

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

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

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

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, grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.
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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 <i>Specimen Preparation:</i> Send 5.0 mL whole blood in a sterile, screw capped plastic vial. <i>Minimum Volume:</i> 0.7 mL <i>Transport Temperature:</i> Refrigerated
Methodology	Headspace Gas Chromatography Mass Spectrometry (GCMS)

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 Frozen: 30 days
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), grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.

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. Minimum Volume: Serum: 1.2 mL CSF: 0.8 mL Urine, BAL, other body fluids: 0.5 mL <i>Transport Temperature:</i> Refrigerated</p>
Alternate Specimen	<p>Serum: Red top Plasma: EDTA, sodium heparin, 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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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			
Effective Date	7/2/2024		
Name	Horizon 14 (PAN-ETHNIC STANDARD)		
Code	HSS14		
Interface Order Code	3302872		
Legacy Code	HSS14		
Notes	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

Effective Date	7/2/2024
Name	Horizon 4 (SMA, CF, FRAGILE X, DMD)
Code	HSS4
Interface Order Code	3302871
Legacy Code	HSS4
Notes	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
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), grossly lipemic, hemolyzed, and icteric specimens.
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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), grossly lipemic, hemolyzed, and icteric specimens.
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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> Send 9.0 mL whole blood in a screw capped plastic vial. Tube should be filled to prevent loss of volatile analyte into headspace. Ensure that container remains tightly sealed. Minimum Volume: 4.5 mL <i>Transport Temperature:</i> Refrigerated</p>
Turnaround Time	7 - 9 days

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	101342-4	No
3400640	JC Virus DNA, QN PCR	101731-8	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, grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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
3300341	Is Rho(D) status requested?	19148-6	Yes
3302539	Report Summary	75544-7	No

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

Update Existing Test			
Effective Date	7/2/2024		
Name	Panorama Prenatal Test with Extended Microdeletion Panel		
Code	PANFP		
Interface Order Code	3302551		
Legacy Code	PANFP		
Notes	Update to AOE and LOINC codes.		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3302552	Is the patient pregnant?	82810-3	Yes
3302553	Expected Due Date (MM/DD/YYYY)	11778-8	Yes
3302554	Is this an in-vitro fertilized pregnancy?	47224-1	Yes
3302555	Is this a twin pregnancy?	96983-2	Yes
3302556	I want gender results included in this report.	99501-9	Yes
3302557	Maternal Weight (in pounds)	29463-7	Yes
3302558	What type of billing?	74704-8	Yes
3300343	Is Rho(D) status requested?	19148-6	Yes
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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.

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	Grossly lipemic, hemolyzed, and icteric specimens.

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	Grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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, grossly lipemic, hemolyzed, and icteric specimens.

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), grossly lipemic, hemolyzed, and icteric specimens.

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

Effective Date	7/9/2024
Name	Temazepam
Code	TEMAZ
Interface Order Code	1751160
Legacy Code	TEMAZ
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	Testosterone, Free, Bioavailable and Total, MS
Code	TESBQ
Interface Order Code	3422000
Legacy Code	TESFBTQ
Notes	Update to alternate specimen, rejection criteria, and stability.

Required Testing Changes

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

Update Existing Test

Effective Date	7/9/2024
Name	Topiramate (Topamax)
Code	TOPIR
Interface Order Code	1752050
Legacy Code	TOPIR
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	7/15/2024
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

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

Inactivate Test With Replacement			
Effective Date	7/16/2024		
Inactivated Test			
Name	Adalimumab Quantitative with Reflex to Antibody, Serum		
Code	ADABQ		
Legacy Code	ADABQ		
Interface Order Code	3600373		
Replacement Test			
Name	Adalimumab Quantitative with Reflex to Antibody, Serum		
Code	ADALX		
CPT Code(s)	80145, plus 83520 (if appropriate)		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<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>		
Alternate Specimen	Red top		
Rejection Criteria	Heat-treated specimen		
Stability	Room temperature: Unacceptable Refrigerated: 28 days Frozen: 28 days		
Performing Information			
Methodology	Enzyme-linked Immunosorbent Assay (ELISA)		
Reference Range	Adalimumab Quantitative: 0.8 mcg/mL. Optimal therapeutic ranges are disease specific. Adalimumab Antibody: <14.0 AU/mL		
Performed Days	Monday, Wednesday, Friday		
Turnaround Time	4 – 6 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			
Legacy Code	ADALX		
Interface Order Code	3800368		
Result Code	Name	LOINC Code	AOE/Prompt
3800369	Adalimumab QN with Reflex to Ab, S	86894-3	No
3800371	Adalimumab Ab, S	90779-0	No

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

Inactivate Test With Replacement			
Effective Date	7/16/2024		
Inactivated Test			
Name	Ehrlichia and Anaplasma Species by Real-Time PCR		
Code	EASRT		
Legacy Code	EASRT		
Interface Order Code	3600090		
Replacement Test			
Name	Ehrlichia/Anaplasma, Molecular Detection, PCR, Blood		
Code	EPCRB		
CPT Code(s)	87468, 87484, 87798 x2, plus 87999 (if appropriate for government payors)		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Lavender EDTA <i>Specimen Preparation:</i> Send 1.0 mL whole blood in original tube. DO NOT ALIQUOT. <i>Minimum Volume:</i> 0.3 mL <i>Transport Temperature:</i> Refrigerated		
Rejection Criteria	Gross lipemia, serum, plasma		
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: Unacceptable		
Performing Information			
Methodology	Real-Time Polymerase Chain Reaction (PCR)/DNA Probe Hybridization		
Reference Range	Negative		
Performed Days	Monday - Saturday		
Turnaround Time	3 – 6 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			
Legacy Code	EPCRB		
Interface Order Code	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

Inactivate Test With Replacement			
Effective Date	7/16/2024		
Inactivated Test			
Name	Herpesvirus 6 A and B DNA, Quant		
Code	HHV6D		
Legacy Code	HHV6DNARP		
Interface Order Code	3687000		
Replacement Test			
Name	Human Herpesvirus-6, Molecular Detection, PCR, Plasma		
Code	HHV6P		
CPT Code(s)	87532		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<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		
Rejection Criteria	Gross hemolysis		
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 7 days		
Performing Information			
Methodology	Real-Time Polymerase Chain Reaction (PCR)/DNA Probe Hybridization		
Reference Range	Negative		
Performed Days	Monday - Saturday		
Turnaround Time	4 – 7 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			
Legacy Code	HHV6P		
Interface Order Code	3800379		
Result Code	Name	LOINC Code	AOE/Prompt
3800379	HHV-6 PCR, P	29495-9	No

Inactivate Test With Replacement			
Effective Date	7/30/2024		
Inactivated Test			
Name	Inhibin A		
Code	INHNA		
Legacy Code	INHIBINSP		
Interface Order Code	3708470		
Replacement Test			
Name	Inhibin-A		
Code	INHNA		
CPT Code(s)	86336		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<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		
Alternate Specimen	Serum separator tube (SST)		
Rejection Criteria	Moderate hemolysis, lipemia, plasma		
Stability	Room temperature: 7 days Refrigerated: 7 days Frozen: 60 days		
Performing Information			
Methodology	Chemiluminescence		
Reference Range	<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		
Performed Days	Monday, Wednesday, Thursday, Friday		
Turnaround Time	1 - 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	INHNA		
Interface Order Code	3000893		
Result Code	Name	LOINC Code	AOE/Prompt
3000893	INHIBIN-A	23883-2	No

Inactivate Test With Replacement			
Effective Date	7/16/2024		
Inactivated Test			
Name	Legionella Species by Qual PCR		
Code	LEGSP		
Legacy Code	LEPCR		
Interface Order Code	3620900		
Replacement Test			
Name	Legionella species, Molecular Detection, PCR, Varies		
Code	LEGRP		
CPT Code(s)	87801		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<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>		
Alternate Specimen	<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>		
Rejection Criteria	Tissue in formalin, formaldehyde, or acetone Formalin-fixed paraffin-embedded (FFPE) block		
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 7 days		
Performing Information			
Methodology	Rapid Polymerase Chain Reaction (PCR)		
Reference Range	Not applicable		
Performed Days	Monday - Sunday		
Turnaround Time	3- 5 days		
Performing Laboratory	Mayo Clinic Laboratories		
Interface Information			
Legacy Code	LEGRP		
Interface Order Code	3800381		
Result Code	Name	LOINC Code	AOE/Prompt
3800382	Specimen Source	31208-2	Yes
3800383	Legionella PCR, Result	5020-3	No

Inactivate Test With Replacement			
Effective Date	7/9/2024		
Inactivated Test			
Name	S. pneumoniae IgG ABS 14 Stypes		
Code	PNE14		
Legacy Code	PNEU14SP		
Interface Order Code	3723000		
Replacement Test			
Name	Pneumococcal Antibody Panel (14 Serotype)		
Code	PN14S		
CPT Code(s)	86317 x 14		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<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		
Alternate Specimen	Serum: Red top		
Rejection Criteria	All samples other than serum		
Stability	Room temperature: 6 weeks Refrigerated: 6 weeks Frozen: 24 months		
Performing Information			
Methodology	Fluoroimmunoassay, Luminex® Multiplex		
Reference Range	>1.3 µg/mL		
Performed Days	Monday - Friday		
Turnaround Time	7 – 9 days		
Performing Laboratory	Viracor Eurofins		
Interface Information			
Legacy Code	PN14S		
Interface Order Code	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

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