Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Update Summary

Update Existing Test	1/21/2025	BP - "Bullous Pemphigoid Antigens (180 kDa and 230 kDa), IgG"
Update Existing Test	1/7/2025	CALC - "Kidney Stone Analysis"
Update Existing Test	1/7/2025	CALCI - "Kidney Stone Analysis with Image"
Update Existing Test	1/7/2025	COPS - "Copper"
Update Existing Test	1/7/2025	EONE - "Estrone, LC/MS/MS"
Update Existing Test	1/7/2025	ESTM - "Estrogens, Total and Fractionated, LC/MS/MS"
Update Existing Test	1/7/2025	FNBAL - "Fungitell with Reflex to Titer (BAL)"
Update Existing Test	1/7/2025	FNBRW - "Fungitell with Reflex to Titer (Bronch Wash)"
Update Existing Test	1/7/2025	FNCSF - "Fungitell with Reflex to Titer (CSF)"
Update Existing Test	1/21/2025	GLUCN - "Glucagon"
Update Existing Test	1/21/2025	GM1PA - "GM1 Ab Panel"
Update Existing Test	1/14/2025	HPCDP - "Histoplasma capsulatum DNA, Real-Time PCR"
Update Existing Test	1/21/2025	HSS14 - "Horizon 14 (PAN-ETHNIC STANDARD)"
Update Existing Test	1/21/2025	HSS4 - "Horizon 4 (SMA, CF, FRAGILE X, DMD)"
Update Existing Test	1/21/2025	ISLCG - "Islet Cell IgG Cyto Autoabs"
Update Existing Test	1/21/2025	PAN - "Panorama Prenatal Test w/No Microdeletion Panel"
Update Existing Test	1/21/2025	PAN22 - "Panorama Prenatal Test with 22Q11 Microdeletion Panel"
Update Existing Test	1/21/2025	PANFP - "Panorama Prenatal Test with Extended Microdeletion Panel"
Update Existing Test	1/7/2025	VB1WB - "Vitamin B1 - Whole Blood"
Update Existing Test	1/14/2025	VIPP - "Vasoactive Intestinal Polypeptide (VIP)"
Update Existing Test	1/7/2025	VITA - "Vitamin A"
Update Existing Test	1/7/2025	VITAE - "Vitamin A and E"
Update Existing Test	1/7/2025	VITB6 - "Vitamin B6"
Update Existing Test	1/14/2025	VITC - "Vitamin C"
Update Existing Test	1/7/2025	VITE - "Vitamin E"
Update Existing Test	1/7/2025	ZINC - "Zinc, Plasma"
Inactivate Test With Replacement	1/21/2025	FTGMR - "Francisella tularensis Ab, IgG/M w/ Reflex to Agglutination" replaced by FTGM - "Francisella tularensis Ab IgG/IgM"
Inactivate Test With Replacement	1/14/2025	MYHUC - "Mycoplasma hominis/Ureaplasma Culture" replaced by MHURC - "Mycoplasma hominis/Ureaplasma Culture"
Inactivate Test Without Replacement	1/7/2025	HHV6P - "HHV-6 PCR, P"
Inactivate Test Without Replacement	1/7/2025	UGHBC - "Gamma-Hydroxybutyric Acid Confirmation, Urine"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Update Existing Test	
Effective Date	1/21/2025
Name	Bullous Pemphigoid Antigens (180 kDa and 230 kDa), IgG
Code	BP
Interface Order Code	3600016
Legacy Code	BP
Notes	Update to specimen requirements, methodology, and turnaround time.
Required Testing Changes	
Specimen Required	***Specimen Preparation:*** **Centrifuge, separate serum from cells and send 2.0 mL serum in a screw capped plastic vial.**
Methodology	**Semi-quantitative Enzyme-Linked Immunosorbent Assay (ELISA)**
Turnaround Time	**5 - 11 days**

Update Existing Test	
Effective Date	1/7/2025
Name	Kidney Stone Analysis
Code	CALC
Interface Order Code	1012600
Legacy Code	CALC
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**2 - 5 days**

Update Existing Test	
Effective Date	1/7/2025
Name	Kidney Stone Analysis with Image
Code	CALCI
Interface Order Code	1012630
Legacy Code	CALCI
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**2 - 5 days**

Update Existing Test	
Effective Date	1/7/2025
Name	Copper
Code	COPS
Interface Order Code	1004750
Legacy Code	COPS
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**2 - 5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Update Existing Test	
Effective Date	1/7/2025
Name	Estrone, LC/MS/MS
Code	EONE
Interface Order Code	3000892
Legacy Code	EONE
Notes	Update to New York Approval.
Required Testing Changes	
New York Approval	**New York DOH Approval Status: Yes**

Update Existing Test	
Effective Date	1/7/2025
Name	Estrogens, Total and Fractionated, LC/MS/MS
Code	ESTM
Interface Order Code	3000887
Legacy Code	ESTM
Notes	Update to New York Approval.
Required Testing Changes	
New York Approval	**New York DOH Approval Status: Yes**

Update Existing Test	
Effective Date	1/7/2025
Name	Fungitell with Reflex to Titer (BAL)
Code	FNBAL
Interface Order Code	3300141
Legacy Code	FNBAL
Notes	Update to reference range.
Required Testing Changes	
Reference Range	**There are no established criteria for the interpretation of Fungitell results from BAL fluid.**

Update Existing Test	
Effective Date	1/7/2025
Name	Fungitell with Reflex to Titer (Bronch Wash)
Code	FNBRW
Interface Order Code	3300144
Legacy Code	FNBRW
Notes	Update to reference range.
Required Testing Changes	
Reference Range	**There are no established criteria for the interpretation of Fungitell results from BAL fluid.**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Update Existing Test	
Effective Date	1/7/2025
Name	Fungitell with Reflex to Titer (CSF)
Code	FNCSF
Interface Order Code	3300147
Legacy Code	FNCSF
Notes	Update to reference range.
Required Testing Changes	
Reference Range	**There are no established criteria for the interpretation of Fungitell results from CSF.**

Update Existing Test	
Effective Date	1/21/2025
Name	Glucagon
Code	GLUCN
Interface Order Code	3680690
Legacy Code	GLUCAGOARP
Notes	Update to specimen requirements and methodology.
Required Testing Changes	
Specimen Required	***Patient Preparation:*** **Fast 12 hours prior to collection.** *Collect:* Protease Inhibitor tube (obtain from lab) using a winged collection kit. *Specimen Preparation:* **Mix well.** Centrifuge, separate plasma within 1 hour of collection and send 1.0 mL plasma frozen in sterile screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Frozen
Methodology	**Quantitative Radioimmunoassay**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Update Existing Test	
Effective Date	1/21/2025
Name	GM1 Ab Panel
Code	GM1PA
Interface Order Code	3684540
Legacy Code	GM1ABPARP
Notes	Update to specimen requirements, rejection criteria, stability, methodology, performed days, and turnaround time.
Required Testing Changes	
Specimen Required	***Specimen Preparation:*** **Centrifuge and separate serum from cells within 2 hours of collection and send 0.3 mL serum in a screw capped plastic vial.**
Rejection Criteria	**Plasma, CSF, or other body fluids. Contaminated, heat-inactivated, hemolyzed, icteric, or severely lipemic specimens.**
Stability	**Room temperature: 48 hours** Refrigerated: 14 days Frozen: 1 year
Methodology	**Semi-quantitative Enzyme-Linked Immunosorbent Assay**
Performed Days	**Tuesday, Thursday, Saturday**
Turnaround Time	**3 - 9 days**

Update Existing Test	
Effective Date	1/14/2025
Name	Histoplasma capsulatum DNA, Real-Time PCR
Code	HPCDP
Interface Order Code	3400277
Legacy Code	HPCDP
Notes	Update to specimen requirements, alternate specimen, rejection criteria, and stability.
Required Testing Changes	
Specimen Required	***Specimen Preparation:*** **Send 5.0 mL whole blood.** ***Transport Temperature:*** **Refrigerated (cold packs)**
Alternate Specimen	**1.0 mL bronchial lavage wash (BAL), CSF, random urine collected in a sterile plastic screw cap container, 3 cubic mm tissue collected in a sterile screw capped plastic container.**
Rejection Criteria	**Yellow ACD, heparinized whole blood or fixed tissue.**
Stability	Room temperature: 48 hours Refrigerated: 7 days **Frozen: 30 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Update Existing Test	
Effective Date	1/21/2025
Name	Horizon 14 (PAN-ETHNIC STANDARD)
Code	HSS14
Interface Order Code	3302872
Legacy Code	HSS14
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**16 - 18 days**

Update Existing Test	
Effective Date	1/21/2025
Name	Horizon 4 (SMA, CF, FRAGILE X, DMD)
Code	HSS4
Interface Order Code	3302871
Legacy Code	HSS4
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**16 - 18 days**

Update Existing Test	
Effective Date	1/21/2025
Name	Islet Cell IgG Cyto Autoabs
Code	ISLCG
Interface Order Code	3700760
Legacy Code	ISLETCYT
Notes	Update to specimen requirements, rejection criteria, stability, methodology, and turnaround time.
Required Testing Changes	
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. ***Minimum Volume:* 0.50 mL** *Transport Temperature:* Refrigerated
Rejection Criteria	**Plasma,** CSF, Contaminated, hemolyzed, or severely lipemic specimens.
Stability	Room temperature: 48 hours Refrigerated: 14 days **Frozen: 1 month**
Methodology	**Semi-quantitative Cell-Base Indirect Fluorescent Antibody (IFA)**
Turnaround Time	**3 - 5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Update Existing Test	
Effective Date	1/21/2025
Name	Panorama Prenatal Test w/No Microdeletion Panel
Code	PAN
Interface Order Code	3302531
Legacy Code	PAN
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**7 - 9 days**

Update Existing Test	
Effective Date	1/21/2025
Name	Panorama Prenatal Test with 22Q11 Microdeletion Panel
Code	PAN22
Interface Order Code	3302540
Legacy Code	PAN22
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**7 - 9 days**

Update Existing Test	
Effective Date	1/21/2025
Name	Panorama Prenatal Test with Extended Microdeletion Panel
Code	PANFP
Interface Order Code	3302551
Legacy Code	PANFP
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**7 - 9 days**

Update Existing Test	
Effective Date	1/7/2025
Name	Vitamin B1 - Whole Blood
Code	VB1WB
Interface Order Code	1060100
Legacy Code	VB1WB
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**2 - 5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Update Existing Test	
Effective Date	1/14/2025
Name	Vasoactive Intestinal Polypeptide (VIP)
Code	VIPP
Interface Order Code	3400961
Legacy Code	VIPP
Notes	Update to rejection criteria, stability, reference range, performed days, and performing laboratory.
Required Testing Changes	
Rejection Criteria	Gross hemolysis, Grossly lipemic, **Grossly icteric**
Stability	EDTA Plasma: Room temperature: Unacceptable **Refrigerated: 7 days** Frozen: 6 months G.I. Plasma: Room temperature: Unacceptable Refrigerated: 7 days Frozen: 6 months
Reference Range	**< 36 pg/mL**
Performed Days	**Varies**
Performing Laboratory	**Inter Science Institute**

Update Existing Test	
Effective Date	1/7/2025
Name	Vitamin A
Code	VITA
Interface Order Code	1060200
Legacy Code	VITA
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**2 - 5 days**

Update Existing Test	
Effective Date	1/7/2025
Name	Vitamin A and E
Code	VITAE
Interface Order Code	1060180
Legacy Code	VITAE
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**2 - 5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Update Existing Test	
Effective Date	1/7/2025
Name	Vitamin B6
Code	VITB6
Interface Order Code	1060140
Legacy Code	VITB6
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**2 - 5 days**

Update Existing Test	
Effective Date	1/14/2025
Name	Vitamin C
Code	VITC
Interface Order Code	1060400
Legacy Code	VITC
Notes	Update to alternate specimen.
Required Testing Changes	
Alternate Specimen	**Green lithium heparin (PST)**

Update Existing Test	
Effective Date	1/7/2025
Name	Vitamin E
Code	VITE
Interface Order Code	1060300
Legacy Code	VITE
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**2 - 5 days**

Update Existing Test	
Effective Date	1/7/2025
Name	Zinc, Plasma
Code	ZINC
Interface Order Code	1004900
Legacy Code	ZINC
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**2 - 5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Inactivate Test With Replacement	
Effective Date	1/21/2025
Inactivated Test	
Name	Francisella tularensis Ab, IgG/M w/ Reflex to Agglutination
Code	FTGMR
Legacy Code	FTGMR
Interface Order Code	3600178
Replacement Test	
Name	Francisella tularensis Ab IgG/IgM
Code	FTGM
CPT Code(s)	86668 x 2
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate from cells within 2 hours of collection and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.6 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Red top
Rejection Criteria	Contaminated, heat inactivated or turbid specimen
Stability	Room temperature: 2 days Refrigerated: 14 days Frozen: 30 days
Performing Information	
Methodology	Quantitative Enzyme-Linked Immunosorbent Assay
Reference Range	See report
Performed Days	Monday, Wednesday, Friday
Turnaround Time	2 - 8 days
Performing Laboratory	ARUP Reference Laboratory
Interface Information	
Legacy Code	FTGM
Interface Order Code	3600494

Result Code	Name	LOINC Code	AOE/Prompt
3600496	F tularensis Antibody, IgG	93717-7	No
3600497	F tularensis Antibody, IgM	93716-9	No
3600498	F. tularensis Antibody Interpretation	93718-5	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003827 M 07/08/1968 56 Y

Referral Testing

Collected: 12/19/2024 08:11 Received: 12/19/2024 08:11

Test Name	Result	Flag	Ref-Ranges	Units	Site
Francisella tularensis Ab IgG/IgM					
F tularensis Antibody, IgG	**Positive**	**AB**	Negative		ARRL
F tularensis Antibody, IgM	**Positive**	**AB**	Negative		ARRL
F. tularensis Antibody Interpretation	See Note				ARRL

Presence of IgG and IgM antibodies to Francisella tularensis detected, suggestive of recent infection.
INTERPRETIVE INFORMATION: F. tularensis Antibody Interpretation

Cross-reactivity with Brucella and Yersinia antibodies may occur. False-positive results are possible, therefore results should be interpreted with caution and correlated with clinical information. Confirmation by another method, such as agglutination may be helpful.
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. 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: 12/19/2024 08:13 FTGM

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

G819000000
WX0000003827
Printed D&T: 12/19/24 08:13

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002516

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JANUARY 2025

Inactivate Test With Replacement			
Effective Date	1/14/2025		
Inactivated Test			
Name	Mycoplasma hominis/Ureaplasma Culture		
Code	MYHUC		
Legacy Code	MYHUC		
Interface Order Code	3400719		
Replacement Test			
Name	Mycoplasma hominis/Ureaplasma Culture		
Code	MHURC		
CPT Code(s)	87109		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect*: Urogenital swab collected in V-C-M tube or equivalent (UTM) container *Specimen Preparation*: Specimen source required. Send urogenital specimen (vaginal, cervical, urethral swabs or secretions) in V-C-M medium (green cap) tube or equivalent Universal Transport Media (UTM). *Minimum Volume*: 1.0 mL or 1 swab *Transport Temperature*: Frozen (-70° C) on dry ice		
Alternate Specimen	Submit 1:1 volume of sterile body fluids, tissue, wound swabs, respiratory samples (sputum, bronchial washings, tracheobronchial secretions, bronchial alveolar lavage) in VCM or equivalent. Respiratory specimens only acceptable on children <1 yr old. Urine - Centrifuge urine at 3000 rpm for 15 minutes. Suspend sediment in VCM or equivalent transport media. If the specimen is not centrifuged, submit a 1:1 volume of urine in VCM or equivalent transport media.		
Rejection Criteria	Specimens collected on wooden shaft swabs, or cotton swabs, specimen received in expired transport medium, tissue specimen in formalin, urine containing any preservatives, specimens received in M4RT transport medium, raw specimens, specimen collected in molecular transport medium		
Stability	Room temperature: Unacceptable Refrigerated: 48 hours Frozen (-20° C): Unacceptable Frozen (-70° C): 30 days		
Performing Information			
Methodology	Culture		
Reference Range	Not isolated		
Performed Days	Sunday - Saturday		
Turnaround Time	9 - 10 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	MHURC		
Interface Order Code	3400973		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3400720	Source	31208-2	Yes

3400722	Mycoplasma hominis	15388-2	No
3400723	Ureaplasma Species	32368-3	No

Inactivate Test Without Replacement

Effective Date	1/7/2025
Name	HHV-6 PCR, P
Code	HHV6P
Legacy Code	HHV6P
Interface Code	3800379
Notes	Test discontinued.

Inactivate Test Without Replacement

Effective Date	1/7/2025
Name	Gamma-Hydroxybutyric Acid Confirmation, Urine
Code	UGHBC
Legacy Code	UGHBC
Interface Code	3300860
Notes	Test discontinued. See Warde test, GHBUR.

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003827 M 07/08/1968 56 Y

Referral Testing

Collected: 12/04/2024 15:32 Received: 12/04/2024 15:32

Test Name	Result	Flag	Ref-Ranges	Units	Site
Mycoplasma hominis/Ureaplasma Culture					
Source	Cervix				QCRL
Mycoplasma hominis	**ISOLATED**	**AB**			QCRL
Ureaplasma Species	**ISOLATED**	**AB**			QCRL

REFERENCE RANGE: NOT ISOLATED

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway

Reported Date: 12/04/2024 15:33 MHURC

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

G804000005
WX0000003827
Printed D&T: 12/04/24 15:33

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002516

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