Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Update Summary

Update Existing Test	6/23/2025	ARIX - "Arixtra (Fondaparinux) Level"
Update Existing Test	5/29/2025	CVLPB - "Comprehensive Volatiles Panel, Blood"
Update Existing Test	5/29/2025	ENCS - "Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum"
Update Existing Test	6/10/2025	HCVGT - "Hepatitis C Viral RNA Genotype"
Update Existing Test	6/10/2025	HCVRG - "HCV RNA, QN, Real Time PCR Reflex to Genotype"
Update Existing Test	6/30/2025	HTLVD - "HTLV I/II DNA, Qualitative, Real-Time PCR"
Update Existing Test	6/10/2025	HVGII - "HIV-1 Genotype (RTI, PI, Integrase Inhibitors)"
Update Existing Test	5/29/2025	KIDST - "Kidney Stone Diagnostic Prof"
Update Existing Test	6/23/2025	KRBC - "Potassium - RBC"
Update Existing Test	6/24/2025	RBCF - "RBC Folate"
Update Existing Test	6/23/2025	RIVAR - "Rivaroxaban"
Update Existing Test	7/7/2025	THIOT - "Thiothixene, Serum or Plasma"
Update Existing Test	7/7/2025	THIR - "Thioridazine and Metabolite, Serum/Plasma"
Inactivate Test With Replacement	6/10/2025	CIABG - "Cutaneous Immunofl Ab IgG, Ser" replaced by CIFAS - "Cutaneous Immuonofluoresence, IgG and IgG4, Serum"
Inactivate Test With Replacement	6/24/2025	TMHIV - "HIV-1 RNA, Qualitative Real-Time PCR" replaced by HIVUL - "HIV-1 RNA Ultraquant"
Inactivate Test Without Replacement	5/29/2025	COXA9 - "Coxsackie A Serotype 9 Titer"
Inactivate Test Without Replacement	6/9/2025	CRYAB - "Cryptococcus Ab"
Inactivate Test Without Replacement	5/29/2025	LCM - "LCM Antibody"
Inactivate Test Without Replacement	5/29/2025	UGAL - "Galactose (Quant) - Urine"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Update Existing Test	
Effective Date	6/23/2025
Name	Arixtra (Fondaparinux) Level
Code	ARIX
Interface Order Code	3423100
Legacy Code	ARIXQ
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Specimens received room temperature or refrigerated. **Hemolysis.**

Update Existing Test	
Effective Date	5/29/2025
Name	Comprehensive Volatiles Panel, Blood
Code	CVLPB
Interface Order Code	3300373
Legacy Code	CVLPB
Notes	Update to CPT codes.
Required Testing Changes	
CPT Code(s)	**82441, 84600 x 4**

Update Existing Test	
Effective Date	5/29/2025
Name	Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum
Code	ENCS
Interface Order Code	3800079
Legacy Code	ENCS
Notes	Update to CPT codes.
Required Testing Changes	
CPT Code(s)	**86255 x 23, 86341**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Update Existing Test

Effective Date	6/10/2025
Name	Hepatitis C Viral RNA, Genotype, LiPA
Code	HCVGT
Interface Order Code	3400971
Legacy Code	HCVGT
Notes	Update to test name, result component name, specimen requirements, rejection criteria, stability, methodology, and reference range.

Required Testing Changes

Name	**Hepatitis C Viral RNA Genotype**
Specimen Required	*Collect:* Lavender EDTA ***Specimen Preparation:*** **Centrifuge and separate plasma from cells within 24 hours of collection. Send 2.0 mL plasma in a screw capped plastic vial.** *Minimum Volume:* 0.6 mL *Transport Temperature:* Refrigerated
Rejection Criteria	Unspun PPT Tubes, Unspun serum separator tube (SST), Unspun red top tube (no gel), Received room temperature, **heparinized plasma, gross hemolysis, grossly lipimic.**
Stability	Room temperature: 72 hours Refrigerated: 14 days **Frozen: 30 days**
Methodology	**Real Time Polymerase Chain Reaction (RT-PCR) - Sequencing**
Reference Range	**Not detected**

Result Code	Name	LOINC Code	AOE/Prompt
3400971	**HCV RNA Genotype**	32286-7	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Update Existing Test

Effective Date	6/10/2025
Name	HCV RNA, QN, Real Time PCR Reflex to Genotype LiPA
Code	HCVRG
Interface Order Code	3400966
Legacy Code	HCVRG
Notes	Update to test name, result component name, specimen requirements, alternate specimen, rejection criteria, and stability.

Required Testing Changes

Name	**HCV RNA, QN, Real Time PCR Reflex to Genotype**
Specimen Required	*Collect:* Lavender EDTA ***Specimen Preparation:*** **Centrifuge and separate plasma from cells within 24 hours of collection. Send 3.0 mL plasma in a screw capped plastic vial.** *Minimum Volume:* 1.5 mL *Transport Temperature:* Refrigerated
Alternate Specimen	**Plasma: Plasma preparation tube (PPT); Potassium EDTA (white top)** Serum: Red top or Serum separator tube (SST)
Rejection Criteria	Unspun PPT tube, Unspun serum separator tube (SST), Unspun red-top tube (no gel), Received room temperature, **heparinized plasma, gross hemolysis, grossly lipimic.**
Stability	Room temperature: 72 hours Refrigerated: 14 days **Frozen: 30 days**

Result Code	Name	LOINC Code	AOE/Prompt
3400967	HCV RNA, QN, Real Time PCR	11011-4	No
3400968	HCV RNA, QN, Real Time PCR	38180-6	No
3400969	**HCV RNA Genotype**	32286-7	No

Update Existing Test

Effective Date	6/30/2025
Name	HTLV I/II DNA, Qualitative, Real-Time PCR
Code	HTLVD
Interface Order Code	3400829
Legacy Code	HTLVD
Notes	Update to alternate specimen, performed days, and turnaround time.

Required Testing Changes

Alternate Specimen	**No alternate specimen listed.**
Performed Days	**Sunday - Saturday**
Turnaround Time	**3 - 4 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Update Existing Test	
Effective Date	6/10/2025
Name	HIV-1 Genotype (RTI, PI, Integrase Inhibitors)
Code	HVGII
Interface Order Code	3400610
Legacy Code	HVGII
Notes	Update to CPT codes.
Required Testing Changes	
CPT Code(s)	**87900, 87901, 87906**

Update Existing Test	
Effective Date	5/29/2025
Name	Kidney Stone Diagnostic Prof
Code	KIDST
Interface Order Code	3717400
Legacy Code	KIDSTDX
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	**New York DOH Approval Status: Yes**

Update Existing Test	
Effective Date	6/23/2025
Name	Potassium - RBC
Code	KRBC
Interface Order Code	3718600
Legacy Code	POTR
Notes	Update to specimen requirements.
Required Testing Changes	
Specimen Required	*Collect:* Green sodium heparin AND Lavender EDTA *Specimen Preparation:* Send 4.0 mL whole blood collected in a green sodium heparin tube AND 4.0 mL whole blood collected in Lavender EDTA tube. Both samplees must only be collected Mon-Thurs and must be received together for testing. **Contact the lab prior to ordering for special logistics arrangements.**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Update Existing Test	
Effective Date	6/24/2025
Name	RBC Folate
Code	RBCF
Interface Order Code	1000773
Legacy Code	RBCF
Notes	Update to New York approval, specimen requirements, stability, and turnaround time.
Required Testing Changes	
New York Approval	**New York DOH Approval Status: Yes**
Specimen Required	*Patient Preparation*: **A hematocrit result is required. Provide a hematocrit from this collection with the sample submission. A hematocrit collected within 24 hours of the RBCF collection is also acceptable if the patient has not received a transfusion or experienced excessive bleeding in that 24 hour period.** Please note: Methotrexate and leucovorin may interfere with assay. *Specimen Preparation*: **Send 1 full EDTA whole blood (entire sample) in the original collection tube along with the hematocrit.** *Minimum Volume*: 1.0 mL of well mixed aliquot of EDTA whole blood. *Transport Temperature*: **Frozen**
Stability	Room temperature: 8 hours Refrigerated: **24 hours** Frozen: 2 months
Turnaround Time	**2 - 4 days**

Update Existing Test	
Effective Date	6/23/2025
Name	Rivaroxaban
Code	RIVAR
Interface Order Code	3400398
Legacy Code	RIVAR
Notes	Update to rejection criteria.
Required Testing Changes	
Rejection Criteria	Samples received refrigerated or at room temperature. **Hemolysis.**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Update Existing Test			
Effective Date	7/7/2025		
Name	Thiothixene		
Code	THIOT		
Interface Order Code	3510400		
Legacy Code	THIOT		
Notes	Update to test name, result component name, CPT code, specimen requirements, turnaround time, and methodology.		
Required Testing Changes			
Name	**Thiothixene, Serum or Plasma**		
CPT Code(s)	**80342**		
Specimen Required	*Collect:* Red top *Specimen Preparation:* Centrifuge, separate serum from cells within 2 hours and send serum in a screw capped plastic vial. ***Minimum Volume:* 1.0 mL** *Transport Temperature:* Refrigerated		
Methodology	**Liquid Chromatography - Tandem Mass Spectrometry**		
Turnaround Time	**4 - 6 days**		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3510400	**Thiothixene, Serum/Plasma**	6696-9	No

Update Existing Test	
Effective Date	7/7/2025
Name	Thioridazine and Metabolite, Serum/Plasma
Code	THIR
Interface Order Code	3300480
Legacy Code	THIR
Notes	Update to CPT code, specimen requirements, and methodology.
Required Testing Changes	
CPT Code(s)	**80342**
Specimen Required	*Collect:* Red top *Specimen Preparation:* Centrifuge, separate serum from cells and send serum in a screw capped plastic vial. ***Minimum Volume:* 1.0 mL** *Transport Temperature:* Refrigerated
Methodology	**Liquid Chromatography - Tandem Mass Spectrometry**

Inactivate Test With Replacement	
Effective Date	6/10/2025
Inactivated Test	
Name	Cutaneous Immunofl Ab IgG, Ser
Code	CIABG
Legacy Code	CIABM
Interface Order Code	3800500
Replacement Test	
Name	Cutaneous Immuonofluoresence, IgG and IgG4, Serum
Code	CIFAS
CPT Code(s)	88346, 88350, plus 88346, 88350 if reflexed to titer, at additional cost.
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Collect:* Serum separator tube (SST) *Specimen Preparation:* Centrifuge, separate and send 2.0 mL serum refrigerated in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Serum: Red top
Rejection Criteria	Grossly hemolyzed, lipemic or icteric specimens
Stability	Room temperature: 14 days Refrigerated: 14 days Frozen: 30 days
Performing Information	
Methodology	Indirect Immunofluorescence using Rhesus monkey esophagus substrate and human NaCl split skin substrate
Reference Range	Negative Report includes presence and titer of circulating antibodies (BMZ, and ANA). If serum contains BMZ antibodies on split -skin subrate patterns will be reported as: (1) epidermal pattern, consistent with pemphigoid or (2) dermal pattern consistent with epidermolysis bullosa acquisita.
Performed Days	Monday - Friday
Turnaround Time	4 - 9 days
Performing Laboratory	Mayo Clinic Laboratories
Interface Information	
Legacy Code	CIFAS
Interface Order Code	3800413

Result Code	Name	LOINC Code	AOE/Prompt
3800520	Cell Surface Ab IgG	93233-5	No
3800540	Basement Membrane IgG	29994-1	No
3800570	Primate Split Skin IgG	104832-1	No

3800414	Cell Surface Ab IgG4		No
3800416	Basement Membrane IgG4		No
3800417	Primate Split Skin IgG4		No
3800580	Other	48767-8	No
3800418	Cell Surface Ab Titer, IgG	104831-3	No
3800419	Basement Membrane Titer, IgG	104836-2	No
3800421	Other	48767-8	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: 05/20/2025 15:09 Received: 05/20/2025 15:09

Test Name	Result	Flag	Ref-Ranges	Units	Site
Cutaneous Immfluor. Ab, IgG/IgG4, S					
Cell Surface Ab IgG	Negative		Negative		MMRL
Basement Membrane IgG	**Positive**	**AB**	Negative		MMRL
Primate Split Skin IgG	**SEE BELOW**	**AB**	Negative		MMRL

RESULT: Positive; Epidermal pattern present

Cell Surface Ab IgG4	Negative		Negative		MMRL
Basement Membrane IgG4	**Positive**	**AB**	Negative		MMRL
Primate Split Skin IgG4	**SEE BELOW**	**AB**	Negative		MMRL

RESULT: Positive; Epidermal pattern present

Other	See Comment				MMRL

The observation of basement membrane zone deposition with IgG and/or IgG4 detected with cutaneous immunofluorescence on esophageal substrate and the epidermal side of the artefactual blister implies the presence of autoantibodies directed against antigens located anatomically above the lamina lucida, as may be seen in bullous/non-bullous pemphigoid and some forms of mucous membrane pemphigoid. This association has not been specifically validated with IgG4. Other tests including (a) lesional skin or mucous membrane biopsy for histopathological evaluation on sections from formalin-fixed, paraffin-embedded tissue; (b) perilesional skin or mucous membrane biopsy for cutaneous immunofluorescence testing (test code CIB); and (c) serum testing for bullous pemphigoid BP180 and BP230 (test code BPAB) antibodies by ELISA technique are recommended.

----------ADDITIONAL INFORMATION----------
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Test Performed by:
Mayo Clinic Laboratories - Rochester Main Campus
200 First Street SW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292

Cell Surface Ab Titer, IgG	Negative		Negative		MMRL
Basement Membrane Titer, IgG	**SEE BELOW**	**AB**	Negative		MMRL

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

H320000003
WX0000003827
Printed D&T: 05/20/25 15:09

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 07/08/1968 56 Y

Referral Testing

Collected: 05/20/2025 15:09 Received: 05/20/2025 15:09

Test Name	Result	Flag	Ref-Ranges	Units	Site
	RESULT: BMZ Positive Titer 1:80				
Other	See Comment				MMRL

The presence of serum basement membrane zone IgG antibodies detected by cutaneous immunofluorescence on primate esophagus supports a diagnosis of an IgG-mediated subepithelial autoimmune mucocutaneous blistering disorder. Occasionally, low titer (less than or equal to 1:80) basement membrane zone IgG antibodies may be seen in otherwise normal individuals. Results should be correlated with the clinical presentation, histopathological findings, findings on direct immunofluorescence testing (test code CIB), serum testing for bullous pemphigoid BP180 and BP230 antibodies (test code BPAB) by ELISA technique, and rare subepithelial blistering variant antibodies (test code RSBV) by indirect immunofluorescence, as clinically indicated.

----------ADDITIONAL INFORMATION----------
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Test Performed by:
Mayo Clinic Laboratories - Rochester Main Campus
200 First Street SW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292

Reported Date: 05/20/2025 15:09 CIFAS

Performing Site:
MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901

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

H320000003
WX0000003827
Printed D&T: 05/20/25 15:09

Ordered By: KAJAL SITWALA, MD, PHD
WX00000000002516

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Inactivate Test With Replacement	
Effective Date	6/24/2025
Inactivated Test	
Name	HIV-1 RNA, Qualitative Real-Time PCR
Code	TMHIV
Legacy Code	TMAHIV
Interface Order Code	3424450
Replacement Test	
Name	HIV-1 RNA Ultraquant
Code	HIVUL
CPT Code(s)	87536
Notes	New York DOH Approval Status: Yes **NOTE: This is an existing test offered at Warde Medical Laboratory.**
Specimen Requirements	
Specimen Required	*Collect*: Lavender EDTA *Specimen Preparation*: Centrifuge and separate plasma from cells within 6 hours of collection. Send 3.0 mL plasma in a screw capped plastic vial. Dedicated specimens are required. *Minimum Volume*: 2.5 mL *Transport Temperature*: Frozen
Alternate Specimen	Plasma: Yellow ACD A
Rejection Criteria	Serum specimens, shared specimens, specimens subjected to repeated freeze-thaw cycles, specimens that do not meet the handling/storage criteria listed above, gel based plasma separation media (PPT)
Stability	Room temperature: Unacceptable Refrigerated: 3 days Frozen (-20°C): 3 days Frozen (-70°C): 6 weeks
Performing Information	
Methodology	Abbott RealTime HIV-1 system uses an in vitro reverse transcription-polymerase chain reaction (RT-PCR) assay for the detection and quantitation of the diverse group M subtypes A-H as well as group O and N isolates. The lower limit of quantitation is 20 copies/mL (1.30 log copies/mL) and the upper limit of quantitation is 10,000,000 copies/mL (7.0 log copies/mL). The qualitative limit of detection is 20 copies/mL (1.30 log copies/mL). Specimens reported as DETECTED but <20 copies/mL contain detectable levels of HIV-1 RNA even though the viral load is below the limit of quantitation.
Reference Range	HIV-1 RNA: Not detected HIV-1 RNA Quantitative: <20 copies/mL LOG HIV CP U/mL: <1.3
Performed Days	Monday - Friday
Turnaround Time	3 days
Performing Laboratory	Warde Medical Laboratory
Interface Information	
Legacy Code	HIVULTRA
Interface Order Code	3041700

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Result Code	Name	LOINC Code	AOE/Prompt
3041720	HIV-1 RNA Qualitative	25835-0	No
3041740	HIV-1 RNA Quantitative	20447-9	No
3041760	LOG HIV RNA	29541-0	No
3041780	HIV-1 Date Received		No
3041790	HIV-1 Date Completed		No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JUNE 2025

Inactivate Test Without Replacement	
Effective Date	5/29/2025
Name	Coxsackie A Serotype 9 Titer
Code	COXA9
Legacy Code	COXA9ARP
Interface Code	3680520
Notes	Test discontinued. Suggested alternative is test code COXAQ: Coxsackie A Antibodies, Serum.

Inactivate Test Without Replacement	
Effective Date	6/9/2025
Name	Cryptococcus Ab
Code	CRYAB
Legacy Code	CRYAB
Interface Code	3501850
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	5/29/2025
Name	LCM Antibody
Code	LCM
Legacy Code	LCM
Interface Code	3504220
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	5/29/2025
Name	Galactose (Quant) - Urine
Code	UGAL
Legacy Code	UGAL
Interface Code	3502985
Notes	Test discontinued.