

Update Summary		
Update Existing Test	9/3/2024	<a href="#">AFPTM - "Alpha-Fetoprotein Tumor Marker"</a>
Update Existing Test	9/2/2024	<a href="#">AMKCN - "Amikacin, Random"</a>
Update Existing Test	9/3/2024	<a href="#">AMKPK - "Amikacin, Peak"</a>
Update Existing Test	9/3/2024	<a href="#">AMKTR - "Amikacin, Trough"</a>
Update Existing Test	9/3/2024	<a href="#">B27 - "HLA-B27 Screening"</a>
Update Existing Test	9/3/2024	<a href="#">BCAF - "Blood Culture, Acid-Fast Bacillus (AFB)"</a>
Update Existing Test	9/3/2024	<a href="#">C2729 - "CA 27.29"</a>
Update Existing Test	9/3/2024	<a href="#">C4AL - "C4a Level"</a>
Update Existing Test	9/3/2024	<a href="#">CA125 - "CA 125"</a>
Update Existing Test	9/3/2024	<a href="#">CA199 - "CA 19-9"</a>
Update Existing Test	9/10/2024	<a href="#">CHPCR - "Chlamydia Testing by PCR"</a>
Update Existing Test	9/17/2024	<a href="#">CKISO - "CK Isoenzymes"</a>
Update Existing Test	9/3/2024	<a href="#">CMVQR - "Cytomegalovirus DNA, Quantitative, Real-Time PCR"</a>
Update Existing Test	9/10/2024	<a href="#">COPCR - "Chlamydia and Neisseria Testing by PCR"</a>
Update Existing Test	9/3/2024	<a href="#">COPS - "Copper"</a>
Update Existing Test	9/3/2024	<a href="#">CTX - "Collagen Type 1, C-Telopeptide (CTX)"</a>
Update Existing Test	9/3/2024	<a href="#">F246E - "Allergen - Guar Bean Gum (F246) IgE"</a>
Update Existing Test	9/3/2024	<a href="#">F261E - "Allergen - Asparagus (F261) IgE"</a>
Update Existing Test	9/3/2024	<a href="#">F268E - "Allergen - Clove (F268) IgE"</a>
Update Existing Test	9/3/2024	<a href="#">F296E - "Allergen - Carob (F296) IgE"</a>
Update Existing Test	9/3/2024	<a href="#">F313Q - "Anchovy (f313) IgE"</a>
Update Existing Test	9/3/2024	<a href="#">F332E - "Allergen - Mint (F332) IgE"</a>
Update Existing Test	9/3/2024	<a href="#">F347Q - "Quinoa (f347) IgE"</a>
Update Existing Test	9/3/2024	<a href="#">FT3 - "Free T3 (Free Triiodothyronine)"</a>
Update Existing Test	9/10/2024	<a href="#">GADAB - "Glutamic Acid Decarboxylase Autoantibodies"</a>
Update Existing Test	9/10/2024	<a href="#">GCPCR - "Neisseria gonorrhoeae Testing by PCR"</a>
Update Existing Test	9/17/2024	<a href="#">HIVA - "HIV Ag/Ab 5th Gen (Diag)"</a>
Update Existing Test	9/17/2024	<a href="#">HIVD - "HIV-D"</a>
Update Existing Test	9/17/2024	<a href="#">HIVS - "HIV Ag/Ab 5th Gen (Screen)"</a>
Update Existing Test	9/3/2024	<a href="#">ICA - "Calcium, Ionized"</a>
Update Existing Test	9/3/2024	<a href="#">LPROA - "Lipoprotein LP(a)"</a>
Update Existing Test	9/3/2024	<a href="#">MSHAL - "Melanocyte Stimulation Hormone, Alpha"</a>
Update Existing Test	9/3/2024	<a href="#">OHPRG - "17-alpha Hydroxyprogesterone"</a>
Update Existing Test	9/3/2024	<a href="#">PHNYF - "Phenytoin, Free (Dilantin)"</a>
Update Existing Test	9/3/2024	<a href="#">PPSEE - "Pumpkin Seed (f226) IgE"</a>
Update Existing Test	9/3/2024	<a href="#">PROL - "Prolactin"</a>

Update Existing Test	9/3/2024	<a href="#">RBCF - "RBC Folate"</a>
Update Existing Test	9/3/2024	<a href="#">RF272 - "Allergen - Tarragon IgE"</a>
Update Existing Test	9/3/2024	<a href="#">T3 - "T3 (Triiodothyronine), Total"</a>
Update Existing Test	9/3/2024	<a href="#">T4 - "T4 (Thyroxine)"</a>
Update Existing Test	9/3/2024	<a href="#">TGAB - "Anti-thyroglobulin Antibody"</a>
Update Existing Test	9/3/2024	<a href="#">THAB - "Thyroid Antibody Panel"</a>
Update Existing Test	9/3/2024	<a href="#">THIOC - "Thiocyanate, Serum or Plasma"</a>
Update Existing Test	9/3/2024	<a href="#">THY - "Thyroglobulin and Anti-Thyroglobulin Antibody Panel"</a>
Update Existing Test	9/3/2024	<a href="#">TMSI - "Microsatellite Instability, Tumor"</a>
Update Existing Test	9/3/2024	<a href="#">TPOAB - "Thyroid Peroxidase (TPO) Ab"</a>
Update Existing Test	9/3/2024	<a href="#">UCETG - "Ethyl Glucuronide Quant, Urine"</a>
Update Existing Test	9/10/2024	<a href="#">UCFNT - "Clin Urine Fentanyl Confirm"</a>
Update Existing Test	9/10/2024	<a href="#">UCTRM - "Clin Urine Tramadol Confirm"</a>
Update Existing Test	9/3/2024	<a href="#">UETG3 - "EtG Screen w/ EtG/EtS Confirmation"</a>
Update Existing Test	9/3/2024	<a href="#">ZINC - "Zinc, Plasma"</a>
Update Existing Test	9/17/2024	<a href="#">ZPP - "Zinc Protoporphyrin"</a>
Update Existing Test	9/3/2024	<a href="#">ZPPI - "Lead-ZPP Industrial"</a>
Inactivate Test With Replacement	9/23/2024	<a href="#">TROPT - "Troponin T" replaced by HSTNT - "Troponin T, High Sensitivity (hs-TnT)"</a>

Update Existing Test	
Effective Date	9/3/2024
Name	Alpha-Fetoprotein Tumor Marker
Code	AFPTM
Interface Order Code	3000730
Legacy Code	AFPTUMO
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	<p><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> 0.5 mL  <i>Transport Temperature:</i> Refrigerated  <b><i>New York Transport Temperature:</i> Frozen</b></p>
Stability	<p>Room temperature: 7 days            Refrigerated: 7 days            Frozen: 60 days</p> <p><b>New York Stability:</b>  <b>Room temperature: Unacceptable</b>  <b>Refrigerated: 48 hours</b>  <b>Frozen: Undetermined</b></p>

Update Existing Test	
Effective Date	9/2/2024
Name	Amikacin, Random
Code	AMKCN
Interface Order Code	1750225
Legacy Code	AMIK
Notes	Update to alternate specimen, rejection criteria, and stability.
Required Testing Changes	
Alternate Specimen	<b>No alternate specimen listing.</b>
Rejection Criteria	<b>Serum separator tube (SST), whole blood, grossly lipemic, hemolyzed, and icteric specimens.</b>
Stability	<p>Room temperature: Unacceptable  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>

Update Existing Test	
Effective Date	9/3/2024
Name	Amikacin, Peak
Code	AMKPK
Interface Order Code	1750220
Legacy Code	AMIKPK
Notes	Update to alternate specimen, stability, and rejection criteria.
Required Testing Changes	
Alternate Specimen	No alternate specimen listing.
Rejection Criteria	Serum separator tube (SST), whole blood, grossly lipemic, hemolyzed, and icteric specimens.
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 14 days

Update Existing Test	
Effective Date	9/3/2024
Name	Amikacin, Trough
Code	AMKTR
Interface Order Code	1750230
Legacy Code	AMIKTR
Notes	Update to alternate specimen, stability, and rejection criteria.
Required Testing Changes	
Alternate Specimen	No alternate specimen listing.
Rejection Criteria	Serum separator tube (SST), whole blood, grossly lipemic, hemolyzed, and icteric specimens.
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 14 days

Update Existing Test	
Effective Date	9/3/2024
Name	HLA-B27 Screening
Code	B27
Interface Order Code	3080980
Legacy Code	HLAB27
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No

Update Existing Test	
Effective Date	9/3/2024
Name	Blood Culture, Acid-Fast Bacillus (AFB)
Code	BCAF
Interface Order Code	3618400
Legacy Code	BACF
Notes	Update to specimen requirements, alternate specimen, and methodology.
Required Testing Changes	
Specimen Required	<i>Patient Preparation:</i> Aseptic collection is important <b>Collect:</b> Bactec® Myco/F Lytic bottle <b>Specimen Preparation:</b> Send 7.0 mL whole blood in a Bactec® Myco/F Lytic bottle. <i>Transport Temperature:</i> Room temperature <b>Minimum Volume: Whole Blood: 1.0 mL</b> <b>Bone Marrow: 0.5 mL</b>
Alternate Specimen	Bone marrow: Bactec® Myco/F Lytic bottle
Methodology	Continuous Monitoring Blood Culture/Culture

Update Existing Test	
Effective Date	9/3/2024
Name	CA 27.29
Code	C2729
Interface Order Code	1010030
Legacy Code	CA2729
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	<i>Collect:</i> Serum separator tube (SST) <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in a screw capped plastic vial. <i>Minimum Volume:</i> 0.4 mL <b>Transport Temperature: Frozen</b>
Stability	Room temperature: 8 hours <b>Refrigerated: 48 hours</b> Frozen: Undetermined

Update Existing Test	
Effective Date	9/3/2024
Name	C4a Level
Code	C4AL
Interface Order Code	3515710
Legacy Code	C4AL
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	9 - 12 days

Update Existing Test	
Effective Date	9/3/2024
Name	CA 125
Code	CA125
Interface Order Code	1010050
Legacy Code	CA125
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 8 hours <b>Refrigerated: 48 hours</b> Frozen: Undetermined

Update Existing Test	
Effective Date	9/3/2024
Name	CA 19-9
Code	CA199
Interface Order Code	1010040
Legacy Code	CA199
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 8 hours <b>Refrigerated: 48 hours</b> Frozen: Undetermined

Update Existing Test	
Effective Date	9/10/2024
Name	Chlamydia Testing by PCR
Code	CHPCR
Interface Order Code	3000492
Legacy Code	CHPCR
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	9/17/2024
Name	CK Isoenzymes
Code	CKISO
Interface Order Code	1010700
Legacy Code	CKISO
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: Undetermined Refrigerated: 7 days Frozen: Undetermined

Update Existing Test	
Effective Date	9/3/2024
Name	Cytomegalovirus DNA, Quantitative, Real-Time PCR
Code	CMVQR
Interface Order Code	3435370
Legacy Code	CMVQR
Notes	Update to alternate specimen and rejection criteria.
Required Testing Changes	
Alternate Specimen	Serum: Red top Fluid: Cerebrospinal fluid (CSF) or Amniotic fluid in sterile leak proof container. Plasma: Lavender EDTA, PPT Potassium EDTA
Rejection Criteria	Heparinized specimens Serum separator tube (SST) Eye fluid Urine BAL Yellow ACD

## Update Existing Test

Effective Date	9/10/2024
Name	Chlamydia and Neisseria Testing by PCR
Code	COPCR
Interface Order Code	3000499
Legacy Code	COPCR
Notes	Update to New York approval.

## Required Testing Changes

New York Approval	New York DOH Approval Status: Yes
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## Update Existing Test

Effective Date	9/3/2024
Name	Copper
Code	COPS
Interface Order Code	1004750
Legacy Code	COPS
Notes	Update to specimen requirements.

## Required Testing Changes

Specimen Required	<b>Specimen Preparation:</b> Allow sample to clot for 30 minutes, centrifuge, separate serum from cells within 2 hours by carefully pouring serum into an aliquot tube. Send 1.0 mL serum in a screw capped plastic vial. Do not insert a pipette into the serum to remove from cells. <b>Do not ream with wooden stick.</b>
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Update Existing Test	
Effective Date	9/3/2024
Name	Collagen Type 1, C-Telopeptide (CTx)
Code	CTX
Interface Order Code	3422320
Legacy Code	CTXQ
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Serum separator tube (SST)  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum frozen in a screw capped plastic vial.  <i>Minimum Volume:</i> 0.5 mL  <i>Transport Temperature:</i> Frozen  <b><i>New York Transport Temperature:</i> Frozen</b></p>
Stability	<p>Room temperature: Unacceptable            Refrigerated: 72 hours            Frozen: 3 months</p> <p><b>New York Stability:</b>            Room temperature: Unacceptable            Refrigerated: Undetermined            Frozen: Undetermined</p>

Update Existing Test	
Effective Date	9/3/2024
Name	Allergen - Guar Bean Gum (F246) IgE
Code	F246E
Interface Order Code	3723820
Legacy Code	F246E
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	9/3/2024
Name	Allergen - Asparagus (F261) IgE
Code	F261E
Interface Order Code	3723830
Legacy Code	F261E
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	9/3/2024
Name	Allergen - Clove (F268) IgE
Code	F268E
Interface Order Code	3723860
Legacy Code	F268E
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	9/3/2024
Name	Allergen - Carob (F296) IgE
Code	F296E
Interface Order Code	3723940
Legacy Code	F296E
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	9/3/2024
Name	Anchovy (f313) IgE
Code	F313Q
Interface Order Code	3724820
Legacy Code	F313Q
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	9/3/2024
Name	Allergen - Mint (F332) IgE
Code	F332E
Interface Order Code	3723980
Legacy Code	F332E
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	9/3/2024
Name	Quinoa (f347) IgE
Code	F347Q
Interface Order Code	3724860
Legacy Code	F347Q
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	9/3/2024
Name	Free T3 (Free Triiodothyronine)
Code	FT3
Interface Order Code	1010900
Legacy Code	FT3
Notes	Update to specimen requirements and stability.
Required Testing Changes	
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 <b><i>Transport Temperature: Frozen</i></b>
Stability	Room temperature; 8 hours <b>Refrigerated: 48 hours</b> Frozen: Undetermined

## Update Existing Test

<b>Effective Date</b>	9/10/2024
<b>Name</b>	Glutamic Acid Decarboxylase Autoantibodies
<b>Code</b>	GADAB
<b>Interface Order Code</b>	3010910
<b>Legacy Code</b>	GADAB
<b>Notes</b>	Update to stability.

## Required Testing Changes

<b>Stability</b>	<p>Room temperature: Unacceptable          Refrigerated: 7 days          Frozen: Undetermined</p> <p><b>New York Stability:</b>          Room temperature: Unacceptable          Refrigerated: Undetermined          Frozen: Undetermined</p>
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## Update Existing Test

<b>Effective Date</b>	9/10/2024
<b>Name</b>	Neisseria gonorrhoeae Testing by PCR
<b>Code</b>	GCPCR
<b>Interface Order Code</b>	3000482
<b>Legacy Code</b>	GCPCR
<b>Notes</b>	Update to New York approval.

## Required Testing Changes

<b>New York Approval</b>	New York DOH Approval Status: Yes
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Update Existing Test	
Effective Date	9/17/2024
Name	HIV Ag/Ab 5th Gen (Diag)
Code	HIVA
Interface Order Code	3010685
Legacy Code	HIV1/2/A
Notes	Update to alternate specimen, rejection criteria, and stability.
Required Testing Changes	
Alternate Specimen	Serum: serum separator tube (SST) <b>Plasma: EDTA, green lithium heparin, light blue sodium citrate.</b>
Rejection Criteria	Gross hemolysis <b>Do not use samples collected in sodium citrate that have been previously frozen, as false positive results may occur.</b>
Stability	<b>Room temperature: 48 hours</b> Refrigerated: 7 days Frozen: 30 days

Update Existing Test	
Effective Date	9/17/2024
Name	HIV-D
Code	HIVD
Interface Order Code	3010900
Legacy Code	HIV1/2D
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 48 hours Refrigerated: 7 days <b>Frozen: 30 days</b>

Update Existing Test	
Effective Date	9/17/2024
Name	HIV Ag/Ab 5th Gen (Screen)
Code	HIVS
Interface Order Code	3010665
Legacy Code	HIV1/2/AS
Notes	Update to rejection criteria, alternate specimen, and stability.
Required Testing Changes	
Alternate Specimen	Serum: Serum separator tube (SST) <b>Plasma: EDTA, green lithium heparin, light blue sodium citrate.</b>
Rejection Criteria	Gross hemolysis <b>Do not use samples collected in sodium citrate that have been previously frozen, as false positive results may occur.</b>
Stability	<b>Room temperature: 48 hours</b> Refrigerated: 7 days Frozen: 14 days

Update Existing Test	
Effective Date	9/3/2024
Name	Calcium, Ionized
Code	ICA
Interface Order Code	1000790
Legacy Code	ICA
Notes	Update to specimen requirements.
Required Testing Changes	
Specimen Required	<b>Specimen Preparation:</b> Allow blood to clot 30 - 60 minutes and centrifuge 10 minutes with stopper in place. Send unopened tube. <b>Fill tube completely.</b>

Update Existing Test	
Effective Date	9/3/2024
Name	Lipoprotein LP(a)
Code	LPROA
Interface Order Code	3096200
Legacy Code	LPROA
Notes	Update to alternate specimen.
Required Testing Changes	
Alternate Specimen	Serum: Red top <b>Plasma: Lavender EDTA, Lithium Heparin, Sodium Heparin, Sodium EDTA, Potassium EDTA, Citrate.</b>

Update Existing Test	
Effective Date	9/3/2024
Name	Melanocyte Stimulation Hormone, Alpha
Code	MSHAL
Interface Order Code	3600014
Legacy Code	MSHAL
Notes	Update to specimen requirements, methodology, and turnaround time.
Required Testing Changes	
Specimen Required	<b>Patient Preparation:</b> Patient should not be on any steroid, ACTH or hypertension medication, if possible, for 48 hours prior to specimen collection. <b>Morning fasting specimens are preferred.</b>
Methodology	<b>Quantitative Radioimmunoassay (RIA)</b>
Turnaround Time	<b>17 - 22 days</b>

Update Existing Test	
Effective Date	9/3/2024
Name	17-alpha Hydroxyprogesterone
Code	OHPRG
Interface Order Code	1009500
Legacy Code	17OHPROG
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Serum separator tube (SST)</p> <p><i>Specimen Preparation:</i> Centrifuge, separate serum from cells promptly and send 1.0 mL. Samples from children &lt;1 year of age will be sent out for testing by Tandem Mass Spectrometry. See "17-Hydroxyprogesterone Quantitative, Child".</p> <p><i>Minimum Volume:</i> 0.5 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p> <p><b>New York Transport Temperature: Frozen</b></p>
Stability	<p>Room temperature: Unacceptable</p> <p>Refrigerated: 7 days</p> <p>Frozen: 30 days</p> <p><b>New York Stability:</b></p> <p><b>Room temperature: Unacceptable</b></p> <p><b>Refrigerated: Undetermined</b></p> <p><b>Frozen: Undetermined</b></p>

## Update Existing Test

<b>Effective Date</b>	9/3/2024
<b>Name</b>	Phenytoin, Free (Dilantin)
<b>Code</b>	PHNYF
<b>Interface Order Code</b>	1750052
<b>Legacy Code</b>	PHENYF
<b>Notes</b>	Update to alternate specimen and stability.

## Required Testing Changes

<b>Alternate Specimen</b>	<b>No alternate specimen listing.</b>
<b>Stability</b>	Room temperature: Unacceptable <b>Refrigerated: 7 days</b> <b>Frozen: 14 days</b>

## Update Existing Test

<b>Effective Date</b>	9/3/2024
<b>Name</b>	Pumpkin Seed (f226) IgE
<b>Code</b>	PPSEE
<b>Interface Order Code</b>	3700107
<b>Legacy Code</b>	PPSEE
<b>Notes</b>	Update to New York approval.

## Required Testing Changes

<b>New York Approval</b>	<b>New York DOH Approval Status: Yes</b>
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## Update Existing Test

<b>Effective Date</b>	9/3/2024
<b>Name</b>	Prolactin
<b>Code</b>	PROL
<b>Interface Order Code</b>	1000740
<b>Legacy Code</b>	PROL
<b>Notes</b>	Update to specimen requirements and stability.

## Required Testing Changes

<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> 0.4 mL <b><i>Transport Temperature:</i> Frozen</b>
<b>Stability</b>	Room temperature: 8 hours <b>Refrigerated: 48 hours</b> Frozen: Undetermined



## Update Existing Test

<b>Effective Date</b>	9/3/2024
<b>Name</b>	RBC Folate
<b>Code</b>	RBCF
<b>Interface Order Code</b>	1000773
<b>Legacy Code</b>	RBCF
<b>Notes</b>	Update to New York approval.

## Required Testing Changes

<b>New York Approval</b>	<b>New York DOH Approval Status: No</b>
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## Update Existing Test

<b>Effective Date</b>	9/3/2024
<b>Name</b>	Allergen - Tarragon IgE
<b>Code</b>	RF272
<b>Interface Order Code</b>	3722040
<b>Legacy Code</b>	RARF272ES
<b>Notes</b>	Update to New York approval.

## Required Testing Changes

<b>New York Approval</b>	<b>New York DOH Approval Status: Yes</b>
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## Update Existing Test

<b>Effective Date</b>	9/3/2024
<b>Name</b>	T3 (Triiodothyronine), Total
<b>Code</b>	T3
<b>Interface Order Code</b>	1011000
<b>Legacy Code</b>	T3
<b>Notes</b>	Update to specimen requirements and stability.

## Required Testing Changes

<b>Specimen Required</b>	<p><i>Collect:</i> SST  <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in a screw-capped plastic vial.  <i>Minimum Volume:</i> 0.4 mL  <b><i>Transport Temperature:</i> Frozen</b></p>
<b>Stability</b>	<p>Room temperature: 8 hours  <b>Refrigerated: 48 hours</b>          Frozen: Undetermined</p>

Update Existing Test	
Effective Date	9/3/2024
Name	T4 (Thyroxine)
Code	T4
Interface Order Code	1000840
Legacy Code	T4
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	<p><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  <b>Transport Temperature: Frozen</b></p>
Stability	<p>Room temperature: 8 hours  <b>Refrigerated: 48 hours</b>            Frozen: Undetermined</p>

Update Existing Test	
Effective Date	9/3/2024
Name	Anti-thyroglobulin Antibody
Code	TGAB
Interface Order Code	3007985
Legacy Code	THGLAB
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Serum separator tube  <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>New York Transport Temperature: Frozen</b></p>
Stability	<p>Room temperature: Unacceptable            Refrigerated: 7 days            Frozen: 60 days</p> <p><b>New York Stability:</b>  <b>Room temperature: Unacceptable</b>  <b>Refrigerated: 48 hours</b>  <b>Frozen: Undetermined</b></p>

Update Existing Test	
Effective Date	9/3/2024
Name	Thyroid Antibody Panel
Code	THAB
Interface Order Code	3007980
Legacy Code	THAB
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	<p><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> 0.8 mL  <i>Transport Temperature:</i> Refrigerated  <b><i>New York Transport Temperature: Frozen</i></b></p>
Stability	<p>Room temperature: Unacceptable            Refrigerated: 7 days            Frozen: 60 days</p> <p><b>New York Stability:</b>            Room temperature: Unacceptable            Refrigerated: 48 hours            Frozen: Undetermined</p>

Update Existing Test	
Effective Date	9/3/2024
Name	Thiocyanate, Serum or Plasma
Code	THIOC
Interface Order Code	3600033
Legacy Code	THIOC
Notes	Update to rejection criteria, stability, methodology, and turnaround time.
Required Testing Changes	
Rejection Criteria	<b>Serum separator tube (SST)</b> , citrated plasma, ACD plasma, whole blood.
Stability	<p>Room temperature: <b>30 days</b>            Refrigerated: <b>30 days</b>            Frozen: <b>30 days</b></p>
Methodology	<b>Quantitative High Performance Liquid chromatography-Tandem Mass Spectrometry</b>
Turnaround Time	<b>12 - 16 days</b>

Update Existing Test	
<b>Effective Date</b>	9/3/2024
<b>Name</b>	Thyroglobulin and Anti-Thyroglobulin Antibody Panel
<b>Code</b>	THY
<b>Interface Order Code</b>	3007960
<b>Legacy Code</b>	THY
<b>Notes</b>	Update to specimen requirements and stability.
Required Testing Changes	
<b>Specimen Required</b>	<p><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> 0.8 mL  <i>Transport Temperature:</i> Refrigerated  <b><i>New York Transport Temperature:</i> Frozen</b></p>
<b>Stability</b>	<p>Room temperature: Unacceptable            Refrigerated: 7 days            Frozen: 60 days</p> <p><b>New York Stability:</b>            Room temperature: Unacceptable            Refrigerated: 48 hours            Frozen: Undetermined</p>

Update Existing Test	
<b>Effective Date</b>	9/3/2024
<b>Name</b>	Microsatellite Instability, Tumor
<b>Code</b>	TMSI
<b>Interface Order Code</b>	3800241
<b>Legacy Code</b>	TMSI
<b>Notes</b>	Update to turnaround time.
Required Testing Changes	
<b>Turnaround Time</b>	6 - 9 days

Update Existing Test	
Effective Date	9/3/2024
Name	Thyroid Peroxidase (TPO) Ab
Code	TPOAB
Interface Order Code	3007990
Legacy Code	ATPO
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	<p><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> 0.8 mL  <i>Transport Temperature:</i> Refrigerated  <b><i>New York Transport Temperature:</i> Frozen</b></p>
Stability	<p>Room temperature: Unacceptable            Refrigerated: 7 days            Frozen: 60 days</p> <p><b>New York Stability:</b>            Room temperature: Unacceptable            Refrigerated: 48 hours            Frozen: Undetermined</p>

Update Existing Test	
Effective Date	9/3/2024
Name	Ethyl Glucuronide Quant, Urine
Code	UCETG
Interface Order Code	3000051
Legacy Code	UCETG
Notes	Update to specimen requirements, rejection criteria, stability, and turnaround time.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Urine  <b><i>Specimen Preparation:</i> Mix well and send 3.0 mL urine in a screw capped plastic urine cup.</b>  <i>Minimum Volume:</i> 1.0 mL  <i>Transport Temperature:</i> Refrigerated</p>
Rejection Criteria	<p>Urine catheter cup (with needle)  <b>Urine collected in unspecified container.</b></p>
Stability	<p>Room temperature: 2 days  <b>Refrigerated: 7 days</b>            Frozen: 14 days</p>
Turnaround Time	<b>2 - 5 days</b>

Update Existing Test	
Effective Date	9/10/2024
Name	Clin Urine Fentanyl Confirm
Code	UCFNT
Interface Order Code	3000017
Legacy Code	UCFNT
Notes	Update to New York Approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No

Update Existing Test	
Effective Date	9/10/2024
Name	Clin Urine Tramadol Confirm
Code	UCTRM
Interface Order Code	3000038
Legacy Code	UCTRM
Notes	Update to New York Approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: No

Update Existing Test	
Effective Date	9/3/2024
Name	EtG Screen w/ EtG/EtS Confirmation
Code	UETG3
Interface Order Code	1825390
Legacy Code	UETG3
Notes	Update to specimen requirements, rejection criteria, stability, and turnaround time.
Required Testing Changes	
Specimen Required	<i>Collect:</i> Urine <b>Specimen Preparation:</b> Mix well and send 3.0 mL urine in a screw capped plastic urine cup. <b>Minimum Volume:</b> 1.0 mL <i>Transport Temperature:</i> Refrigerated
Rejection Criteria	Urine catheter cup (with needle) <b>Urine collected in unspecified container</b>
Stability	Room temperature: 2 days <b>Refrigerated: 7 days</b> Frozen: 14 days
Turnaround Time	<b>2 - 5 days</b>

## Update Existing Test

Effective Date	9/3/2024
Name	Zinc, Plasma
Code	ZINC
Interface Order Code	1004900
Legacy Code	ZINC
Notes	Update to specimen requirements.

## Required Testing Changes

Specimen Required	<i>Specimen Preparation:</i> Centrifuge, <b>separate</b> plasma from cells within 2 hours <b>by carefully pouring into an aliquot tube</b> . Send 2.0 mL plasma in a screw capped plastic vial. Do not pipette serum or plasma. <b>Do not ream with wooden stick.</b>
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## Update Existing Test

Effective Date	9/17/2024
Name	Zinc Protoporphyrin
Code	ZPP
Interface Order Code	1001550
Legacy Code	ZPP
Notes	Update to stability.

## Required Testing Changes

Stability	<b>Room temperature: 7 days</b> Refrigerated: 60 days Frozen: Unacceptable
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## Update Existing Test

Effective Date	9/3/2024
Name	Lead-ZPP Industrial
Code	ZPPI
Interface Order Code	1001560
Legacy Code	LAZPPIE
Notes	<b>Update to stability.</b>

## Required Testing Changes

Stability	ZPP: Room temperature: 8 days Refrigerated: 60 days Frozen: Unacceptable  Lead: <b>Room temperature: Unacceptable</b> Refrigerated: 30 days Frozen: Not recommended
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Inactivate Test With Replacement			
<b>Effective Date</b>	9/23/2024		
Inactivated Test			
<b>Name</b>	Troponin T		
<b>Code</b>	TROPT		
<b>Legacy Code</b>	TROPT		
<b>Interface Order Code</b>	3724340		
Replacement Test			
<b>Name</b>	Troponin T, High Sensitivity (hs-TnT)		
<b>Code</b>	HSTNT		
<b>CPT Code(s)</b>	84484		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Green lithium heparin <i>Specimen Preparation:</i> Centrifuge and separate plasma from cells and send 1.0 mL plasma in a screw capped plastic vial. <i>Minimum Volume:</i> 0.5 mL <i>Transport Temperature:</i> Refrigerated		
<b>Rejection Criteria</b>	Hemolysis, Grossly lipemic, Grossly icteric, Serum		
<b>Stability</b>	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 1 year		
Performing Information			
<b>Methodology</b>	Electrochemiluminescence Immunoassay (ELCIA)		
<b>Reference Range</b>	Male: <23 ng/L Female: <15 ng/L		
<b>Performed Days</b>	Tuesday, Thursday, Saturday		
<b>Turnaround Time</b>	4 - 7 days		
<b>Performing Laboratory</b>	Quest SJC		
Interface Information			
<b>Legacy Code</b>	HSTNT		
<b>Interface Order Code</b>	3400972		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3400972	Troponin T, High Sensitivity (hs-TnT)	6598-7	No





# LABORATORY REPORT

Example Client, XYZ123  
1234 Warde Road  
Ann Arbor MI 48108

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

## Referral Testing

Collected: 08/08/2024 10:10 Received: 08/08/2024 10:10

Test Name	Result	Flag	Ref-Ranges	Units	Site
Troponin T, High Sensitivity (hs-TnT)	7		<15	ng/L	QCRL

Relative Risk: Optimal <6 ng/L; Moderate: Males 6-22 ng/L, Females 6-14 ng/L; High: Males: >22 ng/L, Females: >14 ng/L. Reference Range: Males <23 ng/L, Females <15 ng/L. High Sensitivity Troponin T (hs-TnT) levels exceeding the gender-specific 99th percentile upper reference limit (males >22 ng/L, females >14 ng/L) may indicate a recent acute myocardial infarction however, hs-TnT results should always be assessed in conjunction with the patient's medical history, clinical examination, symptoms of cardiac ischemia, electrocardiogram results, and/or other cardiovascular disease (CVD) diagnostic findings. Elevations in hs-TnT can also be observed in other heart conditions. To distinguish between acute and chronic hs-TnT elevations, serial sampling and clinical correlation is recommended for interpretation. There is literature supporting any hs-TnT >=6 ng/L confers increased CVD relative risk (Oluleye OW, et al. Ann Epidemiol. 2013;23(2):66-73; Seliger SL, et al. Circulation. 2017;135(16):1494-1505).

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

**Reported Date:** 08/08/2024 10:10 HSTNT

Performing Site:

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

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

G40800001  
WX0000003826

Ordered By: KAJAL SITWALA, MD, PHD  
WX00000000002353

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

Printed D&T: 08/08/24 10:10

PAGE 1 OF 1