Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2024

Update Summary		
Update Existing Test	11/4/2024	C4AL - "C4a Level"
Update Existing Test	11/5/2024	CRY - "Cryoglobulin and Cryofibrinogen"
Update Existing Test	11/5/2024	CRYGL - "Cryoglobulin Qualitative"
Update Existing Test	11/5/2024	CRYOF - "Cryofibrinogen"
Update Existing Test	11/19/2024	EONE - "Estrone, LC/MS/MS"
Update Existing Test	11/19/2024	ESTM - "Estrogens, Total and Fractionated, LC/MS/MS"
Update Existing Test	11/25/2024	FIBAG - "Fibrinogen Antigen, Nephelometry"
Update Existing Test	11/5/2024	UROVQ - "Bladder Cancer, FISH (UroVysion)"
Inactivate Test With Replacement	11/19/2024	AMLPC - "Amylase, Pancreatic Cyst" replaced by AMYFL - "Amylase, Body Fluid"
Inactivate Test With Replacement	11/19/2024	COATD - "Complete Atopic Dermatitis Panel" replaced by COADP - "Complete Atopic Dermatitis Panel"
Inactivate Test With Replacement	11/19/2024	CTX - "Collagen Type 1, C-Telopeptide (CTx)" replaced by BCTX - "Collagen Type 1, C-Telopeptide (CTx)"
Inactivate Test With Replacement	11/19/2024	DDPUC - "Drug Detection Panel, Umbilical Cord Tissue, Qualitative" replaced by DDPUQ - "Drug Detection Panel, Umbilical Cord Tissue, Qualitative"
Inactivate Test With Replacement	11/19/2024	HELPY - "Helicobacter Pylori AG, EIA, Stool" replaced by HPSAG - "Helicobacter pylori Stool Antigen"
Inactivate Test Without Replacement	11/4/2024	LISG - "Listeria Antibody, CF, Serum"
Inactivate Test Without Replacement	11/19/2024	RF279 - "Chilipepper IgE"
Inactivate Test Without Replacement	11/4/2024	SPERQ - "Sperm Antibody (IgA, IgG)"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2024

Update Existing Test	
Effective Date	11/4/2024
Name	C4a Level
Code	C4AL
Interface Order Code	3515710
Legacy Code	C4AL
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	*Collect*: Lavender EDTA *Specimen Preparation*: Centrifuge within 30 minutes of collection and separate cell-free plasma. Send 1.0 mL plasma frozen **(-20°C)** in a screw capped plastic vial. *Minimum Volume*: 0.5 mL *Transport Temperature*: **Frozen (-20°C)**
Stability	Room temperature: Unacceptable Refrigerated: Unacceptable **Frozen (-20°C): 4 weeks**

Update Existing Test	
Effective Date	11/5/2024
Name	Cryoglobulin and Cryofibrinogen
Code	CRY
Interface Order Code	2000760
Legacy Code	CRY
Notes	Update to stability.
Required Testing Changes	
Stability	**After proper sample collection and processing:** **Room temperature: Undetermined** **Refrigerated: 7 days** **Frozen: 30 days**

Update Existing Test	
Effective Date	11/5/2024
Name	Cryoglobulin Qualitative
Code	CRYGL
Interface Order Code	3000400
Legacy Code	CRYGL
Notes	Update to stability.
Required Testing Changes	
Stability	**After proper sample collection and processing:** **Room temperature: Undetermined** **Refrigerated: 7 days** **Frozen: 30 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2024

Update Existing Test	
Effective Date	11/5/2024
Name	Cryofibrinogen
Code	CRYOF
Interface Order Code	2500300
Legacy Code	CRYOFIB
Notes	Update to stability.
Required Testing Changes	
Stability	**After proper sample collection and processing:** **Room temperature: Undetermined** **Refrigerated: 7 days** **Frozen: 30 days**

Update Existing Test	
Effective Date	11/19/2024
Name	Estrone, LC/MS/MS
Code	EONE
Interface Order Code	3000892
Legacy Code	EONE
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), **plasma, hemolysis, lipemia, icterus.**

Update Existing Test	
Effective Date	11/19/2024
Name	Estrogens, Total and Fractionated, LC/MS/MS
Code	ESTM
Interface Order Code	3000887
Legacy Code	ESTM
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Serum separator tube (SST), **plasma, hemolysis, lipemia, icterus.**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2024

Update Existing Test	
Effective Date	11/25/2024
Name	Fibrinogen Antigen, Nephelometry
Code	FIBAG
Interface Order Code	3420260
Legacy Code	FIBAGQ
Notes	Update to rejection criteria, specimen requirements, and stability.
Required Testing Changes	
Specimen Required	*Patient Preparation*: Overnight fasting is required. *Collect*: Light blue 3.2 % sodium citrate *Specimen Preparation*: See appendices for coagulation test collection instructions. Send 1.0 mL plasma frozen in a screw capped plastic vial. *Minimum Volume*: 0.5 mL *Transport Temperature*: **Refrigerated**
Rejection Criteria	**Hemolysis; lipemia**
Stability	Room temperature: Unacceptable Refrigerated: **8 days** Frozen: 90 days

Update Existing Test	
Effective Date	11/5/2024
Name	Bladder Cancer, FISH (UroVysion)
Code	UROVQ
Interface Order Code	3421810
Legacy Code	UROVQ
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: See instructions Refrigerated: See instructions Frozen: Unacceptable **Instructions: It is recommended that specimens be processed within 72 hours of collection. Samples received without preservative will be assayed; any study under these conditions yielding insufficient cells or an abnormal result should have a follow-up study with urine in a preservative. Cold packs are recommended during transportation. If bladder washing is not shipped immediately after collection, refrigerate immediately (DO NOT FREEZE). Under no circumstances should bladder washing specimens be stored or shipped at temperatures at or above 37°C.**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2024

Inactivate Test With Replacement			
Effective Date	11/19/2024		
Inactivated Test			
Name	Amylase, Pancreatic Cyst		
Code	AMLPC		
Legacy Code	AMLPC		
Interface Order Code	3800010		
Replacement Test			
Name	Amylase, Body Fluid		
Code	AMYFL		
CPT Code(s)	82150		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect*: Pancreatic fluid *Specimen Preparation*: Centrifuge to remove cellular material. Send 1.0 mL pancreatic fluid in a screw capped plastic vial. **Specimen source must be provided.** *Minimum Volume*: 0.2 mL *Transport Temperature*: Refrigerated		
Alternate Specimen	Pancreatic cyst fluid, Drain fluid (drainage, Jackson Pratt [JP] drain), Pleural fluid (pleural, chest, thoracentesis), Peritoneal fluid (peritoneal, abdominal, ascites, paracentesis)		
Rejection Criteria	Specimen types other than those listed. Specimens too viscous to be aspirated by instrument.		
Stability	Room temperature: 7 days Refrigerated: 30 days Frozen: 30 days		
Performing Information			
Methodology	Quantitative Enzymatic Assay		
Reference Range	See report		
Performed Days	Sunday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code	AMYFL		
Interface Order Code	3600486		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3600487	Amylase Fluid Source	31208-2	Yes
3600488	Amylase, Body Fluid	1795-4	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 46 Y

Referral Testing

Collected: 10/14/2024 11:54 Received: 10/14/2024 11:54

Test Name	Result	Flag	Ref-Ranges	Units	Site
Amylase, Body Fluid					
Amylase Fluid Source	Pancreatic				ARRL
Amylase, Body Fluid	10			U/L	ARRL

INTERPRETIVE INFORMATION: Amylase, Body Fluid

For information on body fluid reference ranges and/or
interpretive guidance visit http://aruplab.com/bodyfluids/

This test was developed and its performance characteristics
determined by ARUP Laboratories. It has not been cleared or
approved by the US Food and Drug Administration. This test
was performed in a CLIA certified laboratory and is
intended for clinical purposes.
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 10/14/2024 11:54 AMYFL

Performing Site:
ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

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

G614000004
WX0000003827
Printed D&T: 10/14/24 11:55

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002516

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

Inactivate Test With Replacement

Effective Date	11/19/2024

Inactivated Test

Name	Complete Atopic Dermatitis Panel
Code	COATD
Legacy Code	COATD
Interface Order Code	3300231

Replacement Test

Name	Complete Atopic Dermatitis Panel
Code	COADP
CPT Code(s)	86003 x 11, 83516, 82785
Notes	New York DOH Approval Status: No

Specimen Requirements

Specimen Required	*Collect*: Serum separator tube (SST) *Specimen Preparation*: Centrifuge, separate serum from cells and send 5.0 mL serum refrigerated in a screw capped plastic vial. *Minimum Volume*: 2.5 mL *Transport Temperature*: Refrigerated
Alternate Specimen	Serum: Red top
Stability	Room temperature: 14 days Refrigerated: 14 days Frozen: 14 days

Performing Information

Methodology	ImmunoCAP® FEIA, Enzyme Linked Immunoassay
Reference Range	See report
Performed Days	Varies
Turnaround Time	7 - 9 days
Performing Laboratory	Viracor Eurofins

Interface Information

Legacy Code	COADP
Interface Order Code	3300367

Result Code	Name	LOINC Code	AOE/Prompt
3300232	Total IgE	13834-7	No
3300238	Staphylococcal Enterotoxin A IgE	25821-0	No
3300239	Staphylococcal Enterotoxin B IgE	25822-8	No
3300234	Malassezia Mix (Malassezia spp) IgE	51857-1	No
3300236	Manganese Superoxide Dismutase Specific IgE		No
3300233	Anti-IgE		No
3300241	Codfish/Scrod IgE	6082-2	No
3300242	Class	15650-5	No
3300243	Egg White IgE	6106-9	No
3300244	Class	15689-3	No
3300245	Milk Cow IgE	7258-7	No

3300246	Class	25383-1	No
3300247	Peanut (Arachis hypogaea) IgE	6206-7	No
3300248	Class	15917-8	No
3300249	Soybean (Glycine max) IgE	6248-9	No
3300251	Class	15568-9	No
3300252	Wheat (Triticum aestivum) IgE	6276-0	No
3300253	Class	16085-3	No
3300254	Candida albicans IgE	6059-0	No
3300255	Class	15599-4	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 46 Y

Referral Testing

Collected: 10/15/2024 09:01 Received: 10/15/2024 09:01

Test Name	Result	Flag	Ref-Ranges	Units	Site
Complete Atopic Dermatitis Panel					
Total IgE	59		5-79	IU/mL	VIRL
Staphylococcal Enterotoxin A IgE	0.28		<0.35	kU/L	VIRL
Staphylococcal Enterotoxin B IgE	0.26		<0.35	kU/L	VIRL
Malassezia Mix (Malassezia spp) IgE	0.20			kUA/L	VIRL
This test was developed using investigational use only and/or analyte specific reagents. The performance characteristics of this test have not been established. It has not been cleared or approved by the Food and Drug Administration. Interpretation is the sole responsibility of the licensed healthcare professional ordering the test. **Testing performed at: PiRL, 4169 Commercial Ave, Portage, MI 49002, Phone: 269-929-9294					
Manganese Superoxide Dismutase Specific IgE	0.24			kUA/L	VIRL
This test was developed using investigational use only and/or analyte specific reagents. The performance characteristics of this test have not been established. It has not been cleared or approved by the Food and Drug Administration. Interpretation is the sole responsibility of the licensed healthcare professional ordering the test. **Testing performed at: PiRL, 4169 Commercial Ave, Portage, MI 49002, Phone: 269-929-9294					
Anti-IgE	Normal		Normal		VIRL
This ELISA measures IgG antibodies specific for IgE. A result of normal indicates that the level of IgG anti-IgE antibodies is similar to that seen in a population of healthy individuals. A result of elevated indicates an increased level of IgG anti-IgE antibodies compared to healthy individuals. These autoantibodies have been implicated as a causative agent in autoimmune chronic urticaria and atopic dermatitis.					
Codfish/Scrod IgE	0.33		<0.35	kU/L	VIRL
Class	0/1				VIRL
Egg White IgE	0.27		<0.35	kU/L	VIRL
Class	0/1				VIRL
Milk Cow IgE	0.21		<0.35	kU/L	VIRL
Class	0/1				VIRL
Peanut (Arachis hypogaea) IgE	0.34		<0.35	kU/L	VIRL
Class	0/1				VIRL
Soybean (Glycine max) IgE	0.21		<0.35	kU/L	VIRL
Class	0/1				VIRL

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

G615000002
WX0000003827
Printed D&T: 10/15/24 09:12

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002516

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

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 46 Y

Referral Testing

Collected: 10/15/2024 09:01 Received: 10/15/2024 09:01

Test Name	Result	Flag	Ref-Ranges	Units	Site
Wheat (Triticum aestivum) IgE	0.31		<0.35	kU/L	VIRL
Class	0/1				VIRL
Candida albicans IgE	**0.45**	**H**	<0.35	kU/L	VIRL
Class	1				VIRL

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

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

Reported Date: 10/15/2024 09:11 COADP

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2024

Inactivate Test With Replacement	
Effective Date	11/19/2024
Inactivated Test	
Name	Collagen Type 1, C-Telopeptide (CTx)
Code	CTX
Legacy Code	CTXQ
Interface Order Code	3422320
Replacement Test	
Name	Collagen Type 1, C-Telopeptide (CTx)
Code	BCTX
CPT Code(s)	82523
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Patient Preparation*: Fasting recommended. An early morning specimen is preferred. *Collect*: K2 EDTA *Specimen Preparation*: Centrifuge, separate serum or plasma from cells. Send 1.0 mL serum or plasma in a screw capped plastic vial. *Minimum Volume*: 0.6 mL *Transport Temperature*: Frozen
Alternate Specimen	Plasma: K3 EDTA Serum: Separator tube (SST) or Red top
Rejection Criteria	Lipemia, Hemolysis, Heparin (sodium or lithium), Samples that exceed stability for specimen type.
Stability	Plasma: Room temperature: 24 hours Refrigerated: 8 days Frozen: 28 days Serum: Room temperature: 6 hours Refrigerated: 8 hours Frozen: 28 days
Performing Information	
Methodology	Chemiluminescence/IDS iSYS
Reference Range	ADULTS Males >21 years of age 154-771 pg/mL Pre-Menopausal Females 121-747 pg/mL Post-Menopausal Females 189-1003 pg/mL PEDIATRICS MALES / FEMALES <=6 years 446-1756 pg/mL / 179-1690 pg/mL 7-11 years 659-1975 pg/mL / 300-1978 pg/mL 12-16 years 393-2131 pg/mL / 151-1912 pg/mL 17-21 years 263-1554 pg/mL / 109-1130 pg/mL

Performed Days	Tuesday, Friday		
Turnaround Time	1 - 4 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	BCTX		
Interface Order Code	3000907		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3000907	Collagen Type 1, C-Telopeptide (CTx)	41171-0	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

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

Immunochemistry

Collected: 10/14/2024 11:56 Received: 10/14/2024 11:56

Test Name	Result	Flag	Ref-Ranges	Units	Site
Collagen Type 1, C-Telopeptide (CTx)	457			pg/mL	WMRL

```
Reference Range for Females
Premenopausal          121-747  pg/mL
Postmenopausal         189-1003 pg/mL

The assay and reference ranges were updated by
the manufacturer, with new methodology effective
November 19, 2024. Providers should consider this
when comparing measurements before and after
November 19, 2024 in the same patient.
```

Reported Date: 10/14/2024 11:56 BCTX

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

G614000005
WX0000003826
Printed D&T: 10/14/24 11:56

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002353

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

Inactivate Test With Replacement

Effective Date	11/19/2024

Inactivated Test

Name	Drug Detection Panel, Umbilical Cord Tissue, Qualitative
Code	DDPUC
Legacy Code	DDPUC
Interface Order Code	3618900

Replacement Test

Name	Drug Detection Panel, Umbilical Cord Tissue, Qualitative
Code	DDPUQ
CPT Code(s)	80325, 80345, 80346, 80348, 80353, 80354, 80355, 80356, 80358, 80359, 80361, 80363, 80365, 80368, 80372, 80373, 83992 (G0482)
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Collect*: Umbilical cord *Specimen Preparation*: Collect at least 8 inches of umbilical cord (approximately the width of a sheet of paper). Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or sterile water. Pat the cord dry and transport the 8 inches of umbilical cord in a screw capped plastic urine cup or a security kit for Meconium/Umbilical Drug Detection. Transport refrigerated. *Minimum Volume*: 6 inches *Transport Temperature*: Refrigerated
Rejection Criteria	Cords soaking in blood or other fluid, formalin fixed, or decomposed tissue.
Stability	Room temperature: 7 days Refrigerated: 21 days Frozen: 1 year

Performing Information

Methodology	Qualitative Liquid Chromatography/Tandem Mass Spectrometry
Reference Range	See report
Performed Days	Sunday - Saturday
Turnaround Time	3 - 5 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	DDPUQ
Interface Order Code	3600423

Result Code	Name	LOINC Code	AOE/Prompt
3600424	Buprenorphine, Cord, Qual	82373-2	No
3600426	Norbuprenorphine, Cord, Qual	82375-7	No
3600427	Codeine, Cord, Qual	40626-4	No
3600428	Dihydrocodeine, Cord, Qual	97242-2	No
3600429	Fentanyl, Cord, Qual	61042-8	No
3600431	Hydrocodone, Cord, Qual	32080-4	No
3600432	Norhydrocodone, Cord, Qual	97286-9	No
3600433	Hydromorphone, Cord, Qual	32081-2	No

3600434	Meperidine, Cord, Qual	32088-7	No
3600436	Methadone, Cord, Qual	32093-7	No
3600437	Methadone Metabolite, Cord, Qual	41859-0	No
3600438	6-Acetylmorphine, Cord, Qual	32099-4	No
3600439	Morphine, Cord, Qual	32100-0	No
3600441	Naloxone, Cord, Qual	100357-3	No
3600442	Oxycodone, Cord, Qual	32101-8	No
3600443	Noroxycodone, Cord, Qual	97290-1	No
3600444	Oxymorphone, Cord, Qual	91053-9	No
3600446	Noroxymorphone, Cord, Qual	97296-8	No
3600447	Propoxyphene, Cord, Qual	43811-9	No
3600448	Tapentadol, Cord, Qual	59355-8	No
3600449	Tramadol, Cord, Qual	97306-5	No
3600451	N-desmethyltramadol, Cord, Qual	97306-5	No
3600452	O-desmethyltramadol, Cord, Qual	97292-7	No
3600453	Amphetamine, Cord, Qual	29530-3	No
3600454	Benzoylecgonine, Cord, Qual	40609-0	No
3600456	m-OH-Benzoylecgonine, Cord, Qual	43230-2	No
3600457	Cocaethylene, Cord, Qual	48946-8	No
3600458	Cocaine, Cord, Qual	40625-6	No
3600459	MDMA-Ecstasy, Cord, Qual	40481-4	No
3600461	Methamphetamine, Cord, Qual	40381-6	No
3600462	Phentermine, Cord, Qual	100358-1	No
3600463	Alprazolam, Cord, Qual	61038-6	No
3600464	Alpha-OH-Alprazolam, Cord, Qual	61037-8	No
3600466	Butalbital, Cord, Qual	32057-2	No
3600467	Clonazepam, Cord, Qual	61039-4	No
3600468	7-Aminoclonazepam, Cord, Qual	61031-1	No
3600469	Diazepam, Cord, Qual	61074-1	No
3600471	Lorazepam, Cord, Qual	61044-4	No
3600472	Midazolam, Cord, Qual	59712-0	No
3600473	Alpha-OH-Midazolam, Cord, Qual	97278-6	No
3600474	Nordiazepam, Cord, Qual	61051-9	No
3600476	Oxazepam, Cord, Qual	61055-0	No
3600477	Phenobarbital, Cord, Qual	32108-3	No
3600478	Temazepam, Cord, Qual	61061-8	No
3600479	Zolpidem, Cord, Qual	97310-7	No
3600481	Phencyclidine-PCP, Cord, Qual	32107-5	No
3600482	Gabapentin, Cord, Qual	93121-2	No
3600483	Drug Detection Panel, Umbilical Cord	62364-5	No
3600484	EER Drug Detection Panel, Umbilical Cord	11526-1	No

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003735 M 04/12/2022 M30

Referral Testing

Collected: 10/15/2024 09:16 Received: 10/15/2024 09:16

Drug Detection Panel, Umbilical Cord Tissue, Qualitative

Test Name	Result	Flag	Ref-Ranges	Units	Site
Buprenorphine, Cord, Qual	Not Detected		Cutoff 1	ng/g	ARRL
Norbuprenorphine, Cord, Qual	Not Detected		Cutoff 0.5	ng/g	ARRL
Codeine, Cord, Qual	Not Detected		Cutoff 0.5	ng/g	ARRL
Dihydrocodeine, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Fentanyl, Cord, Qual	Not Detected		Cutoff 0.5	ng/g	ARRL
Hydrocodone, Cord, Qual	Not Detected		Cutoff 0.5	ng/g	ARRL
Norhydrocodone, Cord, Qual	Not Detected		Cutoff 1	ng/g	ARRL
Hydromorphone, Cord, Qual	Not Detected		Cutoff 0.5	ng/g	ARRL
Meperidine, Cord, Qual	Not Detected		Cutoff 2	ng/g	ARRL
Methadone, Cord, Qual	Not Detected		Cutoff 2	ng/g	ARRL
Methadone Metabolite, Cord, Qual	Not Detected		Cutoff 1	ng/g	ARRL
6-Acetylmorphine, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Morphine, Cord, Qual	Not Detected		Cutoff 0.5	ng/g	ARRL
Naloxone, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Oxycodone, Cord, Qual	Present		Cutoff 0.5	ng/g	ARRL
Noroxycodone, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Oxymorphone, Cord, Qual	Present		Cutoff 0.5	ng/g	ARRL
Noroxymorphone, Cord, Qual	Present		Cutoff 0.5	ng/g	ARRL
Propoxyphene, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Tapentadol, Cord, Qual	Present		Cutoff 2	ng/g	ARRL
Tramadol, Cord, Qual	Present		Cutoff 2	ng/g	ARRL
N-desmethyltramadol, Cord, Qual	Present		Cutoff 2	ng/g	ARRL
O-desmethyltramadol, Cord, Qual	Present		Cutoff 2	ng/g	ARRL
Amphetamine, Cord, Qual	Present		Cutoff 5	ng/g	ARRL
Benzoylecgonine, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
m-OH-Benzoylecgonine, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Cocaethylene, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Cocaine, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
MDMA-Ecstasy, Cord, Qual	Present		Cutoff 5	ng/g	ARRL
Methamphetamine, Cord, Qual	Present		Cutoff 5	ng/g	ARRL
Phentermine, Cord, Qual	Present		Cutoff 8	ng/g	ARRL
Alprazolam, Cord, Qual	Present		Cutoff 0.5	ng/g	ARRL
Alpha-OH-Alprazolam, Cord, Qual	Present		Cutoff 0.5	ng/g	ARRL
Butalbital, Cord, Qual	Present		Cutoff 25	ng/g	ARRL
Clonazepam, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
7-Aminoclonazepam, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Diazepam, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Lorazepam, Cord, Qual	Present		Cutoff 5	ng/g	ARRL

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

G615000003
WX0000003735
Printed D&T: 10/15/24 09:29

Ordered By: CLIENT CLIENT
WX00000000002250

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

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003735 M 04/12/2022 M30

Referral Testing

Collected: 10/15/2024 09:16 Received: 10/15/2024 09:16

Test Name	Result	Flag	Ref-Ranges	Units	Site
Midazolam, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Alpha-OH-Midazolam, Cord, Qual	Present		Cutoff 2	ng/g	ARRL
Nordiazepam, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Oxazepam, Cord, Qual	Present		Cutoff 2	ng/g	ARRL
Phenobarbital, Cord, Qual	Present		Cutoff 75	ng/g	ARRL
Temazepam, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Zolpidem, Cord, Qual	Present		Cutoff 0.5	ng/g	ARRL
Phencyclidine-PCP, Cord, Qual	Present		Cutoff 1	ng/g	ARRL
Gabapentin, Cord, Qual	Not Detected		Cutoff 10	ng/g	ARRL
Drug Detection Panel, Umbilical Cord	See Below				ARRL

INTERPRETIVE INFORMATION: Drug Detection Panel, Umbilical Cord Tissue, Qualitative

Methodology: Qualitative Liquid Chromatography/Tandem Mass Spectrometry

Detection of drugs in umbilical cord tissue is intended to reflect maternal drug use during approximately the last trimester of a full-term pregnancy. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory.

Refer to the test directory for additional umbilical cord testing options.

For medical purposes only, not valid for forensic use.

EER Drug Detection Panel, Umbilical Cord	See Note				ARRL

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

Reported Date: 10/15/2024 09:28 DDPUQ

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

Warde Medical Laboratory

LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT
WX0000003735 M 04/12/2022 M30

Performing Site:
ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2024

Inactivate Test With Replacement			
Effective Date	11/19/2024		
Inactivated Test			
Name	Helicobacter Pylori AG, EIA, Stool		
Code	HELPY		
Legacy Code	HELPY		
Interface Order Code	3700454		
Replacement Test			
Name	Helicobacter pylori Stool Antigen		
Code	HPSAG		
CPT Code(s)	87338		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Stool *Specimen Preparation:* Collect 0.5 mL or 0.5 grams of semi-solid stool or 20 mm diameter stool and send frozen in a screw capped polypropylene container. Please contact Warde Lab for polypropylene screw capped containers for shipping frozen stool. Polystyrene containers are unacceptable for frozen shipping. *Minimum Volume:* 0.5 mL or 0.5 g semi solid stool, 20 mm solid stool *Transport Temperature:* Frozen		
Rejection Criteria	Watery, diarrheal stool, stool in preservative, transport media or swab		
Stability	Room temperature: 4 days Refrigerated: 4 days Frozen: 14 days		
Performing Information			
Methodology	Chemiluminescence Immunoassay		
Reference Range	Not Detected		
Performed Days	Tuesday - Friday		
Turnaround Time	3 - 6 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	HPSAG		
Interface Order Code	3000908		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3000909	Helicobacter Pylori Ag	17780-8	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

NOVEMBER 2024

Inactivate Test Without Replacement	
Effective Date	11/4/2024
Name	Listeria Antibody, CF, Serum
Code	LISG
Legacy Code	LIS
Interface Code	3504440
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	11/19/2024
Name	Chilipepper IgE
Code	RF279
Legacy Code	RARF279
Interface Code	3063160
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	11/4/2024
Name	Sperm Antibody (IgA, IgG)
Code	SPERQ
Legacy Code	SPERMABQ
Interface Code	3423450
Notes	Test discontinued.