specimen Preparation:</i> Send 1.0 mL whole blood in original tube. <b>DO NOT ALIQUOT.</b> <i>Minimum Volume:</i> 0.3 mL <i>Transport Temperature:</i> Refrigerated		
<b>Rejection Criteria</b>	Gross lipemia, serum, plasma		
<b>Stability</b>	Room temperature: Unacceptable Refrigerated: 7 days Frozen: Unacceptable		
Performing Information			
<b>Methodology</b>	Real-Time Polymerase Chain Reaction (PCR)/DNA Probe Hybridization		
<b>Reference Range</b>	Negative		
<b>Performed Days</b>	Monday - Saturday		
<b>Turnaround Time</b>	3 – 6 days		
<b>Performing Laboratory</b>	Mayo Clinic Laboratories		
Interface Information			
<b>Legacy Code</b>	EPCRB		
<b>Interface Order Code</b>	3800373		
Result Code	Name	LOINC Code	AOE/Prompt
3800374	Anaplasma phagocytophilum	87558-3	No
3800376	Ehrlichia chaffeensis	87559-1	No
3800377	Ehrlichia ewingii/canis	87560-9	No
3800378	Ehrlichia muris euclairensis	87561-7	No



LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

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

Referral Testing

Collected: 06/18/2024 08:31 Received: 06/18/2024 08:31

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Rows include Ehrlichia/Anaplasma, PCR, B and specific organisms like Anaplasma phagocytophilum.

-----ADDITIONAL INFORMATION-----

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

Test Performed by:
Mayo Clinic Laboratories - Rochester Main Campus
200 First Street SW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292

Reported Date: 06/18/2024 08:31 EPCRB

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

Inactivate Test With Replacement			
<b>Effective Date</b>	7/16/2024		
Inactivated Test			
<b>Name</b>	Herpesvirus 6 A and B DNA, Quant		
<b>Code</b>	HHV6D		
<b>Legacy Code</b>	HHV6DNARP		
<b>Interface Order Code</b>	3687000		
Replacement Test			
<b>Name</b>	Human Herpesvirus-6, Molecular Detection, PCR, Plasma		
<b>Code</b>	HHV6P		
<b>CPT Code(s)</b>	87532		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Lavender EDTA <i>Specimen Preparation:</i> Centrifuge, separate plasma from cells and send 1.0 mL plasma in a screw capped plastic vial. <i>Minimum Volume:</i> 0.3 mL <i>Transport Temperature:</i> Refrigerated		
<b>Rejection Criteria</b>	Gross hemolysis		
<b>Stability</b>	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 7 days		
Performing Information			
<b>Methodology</b>	Real-Time Polymerase Chain Reaction (PCR)/DNA Probe Hybridization		
<b>Reference Range</b>	Negative		
<b>Performed Days</b>	Monday - Saturday		
<b>Turnaround Time</b>	4 – 7 days		
<b>Performing Laboratory</b>	Mayo Clinic Laboratories		
Interface Information			
<b>Legacy Code</b>	HHV6P		
<b>Interface Order Code</b>	3800379		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3800379	HHV-6 PCR, P	29495-9	No



LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

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

Referral Testing

Collected: 06/18/2024 08:33 Received: 06/18/2024 08:33

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: HHV-6 PCR, P, Negative, Negative, MMRL

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

Test Performed by:
Mayo Clinic Laboratories - Rochester Main Campus
200 First Street SW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292

Reported Date: 06/18/2024 08:33 HHV6P

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

G218000134 Ordered By: KAJAL SITWALA, MD, PHD
WX0000003827 WX00000000002365
Printed D&T: 06/18/24 08:33

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



Inactivate Test With Replacement			
<b>Effective Date</b>	7/30/2024		
Inactivated Test			
<b>Name</b>	Inhibin A		
<b>Code</b>	INHA		
<b>Legacy Code</b>	INHIBINSP		
<b>Interface Order Code</b>	3708470		
Replacement Test			
<b>Name</b>	Inhibin-A		
<b>Code</b>	INHNA		
<b>CPT Code(s)</b>	86336		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Red top <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 0.6 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	Serum separator tube (SST)		
<b>Rejection Criteria</b>	Moderate hemolysis, lipemia, plasma		
<b>Stability</b>	Room temperature: 7 days Refrigerated: 7 days Frozen: 60 days		
Performing Information			
<b>Methodology</b>	Chemiluminescence		
<b>Reference Range</b>	<u>Normal Cycling Females</u>	<u>(Days from LH surge)</u>	<u>Range</u>
	Early Follicular Phase	(-14 to -10 days)	1.8-17.3 pg/mL
	Mid Follicular Phase	(-9 to -4 days)	3.5-31.7 pg/mL
	Late Follicular	(-3 to -1 days)	9.8 – 90.3 pg/mL
	Mid-Cycle	(Day 0, LH surge)	16.9-91.8 pg/mL
	Early Luteal Phase	(1 to 3 days)	16.1-97.5 pg/mL
	Mid Luteal Phase	(4 to 11 days)	3.9-87.7 pg/mL
	Late Luteal Phase	(12 to 14 days)	2.7-47.1 pg/mL
		Post Menopausal Females: <2.2 pg/mL Males: <2.1 pg/mL	
<b>Performed Days</b>	Monday, Wednesday, Thursday, Friday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
Interface Information			
<b>Legacy Code</b>	INHNA		
<b>Interface Order Code</b>	3000893		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3000893	INHIBIN-A	23883-2	No



# LABORATORY REPORT

Example Client, XYZ123  
1234 Warde Road  
Ann Arbor MI 48108

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

## Immunochemistry

Collected: 06/21/2024 08:47 Received: 06/21/2024 08:47

<u>Test Name</u>	<u>Result</u>	<u>Flag</u>	<u>Ref-Ranges</u>	<u>Units</u>	<u>Site</u>
INHIBIN-A	<1.0		<2.2	pg/mL	WMRL

This assay is FDA cleared for in vitro use as an aid in the diagnosis and monitoring of various hormonal reproductive disorders. As such, assessment for malignancy should not be based solely upon findings from this Inhibin A assay, since results are not considered to be an established method of diagnosis for Inhibin A secreting neoplasms.

**Reported Date:** 06/21/2024 08:48 INHNA

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

G221000250  
WX0000003827

Ordered By: KAJAL SITWALA, MD, PHD  
WX00000000002365

Kajal V. Sitwala, MD, PhD - Medical Director

Form: MM RL1

Printed D&T: 06/21/24 08:48

PAGE 1 OF 1

Inactivate Test With Replacement			
<b>Effective Date</b>	7/16/2024		
Inactivated Test			
<b>Name</b>	Legionella Species by Qual PCR		
<b>Code</b>	LEGSP		
<b>Legacy Code</b>	LEPCR		
<b>Interface Order Code</b>	3620900		
Replacement Test			
<b>Name</b>	Legionella species, Molecular Detection, PCR, Varies		
<b>Code</b>	LEGRP		
<b>CPT Code(s)</b>	87801		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<p><i>Collect:</i> Lower Respiratory specimen: Bronchoalveolar Lavage (BAL)  <i>Specimen Preparation:</i> Send 1.0 mL BAL in a sterile screw capped plastic container. Specimen source is required.  <i>Minimum Volume:</i> Lower respiratory: 1.0 mL            Fresh tissue or biopsy: Entire collection or 5 mm(3) - approximately the size of a pencil eraser.            Fluid: 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>		
<b>Alternate Specimen</b>	<p>Lower respiratory: Bronchial aspirate/brushing/lavage/washing, tracheal/endotracheal secretions/aspirate, sputum. Collect in a sterile container.            Fresh tissue or biopsy: Lung, pleura, heart valve, pericardium. Collect in a sterile container.            Fluid: Pericardial, pleural, chest, chest tube drainage, thoracentesis, empyema. Collect in a sterile container.</p>		
<b>Rejection Criteria</b>	Tissue in formalin, formaldehyde, or acetone Formalin-fixed paraffin-embedded (FFPE) block		
<b>Stability</b>	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 7 days		
Performing Information			
<b>Methodology</b>	Rapid Polymerase Chain Reaction (PCR)		
<b>Reference Range</b>	Not applicable		
<b>Performed Days</b>	Monday - Sunday		
<b>Turnaround Time</b>	3- 5 days		
<b>Performing Laboratory</b>	Mayo Clinic Laboratories		
Interface Information			
<b>Legacy Code</b>	LEGRP		
<b>Interface Order Code</b>	3800381		
Result Code	Name	LOINC Code	AOE/Prompt
3800382	Specimen Source	31208-2	Yes
3800383	Legionella PCR, Result	5020-3	No



LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

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

Referral Testing

Collected: 06/18/2024 08:35 Received: 06/18/2024 08:35

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Legionella species, Molecular Detection, PCR, Varies. Row 2: Specimen Source BAL MMRL. Row 3: Legionella PCR, Result Negative Not Applicable MMRL.

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

Test Performed by:
Mayo Clinic Laboratories - Rochester Main Campus
200 First Street SW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292

Reported Date: 06/18/2024 08:35 LEGRP

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

Inactivate Test With Replacement			
<b>Effective Date</b>	7/9/2024		
Inactivated Test			
<b>Name</b>	S. pneumoniae IgG ABS 14 Stypes		
<b>Code</b>	PNE14		
<b>Legacy Code</b>	PNEU14SP		
<b>Interface Order Code</b>	3723000		
Replacement Test			
<b>Name</b>	Pneumococcal Antibody Panel (14 Serotype)		
<b>Code</b>	PN14S		
<b>CPT Code(s)</b>	86317 x 14		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Serum separator tube (SST) <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 0.5 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	Serum: Red top		
<b>Rejection Criteria</b>	All samples other than serum		
<b>Stability</b>	Room temperature: 6 weeks Refrigerated: 6 weeks Frozen: 24 months		
Performing Information			
<b>Methodology</b>	Fluoroimmunoassay, Luminex® Multiplex		
<b>Reference Range</b>	>1.3 µg/mL		
<b>Performed Days</b>	Monday - Friday		
<b>Turnaround Time</b>	7 – 9 days		
<b>Performing Laboratory</b>	Viracor Eurofins		
Interface Information			
<b>Legacy Code</b>	PN14S		
<b>Interface Order Code</b>	3300348		
Result Code	Name	LOINC Code	AOE/Prompt
3300349	Pneumo Ab Type 1	85955-3	No
3300351	Pneumo Ab Type 3	86081-7	No
3300352	Pneumo Ab Type 4	86108-8	No
3300353	Pneumo Ab Type 5	86129-4	No
3300354	Pneumo Ab Type 8	86148-4	No
3300356	Pneumo Ab Type 9 (9N)	86166-0	No
3300357	Pneumo Ab Type 12 (12F)	85974-4	No
3300358	Pneumo Ab Type 14	85992-6	No
3300359	Pneumo Ab Type 19 (19F)	86021-3	No
3300361	Pneumo Ab Type 23 (23F)	86061-9	No
3300362	Pneumo Ab Type 26 (6B)	40905-2	No

3300363	Pneumo Ab Type 51 (7F)	40911-0	No
3300364	Pneumo Ab Type 56 (18C)	40913-6	No
3300366	Pneumo Ab Type 68 (9V)	40296-8	No

## Inactivate Test Without Replacement

<b>Effective Date</b>	7/15/2024
<b>Name</b>	Carbon Dioxide
<b>Code</b>	CO2
<b>Legacy Code</b>	BICARB
<b>Interface Code</b>	3718300
<b>Notes</b>	Test discontinued.



LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

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

Referral Testing

Collected: 06/18/2024 09:26 Received: 06/18/2024 09:26

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Contains 14 rows of Pneumococcal Antibody Panel data.

\*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: 06/18/2024 09:28 PN14S

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