Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

Update Summary		
New Test Activation	5/13/2025	COPEP - "Copeptin proAVP, Plasma"
New Test Activation	5/13/2025	HVARU - "HVA, Random Urine"
New Test Activation	5/13/2025	UVHAR - "VMA and HVA, Random Urine"
Update Existing Test	5/6/2025	APECV - "Anaplasma phagocytophilum Ehrlichia chaffeensis AB IgG, IgM"
Update Existing Test	5/19/2025	ASPID - "Aspergillus Antibodies, Immunodiffusion, Serum"
Update Existing Test	5/6/2025	AUCAL - "Calcium, Urine"
Update Existing Test	5/19/2025	BABID - "Blastomyces Antibody, ID"
Update Existing Test	5/6/2025	BMACF - "Blastomyces AB, CF, Serum"
Update Existing Test	5/6/2025	CALPT - "Calprotectin"
Update Existing Test	5/19/2025	CANID - "Candida albicans Antibody, Immunodiffusion"
Update Existing Test	5/6/2025	E2 - "Estradiol"
Update Existing Test	5/6/2025	FCAPE - "Fecal Calprotectin and Pancreatic Elastase Panel"
Update Existing Test	5/6/2025	FRS - "Reducing Substances, Fecal"
Update Existing Test	5/6/2025	HORHA - "Horse Hair IgE"
Update Existing Test	5/6/2025	LYSO - "Lysozyme, Muramidase"
Update Existing Test	5/6/2025	PEL1 - "Pancreatic Elastase 1"
Update Existing Test	5/6/2025	UHVA - "Homovanillic Acid (HVA), Urine"
Update Existing Test	5/6/2025	UVMHA - "VMA and HVA, Urine"
Inactivate Test With Replacement	5/13/2025	HSPNE - "Hypersensitivity Pneumonitis Extended" replaced by HPEP - "Hypersensitivity Pneumonitis Extended Panel"
Inactivate Test With Replacement	5/13/2025	RNAP3 - "RNA Polymerase III Antibody" replaced by RP3 - "RNA Polymerase III Antibody"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

New Test Activation

Effective Date	5/13/2025
Name	Copeptin proAVP, Plasma
Code	COPEP
CPT Code(s)	84588
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Collect:* Lavender K2EDTA *Specimen Preparation:* Centrifuge, separate plasma from cells within 2 hours and send 2.0 mL plasma in screw capped plastic vial. *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Lavender K3EDTA, Pink K2EDTA
Stability	Room temperature: 7 days Refrigerated: 7 days Frozen: 30 days

Performing Information

Methodology	Quantitative Immunofluorescence
Reference Range	See report
Performed Days	Sunday - Saturday
Turnaround Time	3 - 6 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	COPEP
Interface Order Code	3600508

Result Code	Name	LOINC Code	AOE/Prompt
3600508	Copeptin proAVP, Plasma	78987-5	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 04/16/2025 09:53 Received: 04/16/2025 09:53

Test Name	Result	Flag	Ref-Ranges	Units	Site
Copeptin proAVP, Plasma	**15.0**	**H**	1.0-13.0	pmol/L	ARRL

REFERENCE INTERVAL: Copeptin proAVP, Plasma

Reference interval is for nonwater-deprived healthy adults.

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: 04/16/2025 09:53 COPEP

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

H216000002
WX0000003826
Printed D&T: 04/16/25 09:53

Ordered By: CLIENT CLIENT
WX00000000002823

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

New Test Activation

Effective Date	5/13/2025
Name	HVA, Random Urine
Code	HVARU
CPT Code(s)	83150
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Patient Preparation:* Abstain from all medication 72 hours prior to collection. *Collect:* Random urine *Specimen Preparation:* Mix well and send a 4.0 mL urine aliquot in a screw capped plastic urine container. *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated
Rejection Criteria	Specimens other than urine
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 14 days

Performing Information

Methodology	Quantitative High Performance Liquid Chromatography/Tandem Mass Spectrometry
Reference Range	See report
Performed Days	Sunday, Tuesday - Saturday
Turnaround Time	3-7 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	HVARU
Interface Order Code	3600509

Result Code	Name	LOINC Code	AOE/Prompt
3600511	Creatinine, Urine - per volume	2161-8	No
3600513	Homovanillic Acid - per volume	11144-3	No
3600514	Homovanillic Acid - ratio to CRT	13760-4	No
3600512	Homovanillic Acid Interpretation	49269-4	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 04/16/2025 10:04 Received: 04/16/2025 10:04

Test Name	Result	Flag	Ref-Ranges	Units	Site
HVA, Random Urine					
Creatinine, Urine - per volume	25			mg/dL	ARRL
Homovanillic Acid - per volume	76.0			mg/L	ARRL
Homovanillic Acid - ratio to CRT	**304**	**H**	0-8	mg/gCR	ARRL

REFERENCE INTERVAL: HVA, Urine mg/g CRT

Access complete set of age- and/or gender-specific
reference intervals for this test in the ARUP Laboratory
Test Directory (aruplab.com).
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Homovanillic Acid Interpretation	See Note				ARRL

INTERPRETIVE INFORMATION: Homovanillic Acid (HVA), Urine

Homovanillic acid (HVA) results are expressed as a ratio to
creatinine excretion (mg/g CRT). No reference interval is
available for results reported in units of mg/L. Slight or
moderate increases in catecholamine metabolites may be due
to extreme anxiety, essential hypertension, intense
physical exercise, or drug interactions. Significant
increase of one or more catecholamine metabolites (several
times the upper reference limit) is associated with an
increased probability of a secreting neuroendocrine tumor.

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.

Reported Date: 04/16/2025 10:04 HVARU

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

New Test Activation

Effective Date	5/13/2025
Name	VMA and HVA, Random Urine
Code	UVHAR
CPT Code(s)	83150, 84585
Notes	New York DOH Approval status: Yes

Specimen Requirements

Specimen Required	*Collect:* Random urine *Specimen Preparation:* Mix well and send a 4.0 mL urine aliquot in a sterile, screw capped plastic vial. *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated
Rejection Criteria	Specimens other than urine
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 14 days

Performing Information

Methodology	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry
Reference Range	See report
Performed Days	Sunday, Tuesday - Saturday
Turnaround Time	3-7 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	UVHAR
Interface Order Code	3600516

Result Code	Name	LOINC Code	AOE/Prompt
3600517	Creatinine, Urine - per volume	2161-8	No
3600521	Vanillylmandelic Acid - per volume	9624-8	No
3600522	Vanillylmandelic Acid - ratio to CRT	30571-4	No
3600519	Homovanillic Acid - per volume	11144-3	No
3600523	Homovanillic Acid - ratio to CRT	13760-4	No
3600518	VMA and HVA Interpretation	48767-8	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 04/16/2025 10:07 Received: 04/16/2025 10:07

Test Name	Result	Flag	Ref-Ranges	Units	Site
VMA and HVA, Random Urine					
Creatinine, Urine - per volume	76			mg/dL	ARRL
Vanillylmandelic Acid - per volume	25.0			mg/L	ARRL
Vanillylmandelic Acid - ratio to CRT	**33**	**H**	0-6	mg/gCR	ARRL

REFERENCE INTERVAL: VMA, Urine mg/g CRT

Access complete set of age- and/or gender-specific
reference intervals for this test in the ARUP Laboratory
Test Directory (aruplab.com).

Homovanillic Acid - per volume	9.0			mg/L	ARRL
Homovanillic Acid - ratio to CRT	**12**	**H**	0-8	mg/gCR	ARRL

REFERENCE INTERVAL: HVA, Urine mg/g CRT

Access complete set of age- and/or gender-specific
reference intervals for this test in the ARUP Laboratory
Test Directory (aruplab.com).
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

VMA and HVA Interpretation	See Note				ARRL

INTERPRETIVE INFORMATION: VMA and HVA, Urine

Vanillylmandelic acid (VMA) and homovanillic acid (HVA)
results are expressed as a ratio to creatinine excretion
(mg/g CRT). No reference interval is available for results
reported in units of mg/L. Slight or moderate increases in
catecholamine metabolites may be due to extreme anxiety,
essential hypertension, intense physical exercise, or drug
interactions. Significant increase of one or more
catecholamine metabolites (several times the upper
reference limit) is associated with an increased
probability of a secreting neuroendocrine tumor.

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

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 04/16/2025 10:07 Received: 04/16/2025 10:07

Test Name	Result	Flag	Ref-Ranges	Units	Site

intended for clinical purposes.

Reported Date: 04/16/2025 10:07 UVHAR

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

MAY 2025

Update Existing Test	
Effective Date	5/6/2025
Name	Anaplasma phagocytophilum Ehrlichia chaffeensis AB IgG, IgM
Code	APECV
Interface Order Code	3719455
Legacy Code	APECV
Notes	Update to performed days.
Required Testing Changes	
Performed Days	**Tuesday -** Saturday

Update Existing Test	
Effective Date	5/19/2025
Name	Aspergillus Antibodies, Immunodiffusion, Serum
Code	ASPID
Interface Order Code	3422900
Legacy Code	ASPABIDQ
Notes	Update to rejection criteria and performed days.
Required Testing Changes	
Rejection Criteria	Gross hemolysis; **grossly lipemic; grossly icteric**
Performed Days	**Monday, Wednesday, Friday, Saturday**

Update Existing Test	
Effective Date	5/6/2025
Name	Calcium, Urine
Code	AUCAL
Interface Order Code	3621060
Legacy Code	AUCAL
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 48 hours **Refrigerated: 14 days** Frozen: 21 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

Update Existing Test	
Effective Date	5/19/2025
Name	Blastomyces Antibody, ID
Code	BABID
Interface Order Code	3422300
Legacy Code	BABIDQ
Notes	Update to rejection criteria and performed days.
Required Testing Changes	
Rejection Criteria	Gross hemolysis; **grossly lipemic; grossly icteric**
Performed Days	**Monday, Wednesday, Friday, Saturday**

Update Existing Test	
Effective Date	5/6/2025
Name	Blastomyces AB, CF, Serum
Code	BMACF
Interface Order Code	3707150
Legacy Code	BMABCFSP
Notes	Update to rejection criteria, reference range, and turnaround time.
Required Testing Changes	
Rejection Criteria	**Gross hemolysis; grossly lipemic; grossly icteric**
Reference Range	**<1:8**
Turnaround Time	**5 - 7 days**

Update Existing Test	
Effective Date	5/6/2025
Name	Calprotectin
Code	CALPT
Interface Order Code	3000049
Legacy Code	CALPT
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**1 - 4 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

Update Existing Test	
Effective Date	5/19/2025
Name	Candida albicans Antibody, Immunodiffusion
Code	CANID
Interface Order Code	3680440
Legacy Code	CANABAR
Notes	Update to rejection criteria and performed days.
Required Testing Changes	
Rejection Criteria	Gross hemolysis; **grossly lipemic; grossly icteric**
Performed Days	**Monday, Wednesday, Friday, Saturday**

Update Existing Test	
Effective Date	5/6/2025
Name	Estradiol
Code	E2
Interface Order Code	1010070
Legacy Code	ESTRA
Notes	Update to specimen requirements.
Required Testing Changes	
Specimen Required	***Patient Preparation:*** **This test should not be used for patients being treated with estradiol supplements, or if a highly sensitive/ultrasensitive method is needed. An alternative method, such as LC/MS, should be used instead. Please see Estrogens, Total, and Fractionated, LC/MS/MS (ESTM) or contact the lab for alternate test information.** *Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated

Update Existing Test	
Effective Date	5/6/2025
Name	Fecal Calprotectin and Pancreatic Elastase Panel
Code	FCAPE
Interface Order Code	3000884
Legacy Code	FCAPE
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**1 - 4 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

Update Existing Test	
Effective Date	5/6/2025
Name	Reducing Substances, Fecal
Code	FRS
Interface Order Code	3424300
Legacy Code	FRSQ
Notes	Update to reference range and turnaround time.
Required Testing Changes	
Reference Range	**Negative**
Turnaround Time	**3 - 5 days**

Update Existing Test	
Effective Date	5/6/2025
Name	Horse Hair IgE
Code	HORHA
Interface Order Code	3300015
Legacy Code	HORHA
Notes	Update to specimen requirements and stability.
Required Testing Changes	
Specimen Required	*Collect:* Red top *Specimen Preparation:* Centrifuge, separate serum from cells and send serum in a screw capped plastic vial. *Minimum volume: 0.4 mL* ***Transport Temperature:*** **Frozen**
Stability	Room temperature: 28 days Refrigerated: 28 days **Frozen: Undetermined**

Update Existing Test	
Effective Date	5/6/2025
Name	Lysozyme, Muramidase
Code	LYSO
Interface Order Code	3427740
Legacy Code	LYSO
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**3 - 5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

Update Existing Test	
Effective Date	5/6/2025
Name	Pancreatic Elastase 1
Code	PEL1
Interface Order Code	3000883
Legacy Code	PEL1
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**1 - 4 days**

Update Existing Test	
Effective Date	5/6/2025
Name	Homovanillic Acid (HVA), Urine
Code	UHVA
Interface Order Code	3686400
Legacy Code	UHVARP
Notes	Update to alternate specimen and rejection criteria.
Required Testing Changes	
Alternate Specimen	**No alternate specimen listed.**
Rejection Criteria	**Specimens other than urine; Random urine**

Update Existing Test	
Effective Date	5/6/2025
Name	VMA and HVA, Urine
Code	UVMHA
Interface Order Code	3686500
Legacy Code	UVMAHVARP
Notes	Update to alternate specimen and rejection criteria.
Required Testing Changes	
Alternate Specimen	**No alternate specimen listed.**
Rejection Criteria	**Random urine**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

Inactivate Test With Replacement

Effective Date	5/13/2025

Inactivated Test

Name	Hypersensitivity Pneumonitis Extended
Code	HSPNE
Legacy Code	HSPNE
Interface Order Code	3600089

Replacement Test

Name	Hypersensitivity Pneumonitis Extended Panel
Code	HPEP
CPT Code(s)	86003 x 3, 86005 (Feather Mix), 86331 x 5, 86606 x 5 (Aspergillus)
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells within 2 hours and send two 2.5 mL aliquots in screw capped plastic vials. *Minimum Volume:* 1.6 mL total, 0.8 mL in two aliquots *Transport Temperature:* Refrigerated
Rejection Criteria	Plasma. Contaminated, hemolyzed, or severly lipemic specimens.
Stability	After Separation from cells: Room temperature: 2 days Refrigerated: 14 days Frozen: 1 year

Performing Information

Methodology	Qualitative Immunodiffusion/Quantitative ImmunoCap® Fluorescent Enzyme Immunoassay
Reference Range	See report
Performed Days	Sunday - Saturday
Turnaround Time	7 - 10 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	HPEP
Interface Order Code	3600507

Result Code	Name	LOINC Code	AOE/Prompt
3600117	A. fumigatus #1 Ab, Precipitin	6808-0	No
3600118	A. fumigatus #6 Ab, Precipitin	6809-8	No
3600119	A. pullulans Ab, Precipitin	6810-6	No
3600120	Pigeon Serum, Ab Precipitin	6733-0	No
3600121	M. faeni Ab, Precipitin	6818-9	No
3600123	A. flavus Ab, Precipitin	23820-4	No
3600124	A. fumigatus #2 Ab, Precipitin	30036-8	No
3600125	A. fumigatus #3 Ab, Precipitin	15151-4	No
3600126	S. viridis Ab, Precipitin	15209-0	No
3600127	T. candidus Ab, Precipitin	21560-8	No
3600128	Allergen, Fungi/Mold, Phoma betae IgE	6216-6	No

3600131	Allergen, Animal, Feather Mix IgE	31161-3	No
3600132	Allergen, Interp, Immunocap Score IgE	33536-4	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 04/16/2025 09:59 Received: 04/16/2025 09:59

Test Name	Result	Flag	Ref-Ranges	Units	Site
Hypersensitivity Pneumonitis Extended Panel					
A. fumigatus #1 Ab, Precipitin	None Detected		None Detected		ARRL
A. fumigatus #6 Ab, Precipitin	None Detected		None Detected		ARRL
A. pullulans Ab, Precipitin	None Detected		None Detected		ARRL
Pigeon Serum, Ab Precipitin	None Detected		None Detected		ARRL
M. faeni Ab, Precipitin	None Detected		None Detected		ARRL
A. flavus Ab, Precipitin	None Detected		None Detected		ARRL
A. fumigatus #2 Ab, Precipitin	None Detected		None Detected		ARRL
A. fumigatus #3 Ab, Precipitin	None Detected				ARRL
S. viridis Ab, Precipitin	None Detected		None Detected		ARRL
T. candidus Ab, Precipitin	None Detected		None Detected		ARRL

Testing includes antibodies directed at Aureobasidium pullulans, Aspergillus flavus, Aspergillus fumigatus #1, Aspergillus fumigatus #2, Aspergillus fumigatus #3, Aspergillus fumigatus #6, Micropolyspora faeni, Pigeon Serum, Saccharomonospora viridis, and Thermoactinomyces candidus.

Allergen, Fungi/Mold, Phoma betae IgE	0.33		<=0.34	kU/L	ARRL
Allergen, Animal, Feather Mix IgE	Negative		Negative	kU/L	ARRL
Allergen, Interp, Immunocap Score IgE	See Note				ARRL

REFERENCE INTERVAL: Allergen, Interpretation

Less than 0.10 kU/L.....Class 0.....No significant level detected
0.10-0.34 kU/L.....Class 0/1...Clinical relevance undetermined
0.35-0.70 kU/L.....Class 1.....Low
0.71-3.50 kU/L.....Class 2.....Moderate
3.51-17.50 kU/L.....Class 3.....High
17.51-50.00 kU/L.....Class 4.....Very High
50.01-100.00 kU/L.....Class 5.....Very High
Greater than 100.00kU/L..Class 6.....Very High

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy

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

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Referral Testing

Collected: 04/16/2025 09:59 Received: 04/16/2025 09:59

Test Name	Result	Flag	Ref-Ranges	Units	Site

laboratory results with clinical history and in vivo
reactivity to specific allergens is essential. A negative
test may not rule out clinical allergy or even anaphylaxis.
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 04/16/2025 09:59 HPEP

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

MAY 2025

Inactivate Test With Replacement			
Effective Date	5/13/2025		
Inactivated Test			
Name	RNA Polymerase III Antibody		
Code	RNAP3		
Legacy Code	RNAP3Q		
Interface Order Code	3423040		
Replacement Test			
Name	RNA Polymerase III Antibody		
Code	RP3		
CPT Code(s)	86235		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Serum: Red top		
Rejection Criteria	Hemolysis, lipemia or microbially contaminated samples		
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: Undetermined		
Performing Information			
Methodology	Enzyme Linked Fluorescent Immunoassay		
Reference Range	<7 U/mL Negative 7 - 10 U/mL Equivocal >10 U/mL Positive		
Performed Days	Monday - Friday		
Turnaround Time	1 - 4 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	RP3		
Interface Order Code	3000417		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3000417	RNA Polymerase III Antibody		No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT W
WX0000003826 F 12/05/1988 36 Y

Immunology

Collected: 04/18/2025 15:22 Received: 04/18/2025 15:22

Test Name	Result	Flag	Ref-Ranges	Units	Site
RNA Polymerase III Antibody	**30.0**	**H**	<7.0	U/mL	WMRL
INTERPRETATION: Positive					

Reported Date: 04/18/2025 15:22 RP3

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

H218000004
WX0000003826
Printed D&T: 04/18/25 15:22

Ordered By: CLIENT CLIENT
WX00000000002823

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