Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025 – PART B

Update Summary		
New Test Activation	7/29/2025	H6QP - "Herpesvirus 6 (HHV-6) DNA, Quantitative Real-Time PCR"
Update Existing Test	7/15/2025	F5LM - "Factor V Leiden Mutation Analysis"
Update Existing Test	7/15/2025	HPEP - "Hypersensitivity Pneumonitis Extended Panel"
Update Existing Test	7/9/2025	LPA - "Lipoprotein LP(a)"
Update Existing Test	7/15/2025	UPO24 - "Porphyrins, Fractionated, Quant, 24-Hour Urine"
Inactivate Test With Replacement	7/21/2025	CSFLA - "Lactic Acid, CSF" replaced by LACSF - "Lactic Acid, CSF"
Inactivate Test With Replacement	7/21/2025	MTXS - "Methotrexate, Sensitive" replaced by METRX - "Methotrexate"
Inactivate Test With Replacement	7/21/2025	ZPNYL - "Phenylalanine" replaced by PHETY - "Phenylalanine and Tyrosine"
Inactivate Test Without Replacement	7/21/2025	TPHPV - "Cytology, ThinPrep Pap Test and HPV"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025 – PART B

New Test Activation	
Effective Date	7/29/2025
Name	Herpesvirus 6 (HHV-6) DNA, Quantitative Real-Time PCR
Code	H6QP
CPT Code(s)	87533
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Send 1.0 mL whole blood. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated: Whole blood, plasma, serum, CSF Frozen: Bronchoalveolar lavage, amniotic fluid
Alternate Specimen	Plasma: Lavender EDTA Serum: Serum separator tube (SST) or red top Cerebrospinal fluid (CSF), bronchoalveolar lavage, or amniotic fluid collected in a sterile leak-proof container
Rejection Criteria	Green sodium or lithium heparin.
Stability	Whole blood, plasma, serum, CSF Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days Bronchoalveolar lavage, amniotic fluid Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 30 days
Performing Information	
Methodology	Real-Time Polymerase Chain Reaction (PCR)
Reference Range	Herpesvirus 6 DNA, QN RT PCR Not Detected (copies/mL) Herpesvirus 6 DNA, QN RT PCR Not Detected (Log copies/mL)
Performed Days	Monday - Saturday
Turnaround Time	3 - 5 days
Performing Laboratory	Quest
Interface Information	
Legacy Code	H6QP
Interface Order Code	3401102

Result Code	Name	LOINC Code	AOE/Prompt
3401098	Source	31208-2	Yes
3401099	Herpesvirus 6 DNA, QN PCR	38349-7	No
3401101	Herpesvirus 6 DNA, QN PCR	38350-5	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: 07/07/2025 11:11 Received: 07/07/2025 11:11

Test Name	Result	Flag	Ref-Ranges	Units	Site
Herpesvirus 6 (HHV-6) DNA, Quantitative Real-Time PCR					
Source	Whole Blood				QCRL
Herpesvirus 6 DNA, QN PCR	NOT DETECTED			copies/mL	QCRL
Herpesvirus 6 DNA, QN PCR	NOT DETECTED				QCRL

UNITS OF MEASURE: Log copies/mL
Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD

Reported Date: 07/07/2025 11:12 H6QP

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

H507000000
WX0000003826
Printed D&T: 07/07/25 11:12

Ordered By: CLIENT CLIENT
WX00000000002823

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025 – PART B

Update Existing Test	
Effective Date	7/15/2025
Name	Factor V Leiden Mutation Analysis
Code	F5LM
Interface Order Code	3000306
Legacy Code	F5LM
Notes	Update to ZCODE.
Required Testing Changes	
ZCODE	**ZB772**

Update Existing Test	
Effective Date	7/15/2025
Name	Hypersensitivity Pneumonitis Extended Panel
Code	HPEP
Interface Order Code	3600507
Legacy Code	HPEP
Notes	Update to CPT codes.
Required Testing Changes	
CPT Code(s)	**86003, 86005, 86331 x 5, 86606 x 5**

Update Existing Test	
Effective Date	7/9/2025
Name	Lipoprotein LP(a)
Code	LPA
Interface Order Code	3000408
Legacy Code	LPA
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	**New York DOH Approval status: No**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025 – PART B

Update Existing Test

Effective Date	7/15/2025
Name	Porphyrins, Fractionated, Quant, 24-Hour Urine
Code	UPO24
Interface Order Code	3400983
Legacy Code	UPO24
Notes	Update to LOINC code.

Required Testing Changes

Result Code	Name	LOINC Code	AOE/Prompt
3400984	Total Volume	3167-4	Yes
3400986	Uroporphyrin I	79126-9	No
3400987	Uroporphyrin III	79128-5	No
3400988	Heptacarboxyporphyrin	24462-4	No
3400989	Hexacarboxyporphrin	**9527-3**	No
3400991	Pentacarboxyporphyrin	9730-3	No
3400992	Coproporphyrin I	6877-5	No
3400993	Coproporphyrin III	6878-3	No
3400994	Total Porphyrins	10885-2	No
3400996	Interpretation	49292-6	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025 – PART B

Inactivate Test With Replacement			
Effective Date	7/21/2025		
Inactivated Test			
Name	Lactic Acid, CSF		
Code	CSFLA		
Legacy Code	CSFLAC		
Interface Order Code	3504190		
Replacement Test			
Name	Lactic Acid, CSF		
Code	LACSF		
CPT Code(s)	83605		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect*: Cerebrospinal fluid (CSF) *Specimen Preparation*: Send 1.0 mL CSF in a sterile screw capped plastic vial. If specimen is not clear or contains blood, centrifuge and separate supernatant fluid. *Minimum Volume*: 0.5 mL *Transport Temperature*: Frozen		
Rejection Criteria	Hemolyzed specimen		
Stability	Room Temperature: 3 hours Refrigerated: 24 hours Frozen: 90 days		
Performing Information			
Methodology	Spectrophotometry		
Reference Range	Neonate 10-60 mg/dL 3-10 Days 10-40 mg/dL 11 Days-15 Years 10-25 mg/dL Adult 10-22 mg/dL		
Performed Days	Sunday - Friday		
Turnaround Time	3 - 4 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	LACSF		
Interface Order Code	3401076		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3401076	Lactic Acid, CSF		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: 07/07/2025 11:31 Received: 07/07/2025 11:31

Test Name	Result	Flag	Ref-Ranges	Units	Site
Lactic Acid, CSF	15.0		10-22	mg/dL	QHRL

Test Performed by Quest, Chantilly,
Quest Diagnostics Nichols Institute,
14225 Newbrook Drive, Chantilly, VA 20151
Patrick W Mason, M.D., Ph.D., Director of Laboratories
(703) 802-6900, CLIA 49D0221801

Reported Date: 07/07/2025 11:31 LACSF

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

H507000001
WX0000003827
Printed D&T: 07/07/25 11:31

Ordered By: CLIENT CLIENT
WX00000000002844

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025 – PART B

Inactivate Test With Replacement			
Effective Date	7/21/2025		
Inactivated Test			
Name	Methotrexate, Sensitive		
Code	MTXS		
Legacy Code	MTXAR		
Interface Order Code	3620520		
Replacement Test			
Name	Methotrexate		
Code	METRX		
CPT Code(s)	80204		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Patient Preparation*: Collect 24, 48, or 72 hours after dose. Record hours from last dose on specimen container. *Collect*: Red top *Specimen Preparation*: Centrifuge, separate serum from cells and send 1.0 mL serum in an amber screw capped plastic vial. **Protect sample from light.** *Minimum Volume*: 0.2 mL *Transport Temperature*: Frozen		
Alternate Specimen	Plasma: Lavender (EDTA), green or sodium lithium heparin, gray fluoride oxalate - protected from light		
Rejection Criteria	Serum separator tube (SST) or any other tube with additives, thawed samples		
Stability	Room Temperature: 24 hours Refrigerated: Unacceptable Frozen: 5 days		
Performing Information			
Methodology	Immunoassay (IA)		
Reference Range	<5.00 umol/L at 24 hours <0.50 umol/L at 48 hours <0.20 umol/L at 72 hours For conventional low dose leucovorin rescue.		
Performed Days	Monday - Saturday		
Turnaround Time	2 - 3 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	METRX		
Interface Order Code	3401077		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3401077	Methotrexate		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: 07/07/2025 11:34 Received: 07/07/2025 11:34

Test Name	Result	Flag	Ref-Ranges	Units	Site
Methotrexate	<0.20			umol/L	QHRL

Reference Ranges:
< 5.00 umol/L at 24 hours
< 0.50 umol/L at 48 hours
< 0.20 umol/L at 72 hours
For conventional low dose leucovorin rescue.
Test Performed by Quest, Chantilly,
Quest Diagnostics Nichols Institute,
14225 Newbrook Drive, Chantilly, VA 20151
Patrick W Mason, M.D., Ph.D., Director of Laboratories
(703) 802-6900, CLIA 49D0221801

Reported Date: 07/07/2025 11:34 METRX

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

H507000002
WX0000003827
Printed D&T: 07/07/25 11:34

Ordered By: CLIENT CLIENT
WX00000000002844

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

JULY 2025 – PART B

Inactivate Test With Replacement	
Effective Date	7/21/2025
Inactivated Test	
Name	Phenylalanine
Code	ZPNYL
Legacy Code	PHENYL
Interface Order Code	3508640
Replacement Test	
Name	Phenylalanine and Tyrosine
Code	PHETY
CPT Code(s)	84030, 84510
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Patient Preparation:* Collect the specimen after an overnight fast (or at least 4 hours after a meal), if possible. Non-fasting samples are acceptable for pediatric patients. Note: If non-PKU types of hyperphenylalanemia are suspected, additional testing for tetraahydrobiopterin pathway enzyme defects should be performed. *Collect:* Green sodium heparin *Specimen Preparation:* Centrifuge, separate plasma from cells within 2 hours of collection and send 0.4 mL plasma in a screw capped plastic vial. *Minimum Volume:* 0.2 mL *Transport Temperature:* Frozen
Alternate Specimen	Plasma: Lavender EDTA or Green lithium heparin Serum: Red top
Rejection Criteria	Serum separator tube (SST)
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 28 days
Performing Information	
Methodology	Chromatography/Mass Spectrometry
Reference Range	Phenylalanine ≤30 days 30-79 umol/L 31 days-23 months 31-92 umol/L 2-17 years 38-86 umol/L ≥18 years 40-74 umol/L Tyrosine ≤30 days 33-160 umol/L 31 days-23 months 24-125 umol/L 2-17 years 31-108 umol/L ≥18 years 38-96 umol/L
Performed Days	Tuesday - Thursday
Turnaround Time	6 - 11 days
Performing Laboratory	Quest
Interface Information	

Legacy Code	PHETY		
Interface Order Code	3401071		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3401072	Date of Birth		Yes
3401073	Tyrosine		No
3401074	Phenylalanine		No

Inactivate Test Without Replacement

Effective Date	7/21/2025
Name	Cytology, ThinPrep Pap Test and HPV
Code	TPHPV
Legacy Code	TPHPV
Interface Code	3662100
Notes	Test discontinued.

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000003735 M 04/12/2022 3 Y

Referral Testing

Collected: 07/07/2025 11:37 Received: 07/07/2025 11:37

Test Name	Result	Flag	Ref-Ranges	Units	Site
Phenylalanine and Tyrosine					
Date of Birth	04122022				QCRL
Tyrosine	55		38-96	umol/L	QCRL
Phenylalanine	65		40-74	umol/L	QCRL

To convert micromoles/Liter to mg/dL use the following:
Phenylalanine: Multiply the result in micromoles/L by 0.0165.
Tyrosine: Multiply the result in micromoles/L by 0.0181.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD, MBA

Reported Date: 07/07/2025 11:37 PHETY

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

H507000003
WX0000003735
Printed D&T: 07/07/25 11:37

Ordered By: CLIENT CLIENT
WX00000000002770

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