

## Update Notes

This update contains minor changes with no set due date. Please make changes as your time permits.

## Update Summary

|                      |  |
|----------------------|--|
| Update Existing Test | <a href="#">125VD - "Vitamin D, 1, 25-Dihydroxy"</a>               |
| Update Existing Test | <a href="#">AFPTM - "Alpha-Fetoprotein Tumor Marker"</a>           |
| Update Existing Test | <a href="#">AHPR - "Acute Hepatitis Panel"</a>                     |
| Update Existing Test | <a href="#">ALDR - "Aldosterone/Direct Renin Ratio"</a>            |
| Update Existing Test | <a href="#">AMH - "Anti-Mullerian Hormone"</a>                     |
| Update Existing Test | <a href="#">CPEP - "C-peptide"</a>                                 |
| Update Existing Test | <a href="#">CTX - "Collagen Type 1, C-Telopeptide (CTX)"</a>       |
| Update Existing Test | <a href="#">DREN - "Direct Renin"</a>                              |
| Update Existing Test | <a href="#">EPO - "Erythropoietin (EPO)"</a>                       |
| Update Existing Test | <a href="#">FINT1 - "Full Integrated Screen Part 1 (With NT)"</a>  |
| Update Existing Test | <a href="#">FPSA - "Prostate Specific Antigen, Free"</a>           |
| Update Existing Test | <a href="#">GAS - "Gastrin"</a>                                    |
| Update Existing Test | <a href="#">GH - "Growth Hormone, Human"</a>                       |
| Update Existing Test | <a href="#">HAAB - "Hepatitis A Antibody, Total"</a>               |
| Update Existing Test | <a href="#">HAM - "Hepatitis A Antibody, IgM"</a>                  |
| Update Existing Test | <a href="#">HBCAB - "Hepatitis B Core Antibody, Total"</a>         |
| Update Existing Test | <a href="#">HBCM - "Hepatitis B Core Antibody, IgM"</a>            |
| Update Existing Test | <a href="#">HBSAB - "Hepatitis B Surface Antibody"</a>             |
| Update Existing Test | <a href="#">HBSAG - "Hepatitis B Surface Antigen"</a>              |
| Update Existing Test | <a href="#">HBVSC - "Hepatitis B Screening Panel"</a>              |
| Update Existing Test | <a href="#">HCY - "Homocysteine, Total Plasma"</a>                 |
| Update Existing Test | <a href="#">IFAB - "Intrinsic Factor Blocking Antibody (IFAB)"</a> |
| Update Existing Test | <a href="#">IGF1 - "Insulin-like Growth Factor 1"</a>              |
| Update Existing Test | <a href="#">IL6 - "Interleukin 6"</a>                              |
| Update Existing Test | <a href="#">INTG2 - "Serum Integrated Screen Part 2 (No NT)"</a>   |
| Update Existing Test | <a href="#">MAFP1 - "MSAFP (AFP Single Marker - NTD only)"</a>     |
| Update Existing Test | <a href="#">PSADX - "Prostate Specific Ag, Diagnostic"</a>         |
| Update Existing Test | <a href="#">PSASN - "Prostate Specific Ag, Screen"</a>             |
| Update Existing Test | <a href="#">RBCF - "RBC Folate"</a>                                |
| Update Existing Test | <a href="#">TBG - "Thyroxine Binding Globulin"</a>                 |
| Update Existing Test | <a href="#">TESM - "Testosterone, Total, LC/MS/MS"</a>             |
| Update Existing Test | <a href="#">TSI - "Thyroid Stimulating Ig (TSI)"</a>               |

| Update Existing Test     |   |
|--------------------------|---|
| Name                     | Vitamin D, 1, 25-Dihydroxy                              |
| Code                     | 125VD   |
| Interface Order Code     | 1007190   |
| Legacy Code              | VITD125   |
| Notes                    | Update to specimen requirements and alternate specimen. |
| Required Testing Changes |   |
| Specimen Required        | <b>Transport Temperature: Refrigerated</b>              |
| Alternate Specimen       | Plasma: EDTA, lithium heparin<br>Serum: Red top         |

| Update Existing Test     |  |
|--------------------------|--|
| Name                     | Alpha-Fetoprotein Tumor Marker   |
| Code                     | AFPTM  |
| Interface Order Code     | 3000730  |
| Legacy Code              | AFPTUMO  |
| Notes                    | Update to specimen requirements, alternate specimen, and rejection criteria. |
| Required Testing Changes |  |
| Specimen Required        | <b>Collect: Serum separator tube (SST)</b>                                   |
| Alternate Specimen       | Red top  |
| Rejection Criteria       | <b>Grossly hemolyzed</b> or lipemic samples, plasma.                         |

| Update Existing Test     |   |
|--------------------------|---|
| Name                     | Acute Hepatitis Panel   |
| Code                     | AHPR  |
| Interface Order Code     | 3001485   |
| Legacy Code              | AHPR  |
| Notes                    | Update to specimen requirements and performed days.   |
| Required Testing Changes |   |
| Specimen Required        | <b>Specimen Information:</b> Performance of the assays in this panel have not been established with cord blood or neonatal specimens under 18 months of age, or immunocompromised or immunosuppressed patients. |
| Performed Days           | <b>Monday - Saturday</b>  |

## Update Existing Test

|                             |   |
|-----------------------------|---|
| <b>Name</b>                 | Aldosterone/Direct Renin Ratio                          |
| <b>Code</b>                 | ALDR  |
| <b>Interface Order Code</b> | 1003990   |
| <b>Legacy Code</b>          | ALDR  |
| <b>Notes</b>                | Update to specimen requirements and rejection criteria. |

## Required Testing Changes

|                           |   |
|---------------------------|---|
| <b>Specimen Required</b>  | <b>Specimen Preparation:</b> Direct Renin: Do not prechill collection tubes. Centrifuge, separate plasma from cells immediately and send 1.5 mL plasma frozen in a screw capped plastic vial. <b>CRITICAL FROZEN.</b> |
| <b>Rejection Criteria</b> | Direct Renin: Hemolysis, gross lipemia, nonfrozen plasma, serum, plasma from dark blue EDTA collection tubes, incorrect sample type identification.   |

## Update Existing Test

|                             |   |
|-----------------------------|---|
| <b>Name</b>                 | Anti-Mullerian Hormone                                  |
| <b>Code</b>                 | AMH   |
| <b>Interface Order Code</b> | 3717000   |
| <b>Legacy Code</b>          | AMHSP   |
| <b>Notes</b>                | Update to specimen requirements and rejection criteria. |

## Required Testing Changes

|                           |  |
|---------------------------|--|
| <b>Specimen Required</b>  | <b>Specimen Preparation:</b> Centrifuge, separate serum from the cells as soon as possible and send 1.0 mL serum in a screw capped plastic vial. |
| <b>Rejection Criteria</b> | Gross hemolysis, <b>grossly lipemia</b> , non-lithium heparin plasma.  |

## Update Existing Test

|                             |                      |
|-----------------------------|----------------------|
| <b>Name</b>                 | C-peptide            |
| <b>Code</b>                 | CPEP                 |
| <b>Interface Order Code</b> | 1000780              |
| <b>Legacy Code</b>          | CPEP                 |
| <b>Notes</b>                | Update to stability. |

## Required Testing Changes

|                  |  |
|------------------|--|
| <b>Stability</b> | Room temperature: Unacceptable<br><b>Refrigerated: 8 hours</b><br>Frozen: Undetermined |
|------------------|--|

| Update Existing Test     |   |
|--------------------------|---|
| Name                     | Collagen Type 1, C-Telopeptide (CTx)  |
| Code                     | CTX   |
| Interface Order Code     | 3422320   |
| Legacy Code              | CTXQ  |
| Notes                    | Update to specimen requirements and alternate specimen.   |
| Required Testing Changes |   |
| Specimen Required        | <b>Specimen Requirements:</b> Centrifuge, separate serum from cells as soon as possible after clotting and send 1.0 mL serum frozen in a screw capped plastic vial. |
| Alternate Specimen       | Serum: Red top<br>Plasma: Green lithium heparin, green sodium heparin, <b>Potassium EDTA.</b>   |

| Update Existing Test     |  |                |            |
|--------------------------|--|----------------|------------|
| Name                     | Direct Renin   |                |            |
| Code                     | DREN   |                |            |
| Interface Order Code     | 1003995  |                |            |
| Legacy Code              | DREN   |                |            |
| Notes                    | Update to specimen requirements, rejection criteria, and LOINC code.   |                |            |
| Required Testing Changes |  |                |            |
| Specimen Required        | <b>Specimen Preparation: Do not prechill collection tubes.</b> Centrifuge, separate plasma from cells immediately and send 1.5 mL plasma frozen in a screw capped plastic vial. CRITICAL FROZEN. |                |            |
| Rejection Criteria       | <b>Serum, hemolysis, gross lipemia. Plasma from dark blue EDTA collection tubes. Non-frozen plasma.</b>  |                |            |
| Result Code              | Name   | LOINC Code     | AOE/Prompt |
| 1003995                  | Direct Renin   | <b>35570-1</b> | No         |

| Update Existing Test     |  |                |            |
|--------------------------|--|----------------|------------|
| Name                     | Erythropoietin (EPO)                         |                |            |
| Code                     | EPO  |                |            |
| Interface Order Code     | 1004060                                      |                |            |
| Legacy Code              | EPO  |                |            |
| Notes                    | Update to alternate specimen and LOINC code. |                |            |
| Required Testing Changes |  |                |            |
| Alternate Specimen       | Serum: Red top<br><b>Plasma: Heparin</b>     |                |            |
| Result Code              | Name   | LOINC Code     | AOE/Prompt |
| 1004060                  | Erythropoietin (EPO)                         | <b>15061-5</b> | No         |

| Update Existing Test        |   |
|-----------------------------|---|
| <b>Name</b>                 | Full Integrated Screen Part 1 (With NT) |
| <b>Code</b>                 | FINT1                                   |
| <b>Interface Order Code</b> | 3000350                                 |
| <b>Legacy Code</b>          | FINT1                                   |
| <b>Notes</b>                | Update to alternate specimen.           |
| Required Testing Changes    |   |
| <b>Alternate Specimen</b>   | Serum separator tube (SST)              |

| Update Existing Test        |   |            |            |
|-----------------------------|---|------------|------------|
| <b>Name</b>                 | Prostate Specific Antigen, Free   |            |            |
| <b>Code</b>                 | FPSA  |            |            |
| <b>Interface Order Code</b> | 1012090   |            |            |
| <b>Legacy Code</b>          | FPSA  |            |            |
| <b>Notes</b>                | Update to specimen requirements and LOINC code.   |            |            |
| Required Testing Changes    |   |            |            |
| <b>Specimen Required</b>    | Patient Preparation: Specimens should be drawn prior to (at least one week) such prostatic manipulations as digital rectal exam (DRE), prostatic massage, transrectal ultrasound (TRUS), and prostatic biopsy. Specimens should be drawn six weeks after a transrectal needle biopsy. |            |            |
| Result Code                 | Name  | LOINC Code | AOE/Prompt |
| 1012065                     | Prostate Specific Antigen   | 83112-3    | No         |
| 1012100                     | Free PSA  | 10886-0    | No         |
| 1012120                     | Percent Free PSA  | 12841-3    | No         |

| Update Existing Test        |   |
|-----------------------------|---|
| <b>Name</b>                 | Gastrin   |
| <b>Code</b>                 | GAS   |
| <b>Interface Order Code</b> | 1000640   |
| <b>Legacy Code</b>          | GAS   |
| <b>Notes</b>                | Update to specimen requirements.  |
| Required Testing Changes    |   |
| <b>Specimen Required</b>    | <i>Patient Preparation:</i> Concentrations of biotin greater than 2 ng/mL may interfere with the assay. |

| Update Existing Test     |   |
|--------------------------|---|
| Name                     | Growth Hormone, Human   |
| Code                     | GH  |
| Interface Order Code     | 1010080   |
| Legacy Code              | GH  |
| Notes                    | Update to specimen requirements and alternate specimen.   |
| Required Testing Changes |   |
| Specimen Required        | <b>Patient Preparation:</b> Fast overnight. <b>Patient should be at rest for 30 minutes prior to blood collection for growth hormone testing.</b> |
| Alternate Specimen       | Serum: Red top<br><b>Plasma: Sodium citrate, Lithium heparin, Sodium heparin or Ammonium heparin.</b>   |

| Update Existing Test     |   |
|--------------------------|---|
| Name                     | Hepatitis A Antibody, Total   |
| Code                     | HAAB  |
| Interface Order Code     | 3000710   |
| Legacy Code              | HAAB  |
| Notes                    | Update to specimen requirements and rejection criteria.   |
| Required Testing Changes |   |
| Specimen Required        | <b>Specimen Information:</b> Assay performance has not been established for immunocompromised or immunosuppressed patients. |
| Rejection Criteria       | Grossly hemolyzed or grossly lipemic specimens.<br><b>Biotin consumption may interfere with the assay.</b>                  |

| Update Existing Test     |  |
|--------------------------|--|
| Name                     | Hepatitis A Antibody, IgM  |
| Code                     | HAM  |
| Interface Order Code     | 3010010  |
| Legacy Code              | HAM  |
| Notes                    | Update to specimen requirements and rejection criteria.  |
| Required Testing Changes |  |
| Specimen Required        | <b>Specimen Information:</b> Assay performance has not been established for immunocompromised, immunosuppressed patients, cord blood or patients less than 2 years of age. |
| Rejection Criteria       | Grossly hemolyzed or grossly lipemic specimens, heparinized plasma.<br><b>Biotin consumption may interfere with the assay.</b>   |

| Update Existing Test     |  |
|--------------------------|--|
| Name                     | Hepatitis B Core Antibody, Total   |
| Code                     | HBCAB  |
| Interface Order Code     | 3000680  |
| Legacy Code              | HBCAB  |
| Notes                    | Update to specimen requirements and alternate specimen.  |
| Required Testing Changes |  |
| Specimen Required        | <b>Specimen Information:</b> This assay is not for use in pediatrics under the age of 2 years or for screening of blood or blood products. |
| Alternate Specimen       | Serum: Red top<br>Plasma: Potassium EDTA, lithium heparin, sodium heparin  |

| Update Existing Test     |  |
|--------------------------|--|
| Name                     | Hepatitis B Core Antibody, IgM   |
| Code                     | HBCM   |
| Interface Order Code     | 3010200  |
| Legacy Code              | HBCM   |
| Notes                    | Update to specimen requirements and rejection criteria.  |
| Required Testing Changes |  |
| Specimen Required        | <b>Specimen Information:</b> Performance of this assay has not been established with cord blood, neonatal specimens, or patients less than 2 years of age. |
| Rejection Criteria       | Grossly hemolyzed or grossly lipemic specimens, heparinized plasma<br><b>Biotin consumption may interfere with the assay.</b>                              |

| Update Existing Test     |   |
|--------------------------|---|
| Name                     | Hepatitis B Surface Antibody  |
| Code                     | HBSAB   |
| Interface Order Code     | 3001640   |
| Legacy Code              | HBSAB   |
| Notes                    | Update to specimen requirements.  |
| Required Testing Changes |   |
| Specimen Required        | <b>Specimen Information:</b> Performance of this assay in this panel have not been established for patients under 2 years of age or for the screening of blood donors or blood products.<br><b>Minimum Volume: 0.5 mL</b> |

| Update Existing Test     |  |
|--------------------------|--|
| Name                     | Hepatitis B Surface Antigen  |
| Code                     | HBSAG  |
| Interface Order Code     | 3000660  |
| Legacy Code              | HBSAG  |
| Notes                    | Update to specimen requirements and stability.   |
| Required Testing Changes |  |
| Specimen Required        | <b>Specimen Information:</b> Performance of this assay in this panel have not been established for patients under 2 years of age or for the screening of blood donors or blood products. |
| Stability                | Room Temperature: 8 hours<br>Refrigerated: 7 days<br>Frozen: Undetermined  |

| Update Existing Test     |  |
|--------------------------|--|
| Name                     | Hepatitis B Screening Panel  |
| Code                     | HBVSC  |
| Interface Order Code     | 3000530  |
| Legacy Code              | HBVSC  |
| Notes                    | Update to specimen requirements, stability, and rejection criteria.  |
| Required Testing Changes |  |
| Specimen Required        | <b>Specimen Information:</b> Performance of this assay in this panel have not been established for patients under 2 years of age or for the screening of blood donors or blood products. |
| Stability                | Room temperature: 8 hours<br>Refrigerated: 7 days<br>Frozen: Undetermined  |
| Rejection Criteria       | <b>Biotin consumption may interfere with the assay.</b>  |

| Update Existing Test     |  |
|--------------------------|--|
| Name                     | Homocysteine, Total Plasma   |
| Code                     | HCY  |
| Interface Order Code     | 1006300  |
| Legacy Code              | HOMCYSP  |
| Notes                    | Update to specimen requirements.   |
| Required Testing Changes |  |
| Specimen Required        | <b>Specimen Preparation:</b> Separate plasma from cells immediately and send 1.0 mL plasma in a screw capped plastic vial. |



## Update Existing Test

|                             |   |
|-----------------------------|---|
| <b>Name</b>                 | Intrinsic Factor Blocking Antibody (IFAB)               |
| <b>Code</b>                 | IFAB  |
| <b>Interface Order Code</b> | 1012500   |
| <b>Legacy Code</b>          | IFAB  |
| <b>Notes</b>                | Update to specimen requirements and alternate specimen. |

## Required Testing Changes

|                           |   |
|---------------------------|---|
| <b>Specimen Required</b>  | <i>Patient Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. |
| <b>Alternate Specimen</b> | Serum: Red top<br>Plasma: Heparin   |

## Update Existing Test

|                             |  |
|-----------------------------|--|
| <b>Name</b>                 | Insulin-like Growth Factor 1   |
| <b>Code</b>                 | IGF1   |
| <b>Interface Order Code</b> | 1004085  |
| <b>Legacy Code</b>          | IGF1   |
| <b>Notes</b>                | Update to specimen requirements, alternate specimen, and rejection criteria. |

## Required Testing Changes

|                           |  |
|---------------------------|--|
| <b>Specimen Required</b>  | <i>Specimen Preparation:</i> Allow serum sample collections to clot completely before centrifugation. Separate serum (or plasma) as soon as possible into a screw capped plastic tube. <b>CRITICAL FROZEN.</b> |
| <b>Alternate Specimen</b> | Red top<br>Heparin Plasma - lithium heparin, sodium heparin or potassium heparin.  |
| <b>Rejection Criteria</b> | EDTA plasma<br>Grossly hemolyzed specimens<br>Grossly lipemic specimens  |

## Update Existing Test

|                             |  |
|-----------------------------|--|
| <b>Name</b>                 | Interleukin 6  |
| <b>Code</b>                 | IL6  |
| <b>Interface Order Code</b> | 3000067  |
| <b>Legacy Code</b>          | IL6  |
| <b>Notes</b>                | Update to specimen requirements and reference range. |

## Required Testing Changes

|                          |  |
|--------------------------|--|
| <b>Specimen Required</b> | <i>Specimen Preparation:</i> Allow specimen to clot completely (about 30 minutes). Centrifuge separate serum from cells <b>as soon as possible</b> and send 1.0 mL serum in a screw capped plastic vial. |
| <b>Reference Range</b>   | <6.4 pg/mL   |

| Update Existing Test        |  |
|-----------------------------|--|
| <b>Name</b>                 | Serum Integrated Screen Part 2 (No NT)                                     |
| <b>Code</b>                 | INTG2  |
| <b>Interface Order Code</b> | 3000354  |
| <b>Legacy Code</b>          | INTG2  |
| <b>Notes</b>                | Update to stability.   |
| Required Testing Changes    |  |
| <b>Stability</b>            | Room temperature: 7 days<br>Refrigerated: 7 days<br><b>Frozen: 60 days</b> |

| Update Existing Test        |  |
|-----------------------------|--|
| <b>Name</b>                 | MSAFP (AFP Single Marker - NTD only)                                       |
| <b>Code</b>                 | MAFP1  |
| <b>Interface Order Code</b> | 3000355  |
| <b>Legacy Code</b>          | MAFP1  |
| <b>Notes</b>                | Update to stability.   |
| Required Testing Changes    |  |
| <b>Stability</b>            | Room temperature: 7 days<br>Refrigerated: 7 days<br><b>Frozen: 60 days</b> |

| Update Existing Test        |   |
|-----------------------------|---|
| <b>Name</b>                 | Prostate Specific Ag, Diagnostic  |
| <b>Code</b>                 | PSADX   |
| <b>Interface Order Code</b> | 1011270   |
| <b>Legacy Code</b>          | PSA DIAG  |
| <b>Notes</b>                | Update to specimen requirements.  |
| Required Testing Changes    |   |
| <b>Specimen Required</b>    | <i>Patient Preparation:</i> Specimen should be drawn prior to (at least one week) such prostatic manipulations as digital rectal exam (DRE), prostatic massage, transrectal ultrasound (TRUS), and prostatic biopsy. Specimens should be drawn six weeks after a transrectal needle biopsy. |

## Update Existing Test

|                             |                                  |
|-----------------------------|----------------------------------|
| <b>Name</b>                 | Prostate Specific Ag, Screen     |
| <b>Code</b>                 | PSASN                            |
| <b>Interface Order Code</b> | 1011275                          |
| <b>Legacy Code</b>          | PSA SCRN                         |
| <b>Notes</b>                | Update to specimen requirements. |

## Required Testing Changes

|                          |  |
|--------------------------|--|
| <b>Specimen Required</b> | <i>Patient Preparation:</i> Specimens should be drawn prior to (at least one week) such prostatic manipulations as digital rectal exam (DRE), prostatic massage, transrectal ultrasound (TRUS), and prostatic biopsy. Specimens should be drawn six weeks after a transrectal needle biopsy. |
|--------------------------|--|

## Update Existing Test

|                             |   |
|-----------------------------|---|
| <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 specimen requirements, stability, and rejection criteria. |

## Required Testing Changes

|                           |  |
|---------------------------|--|
| <b>Specimen Required</b>  | <b>Patient Preparation:</b> Removed Fasting preferred.<br><b>Specimen Preparation:</b> Send 1 full EDTA whole blood (entire sample) in the original collection tube.<br><b>Minimum Volume:</b> 1.0 mL of well mixed aliquot of EDTA whole blood. |
| <b>Rejection Criteria</b> | Lipemia, clotted whole blood, plasma, serum.<br><b>Concentrations of biotin greater than 1500 ng/mL may interfere with assay.</b>  |
| <b>Stability</b>          | Room temperature: 8 hours<br>Refrigerated: 72 hours<br><b>Frozen: 2 months</b>   |

## Update Existing Test

|                             |                                  |
|-----------------------------|----------------------------------|
| <b>Name</b>                 | Thyroxine Binding Globulin       |
| <b>Code</b>                 | TBG                              |
| <b>Interface Order Code</b> | 1000837                          |
| <b>Legacy Code</b>          | TBG                              |
| <b>Notes</b>                | Update to specimen requirements. |

## Required Testing Changes

|                          |  |
|--------------------------|--|
| <b>Specimen Required</b> | <i>Patient Preparation:</i> Concentrations of biotin greater than 1500 ng/mL may interfere with assay. |
|--------------------------|--|

| Update Existing Test        |  |
|-----------------------------|--|
| <b>Name</b>                 | Testosterone, Total, LC/MS/MS  |
| <b>Code</b>                 | TESM   |
| <b>Interface Order Code</b> | 3000169  |
| <b>Legacy Code</b>          | TESM   |
| <b>Notes</b>                | Update to rejection criteria.  |
| Required Testing Changes    |  |
| <b>Rejection Criteria</b>   | <b>Samples other than serum from plain red top collection containers including serum separator tube (SST), plasma, grossly lipemic, grossly hemolyzed, past stability.</b> |

| Update Existing Test        |  |
|-----------------------------|--|
| <b>Name</b>                 | Thyroid Stimulating Ig (TSI)                                 |
| <b>Code</b>                 | TSI  |
| <b>Interface Order Code</b> | 3426720  |
| <b>Legacy Code</b>          | TSIQ   |
| <b>Notes</b>                | Update to rejection criteria.                                |
| Required Testing Changes    |  |
| <b>Rejection Criteria</b>   | <b>Moderate to gross hemolysis, grossly lipemic, plasma.</b> |