Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Summary		
Update Existing Test	10/20/2025	ANGLM - "Angelman and Prader-Willi Synd by MLPA"
Update Existing Test	10/20/2025	APCAR - "Activated Protein C Resistance Profile"
Update Existing Test	10/20/2025	BHYD - "Beta-hydroxybutyrate, Serum"
Update Existing Test	10/7/2025	BRCAP - "BRCA Panel (BRCA1, BRCA2)"
Update Existing Test	10/20/2025	DNARA - "Pseudocholinesterase Dibucaine"
Update Existing Test	10/20/2025	F8AR - "Factor VIII Activity"
Update Existing Test	10/20/2025	FLUPH - "Fluphenazine (Prolixin)"
Update Existing Test	10/20/2025	GLUCN - "Glucagon"
Update Existing Test	10/7/2025	MNGS - "Myeloid Neoplasm NGS Panel"
Update Existing Test	10/20/2025	PB19 - "Parvovirus B19 by Qualitative PCR"
Update Existing Test	10/20/2025	PSE - "Pseudocholinesterase"
Update Existing Test	10/7/2025	RPRT - "Rapid Plasma Reagin (RPR) Titer"
Update Existing Test	10/20/2025	VWFAR - "Von Willebrand Act Ristocetin"
Update Existing Test	10/20/2025	VWMUT - "Von Willebrand Factor Multimer"
Update Existing Test	10/20/2025	VWPAR - "Von Willebrand Panel"
Update Existing Test	10/20/2025	WVFAP - "Von Willebrand Factor Antigen"
Inactivate Test With Replacement	10/20/2025	JAK2P - "JAK2 Exon 12 Mutation Analysis by PCR" replaced by JAK2E - "JAK2 Exon 12 Mutation Analysis by PCR"
Inactivate Test With Replacement	10/20/2025	MLH1 - "MLH1 Promoter Methylation" replaced by MLH1P - "MLH1 Promoter Methylation"
Inactivate Test With Replacement	10/7/2025	PMSCQ - "Anti-PM/Scl-100 Ab (RDL)" replaced by PSABG - "PM/Scl-100 Antibody, IgG by Immunoblot"
Inactivate Test With Replacement	10/20/2025	STRS - "Transferrin Receptor (TFR) Soluble" replaced by STR - "Soluble Transferrin Receptor"
Inactivate Test Without Replacement	10/31/2025	K78 - "Ethylene Oxide IgE"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Existing Test	
Effective Date	10/20/2025
Name	Angelman and Prader-Willi Synd by MLPA
Code	ANGLM
Interface Order Code	3600286
Legacy Code	ANGLM
Notes	Update to New York approval, CPT code, alternate specimen, rejection criteria, stability, methodology, and turnaround time.
Required Testing Changes	
New York Approval	**New York DOH Approval Status: Yes**
CPT Code(s)	**81331**
Alternate Specimen	**Pink (K2EDTA)**
Rejection Criteria	**Transfused whole blood, severely hemolyzed whole blood, heparinized whole blood, frozen whole blood.**
Stability	**Room temperature: 7 days** **Refrigerated: 30 days** **Frozen: Unacceptable**
Methodology	**Methylation-Specific Multiplex Ligation-Dependent Probe Amplification (MS-MLPA)**
Turnaround Time	**14 - 16 days**

Update Existing Test	
Effective Date	10/20/2025
Name	Activated Protein C Resistance Profile
Code	APCAR
Interface Order Code	3619180
Legacy Code	APCAR
Notes	Update to specimen requirements, stability, and reference range.
Required Testing Changes	
Specimen Required	***Patient Preparation:*** **Collect using coagulation test collection method.** *Collect:* Light blue sodium citrate ***Specimen Preparation:*** Send 1.5 mL platelet-poor plasma in a screw capped plastic vial. CRITICAL FROZEN. **Separate specimens must be submitted when multiple tests are ordered.** *Minimum Volume:* 1.0 mL *Transport Temperature:* CRITICAL FROZEN
Stability	Room temperature: 4 hours Refrigerated: Unacceptable **Frozen: 3 months**
Reference Range	**2.00 or greater**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Existing Test	
Effective Date	10/20/2025
Name	Beta-hydroxybutyrate, Serum
Code	BHYD
Interface Order Code	3605800
Legacy Code	BHYD
Notes	Update to alternate specimen, stability, and reference range.
Required Testing Changes	
Alternate Specimen	Plasma: Lavender EDTA, green sodium or lithium heparin, gray sodium fluoride, **Pink (K2EDTA)**
Stability	Room temperature: 2 hours Refrigerated: 7 days **Frozen: 2 months**
Reference Range	**0.02 - 0.27 mmol/L**

Update Existing Test	
Effective Date	10/7/2025
Name	BRCA Panel (BRCA1, BRCA2)
Code	BRCAP
Interface Order Code	3400510
Legacy Code	BRCAP
Notes	Update to specimen requirements.
Required Testing Changes	
Specimen Required	*Collect:* Lavender EDTA ***Specimen Preparation:*** **Send 5.0 mL whole blood room temperature. Send report of results for family member with known BRCA mutation.** ***Minimum Volume:*** **2.0 mL** *Transport Temperature:* Room temperature

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Existing Test	
Effective Date	10/20/2025
Name	Pseudocholinesterase Dibucaine
Code	DNARA
Interface Order Code	3685445
Legacy Code	DNARA
Notes	Update to specimen requirements, alternate specimen, rejection criteria, and methodology.
Required Testing Changes	
Specimen Required	*Patient Preparation:* Sample must be drawn prior to surgery or more than two days following surgery. Do not draw in recovery room. *Collect:* Serum separator tube (SST) ***Specimen Preparation:*** **Allow sample to clot completely at room temperature. Separate serum or plasma from cells within 2 hours. Send 1.0 mL serum or plasma in a screw capped plastic vial.** *Minimum Volume:* 0.25 mL *Transport Temperature:* Refrigerated
Alternate Specimen	**Serum: Red top; Plasma: EDTA, green sodium or lithium heparain, pink (K2EDTA)**
Rejection Criteria	**Light blue (sodium citrate), gray (oxalate/fluoride) whole blood**
Methodology	**Quantitative Enzymatic Assay**

Update Existing Test	
Effective Date	10/20/2025
Name	Factor VIII Activity
Code	F8AR
Interface Order Code	3619020
Legacy Code	F8AR
Notes	Update to specimen requirements and rejection criteria.
Required Testing Changes	
Specimen Required	*Collect:* Light blue sodium citrate ***Specimen Preparation:*** **Send 2.0 mL Platelet-poor plasma in a screw capped plastic vial. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.** *Minimum Volume:* 1.0 mL *Transport Temperature:* Critical frozen
Rejection Criteria	**Serum, clotted or hemolyzed specimens, EDTA plasma**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Existing Test	
Effective Date	10/20/2025
Name	Fluphenazine (Prolixin)
Code	FLUPH
Interface Order Code	3502860
Legacy Code	FLUPHEN
Notes	Update to specimen requirements, alternate specimen, stability, and reference range.
Required Testing Changes	
Specimen Required	***Patient Preparation:*** **Timing of specimen collection: Pre-dose (trough) draw - At steady state concentration.** *Collect:* Red top *Specimen Preparation:* Centrifuge, separate serum from cells within 2 hours and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated
Alternate Specimen	**Plasma: Lavender (K2EDTA, K3EDTA), Pink (K2EDTA)**
Stability	**Room temperature: 48 hours** **Refrigerated: 7 days** **Frozen: 1 month (avoid repeated freeze/thaw cycles)**
Reference Range	Therapeutic Range: 1.0 - 10.0 ng/mL **Toxic: >=15.0 ng/mL**

Update Existing Test	
Effective Date	10/20/2025
Name	Glucagon
Code	GLUCN
Interface Order Code	3680690
Legacy Code	GLUCAGOARP
Notes	Update to specimen requirements, alternate specimen, rejection criteria, stability, methodology, and reference range.
Required Testing Changes	
Specimen Required	*Patient Preparation:* Fast **8 - 12** hours prior to collection. ***Collect:*** **Lavender EDTA** *Specimen Preparation:* Mix well. Centrifuge, separate plasma within 1 hour of collection and send **2.0 mL plasma frozen** in a sterile screw capped plastic vial. **Separate specimens must be submitted when multiple tests are ordered.** Minimum Volume: 0.5 mL *Transport Temperature:* Frozen
Alternate Specimen	**Pink (K2EDTA)**
Rejection Criteria	**Hemolyzed, lipemic, icteric or clotted specimens**
Stability	**Room temperature: 4 hours** **Refrigerated: 72 hours** **Frozen: 1 month**
Methodology	**Quantitative Enzyme-Linked Immunosorbent Assay**
Reference Range	**150 pg/mL**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Existing Test	
Effective Date	10/7/2025
Name	Myeloid Neoplasm NGS Panel
Code	MNGS
Interface Order Code	3000886
Legacy Code	MNGS
Notes	Update to CPT code.
Required Testing Changes	
CPT Code(s)	**81479**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Existing Test	
Effective Date	10/20/2025
Name	Parvovirus B19 by Qualitative PCR
Code	PB19
Interface Order Code	3688400
Legacy Code	PARVOD
Notes	Update to specimen requirements, alternate specimen, stability, and turnaround time.
Required Testing Changes	
Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Centrifuge, separate plasma from cells and send 1.0 mL plasma in a screw capped plastic vial. SPECIMEN SOURCE REQUIRED. *Minimum Volume:* 0.5 mL ***Transport Temperature:*** **Frozen** **Bone Marrow: Refrigerated** **Paraffin Embedded Tissue: Room temperature**
Alternate Specimen	Serum separator tube (SST), CSF, amniotic fluid, bone marrow, synovial fluid and **Pink (K2EDTA)**. Tissue (freeze immediately) and paraffin embedded tissue block.
Stability	**Serum and Plasma:** Room temperature: 24 hours Refrigerated: 5 days Frozen: 6 months Bone Marrow: Room temperature: 7 days Refrigerated: 7 days Frozen: 7 days Fresh tissue: Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 6 months Paraffin-embedded tissue: Room temperature: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable
Turnaround Time	**3 - 6 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Existing Test	
Effective Date	10/20/2025
Name	Pseudocholinesterase
Code	PSE
Interface Order Code	3685280
Legacy Code	PSEAR
Notes	Update to alternate specimen, methodology, and turnaround time.
Required Testing Changes	
Alternate Specimen	Plasma: Lavender EDTA **or Pink (K2EDTA)**; **Serum: Red top**
Methodology	**Quantitative Enzymatic Assay**
Turnaround Time	**3 - 6 days**

Update Existing Test	
Effective Date	10/7/2025
Name	Rapid Plasma Reagin (RPR) Titer
Code	RPRT
Interface Order Code	3000101
Legacy Code	RPRT
Notes	Update to alternate specimen.
Required Testing Changes	
Alternate Specimen	Serum: Red top **Plasma: Lavender EDTA, green sodium or lithium heparin, blue sodium citrate.**

Update Existing Test	
Effective Date	10/20/2025
Name	Von Willebrand Act Ristocetin
Code	VWFAR
Interface Order Code	3619200
Legacy Code	VWFACAR
Notes	Update to specimen requirements, rejection criteria, and turnaround time.
Required Testing Changes	
Specimen Required	***Patient Preparation:*** **Collect using coagulation testing collection methods.** *Collect:* Light blue sodium citrate *Specimen Preparation:* Send 1.5 mL **platelet-poor plasma** in a screw capped plastic vial. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.
Rejection Criteria	Serum, **clotted** or hemolyzed specimens, EDTA plasma
Turnaround Time	**3 - 5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Existing Test	
Effective Date	10/20/2025
Name	Von Willebrand Factor Multimer
Code	VWMUT
Interface Order Code	3689400
Legacy Code	VWMULAR
Notes	Update to specimen requirements, rejection criteria, stability, and methodology.
Required Testing Changes	
Specimen Required	***Patient Preparation:*** **Collect using coagulation test collection methods.** *Collect:* Light blue sodium citrate ***Specimen Preparation:*** **Send 1.0 mL platelet-poor plasma in a screw capped plastic vial. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.** *Minimum Volume:* 0.5 mL *Transport Temperature:* CRITICAL FROZEN
Rejection Criteria	**Hemolyzed specimens, clotted specimens, serum, EDTA plasma**
Stability	**Room temperature: 4 hours** **Refrigerated: Unacceptable** **Frozen: 3 months**
Methodology	**Qualitative Electrophoresis**

Update Existing Test	
Effective Date	10/20/2025
Name	Von Willebrand Panel
Code	VWPAR
Interface Order Code	3689300
Legacy Code	VWPAR
Notes	Update to specimen requirements.
Required Testing Changes	
Specimen Required	*Patient Preparation:* **Collect using** coagulation test collection methods. *Collect:* Light blue sodium citrate *Specimen Preparation:* Send 3.0 mL **platelet-poor** plasma in a screw capped plastic vial. CRITICAL FROZEN. **Separate specimens must be submitted when multiple tests are ordered.** *Minimum Volume:* 1.0 mL *Transport Temperature:* Critical frozen

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Update Existing Test	
Effective Date	10/20/2025
Name	Von Willebrand Factor Antigen
Code	WVFAP
Interface Order Code	3619000
Legacy Code	VWFAGAR
Notes	Update to specimen requirements, rejection criteria, and turnaround time.
Required Testing Changes	
Specimen Required	***Patient Preparation:*** **Collect using coagulation test collection methods.** *Collect:* Light blue sodium citrate ***Specimen Preparation:*** Send 1.5 mL **platelet-poor** plasma in a screw capped plastic vial. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. *Minimum Volume:* 1.0 mL *Transport Temperature:* CRITICAL FROZEN
Rejection Criteria	Serum, **Clotted** or hemolyzed specimens, EDTA plasma
Turnaround Time	**3 - 5 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Inactivate Test With Replacement			
Effective Date	10/20/2025		
Inactivated Test			
Name	JAK2 Exon 12 Mutation Analysis by PCR		
Code	JAK2P		
Legacy Code	JAK2P		
Interface Order Code	3600302		
Replacement Test			
Name	JAK2 Exon 12 Mutation Analysis by PCR		
Code	JAK2E		
CPT Code(s)	81279		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Send 5.0 mL whole blood. *Minimum Volume:* Whole blood: 1.0 mL; Bone marrow: 1.0 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Bone marrow: Lavender EDTA - 3.0 mL		
Rejection Criteria	Plasma, serum, FFPE tissue blocks/slides, frozen tissue, specimens collected in anticoagulants other than EDTA. Clotted or grossly hemolyzed specimens.		
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: Unacceptable		
Performing Information			
Methodology	Polymerase Chain Reaction (PCR)		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	5 - 11 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code	JAK2E		
Interface Order Code	3600547		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3600548	JAK2EX12, Source	31208-2	No
3600549	JAK2EX12, Interpretation	63421-2	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 36 Y

Referral Testing

Collected: 09/18/2025 09:40 Received: 09/18/2025 09:40

Test Name	Result	Flag	Ref-Ranges	Units	Site

JAK2 Exon 12-Mutation Analysis by PCR

JAK2EX12, Source	Whole Blood		ARRL
JAK2EX12, Interpretation	Not Detected		ARRL

There is no evidence of a JAK2 Exon 12 mutation. This result does not exclude the possibility of a JAK2 Exon 12 mutation below the test limit of detection or one which is not detectable by the assay specific design.

This result has been reviewed and approved by Archana Agarwal, M.D.
INTERPRETIVE INFORMATION: JAK2 Exon 12-Mutation Analysis by PCR
DNA from whole blood or bone marrow is isolated and subjected to PCR amplification in the presence of a short blocking oligonucleotide homologous to codons 537-544 of exon 12 of the wild-type JAK2 gene. The oligonucleotide is designed to specifically suppress PCR amplification of wild-type JAK2 exon 12 sequence. In contrast, JAK2 exon 12 mutations located between codons 537-544 disrupt proper binding of the blocking oligonucleotide during PCR amplification resulting in a product of approximately 225 base-pairs. Each assay includes control DNA from mutation positive and wild-type negative samples; all samples are tested in paired reactions with and without blocking oligonucleotide. A PCR product formed in the presence of blocking oligonucleotide indicates the presence of a mutation.

Results of this test must always be interpreted in the context of clinical and other relevant laboratory data such as erythropoietin level, exclusion of other causes of elevated hemoglobin, and should not be used alone for a diagnosis of polycythemia vera which is a form of malignancy, i.e, myeloproliferative disorder. This test does not identify JAK2 mutation outside of codons 537-544, and duplications or missense variants that compromise oligonucleotide binding may not be detected.

Limit of Detection: 5 percent mutant alleles for length-altering mutations.

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.

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 36 Y

Referral Testing

Collected: 09/18/2025 09:40 Received: 09/18/2025 09:40

Test Name	Result	Flag	Ref-Ranges	Units	Site

Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 09/18/2025 09:40 JAK2E

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

E118000009
WX0000000237
Printed D&T: 09/18/25 09:41

Ordered By: CLIENT CLIENT
WX00000000000336

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Inactivate Test With Replacement

Effective Date	10/20/2025

Inactivated Test

Name	MLH1 Promoter Methylation
Code	MLH1
Legacy Code	MLH1
Interface Order Code	3624180

Replacement Test

Name	MLH1 Promoter Methylation
Code	MLH1P
CPT Code(s)	81288
Notes	New York DOH Approval Status: Yes Z Code(s): ZB229

Specimen Requirements

Specimen Required	*Collect:* Tumor tissue *Specimen Preparation:* Send formalin fixed paraffin embedded tissue block or 5 unstained 5 micron slides in a tissue transport kit. Include surgical pathology report. If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing, or individual orders for each sample submitted. A Pathologist Block Selection Fee will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided. *Minimum Volume:* 5 slides (if using) *Transport Temperature:* Room temperature
Rejection Criteria	Fixative other than 10 percent neutral buffered formalin, bone specimens submitted in non-EDTA decalifier, less than 25 percent tumor.
Stability	Room temperature: Indefinite Refrigerated: Indefinite Frozen: Unacceptable

Performing Information

Methodology	Real-Time Polymerase Chain Reaction/Fluorescence Resonance Energy Transfer
Reference Range	See report
Performed Days	Varies
Turnaround Time	9 - 14 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	MLH1P
Interface Order Code	3600543

Result Code	Name	LOINC Code	AOE/Prompt
3600544	MLH1 PCR, Source	31208-2	No
3624190	MLH1 Promoter Methylation	58416-9	No
3624200	Block ID	57723-9	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 36 Y

Referral Testing

Collected: 09/18/2025 09:37 Received: 09/18/2025 09:37

Test Name	Result	Flag	Ref-Ranges	Units	Site
MLH1 Promoter Methylation					
MLH1 PCR, Source	Tissue				ARRL
MLH1 Promoter Methylation	**Positive**	**AB**			ARRL

TEST INFORMATION: MLH1 Promoter Methylation, Paraffin

MLH1 methylation is common in sporadic microsatellite unstable tumors, like colorectal cancer and endometrial cancer, and rarely occurs in Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC). Therefore, the presence of MLH1 methylation suggests that the tumor is sporadic and not associated with Lynch syndrome. However, since there have been rare reports of Lynch syndrome-associated MLH1 methylation, all results should be interpreted within the clinical context. The lack of MLH1 methylation in a mismatch repair deficient tumor suggests that it may be associated with Lynch syndrome, and germline evaluation is suggested. Finally, low level MLH1 methylation is not reported as positive, since it does not correlate with MLH1 inactivation and microsatellite instability.

METHODOLOGY: DNA is isolated from tumor tissue microdissected from prepared slides. DNA is treated with sodium bisulfite, followed by amplification of a segment of the MLH1 promoter region using methylation specific real-time PCR. The MLH1 methylation level is calculated by comparison to the amplification of a reference gene.

LIMITATIONS: Methylation at locations other than those covered by the primers and probes will not be detected. Results of this test must always be interpreted within the clinical context and other relevant data, and should not be used alone for a diagnosis of malignancy. This test is not intended to detect minimal residual disease.

ANALYTICAL SENSITIVITY: Methylation levels below 10 percent are reported as negative.

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.

Block ID	12345				ARRL

Performed By: ARUP Laboratories

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

E118000008
WX0000000237
Printed D&T: 09/18/25 09:37

Ordered By: CLIENT CLIENT
WX00000000000336

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
WX0000000237 F 12/05/1988 36 Y

Referral Testing

Collected: 09/18/2025 09:37 Received: 09/18/2025 09:37

Test Name	Result	Flag	Ref-Ranges	Units	Site

500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 09/18/2025 09:37 MLH1P

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

E118000008
WX0000000237
Printed D&T: 09/18/25 09:37

Ordered By: CLIENT CLIENT
WX00000000000336

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Inactivate Test With Replacement			
Effective Date	10/7/2025		
Inactivated Test			
Name	Anti-PM/Scl-100 Ab (RDL)		
Code	PMSCQ		
Legacy Code	PMSCQ		
Interface Order Code	3423685		
Replacement Test			
Name	PM/Scl-100 Antibody, IgG by Immunoblot		
Code	PSABG		
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. *Minumum Volume:* 0.3 mL *Transport Temperature:* Refrigerated		
Rejection Criteria	Plasma, bacterial contamination, hemolyzed, or severely lipemic specimens.		
Stability	Room temperature: 48 hours Refrigerated: 2 weeks Frozen: 1 month (avoid repeated freeze/thaw cycles)		
Performing Information			
Methodology	Qualitative Immunoblot		
Reference Range	Negative		
Performed Days	Tuesday, Thursday, Saturday		
Turnaround Time	3 - 6 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code	PSABG		
Interface Order Code	3600542		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3600542	PM/Scl-100 Antibody, IgG by Immunoblot	81723-0	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 36 Y

Referral Testing

Collected: 09/17/2025 14:43 Received: 09/17/2025 14:43

Test Name	Result	Flag	Ref-Ranges	Units	Site
PM/Scl-100 Antibody, IgG by Immunoblot	Negative		Negative		ARRL

For interface testing only. Please disregard.
INTERPRETIVE INFORMATION: PM/Scl-100 Antibody, IgG by Immunoblot
The presence of PM/Scl-100 IgG antibody along with a positive ANA IFA nucleolar pattern is associated with connective tissue diseases such as polymyositis (PM), dermatomyositis (DM), systemic sclerosis (SSc), and polymyositis/systemic sclerosis overlap syndrome. The clinical relevance of PM/Scl-100 IgG antibody with a negative ANA IFA nucleolar pattern is unknown. PM/Scl-100 is the main target epitope of the PM/Scl complex, although antibodies to other targets not detected by this assay may occur.

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.
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 09/17/2025 14:43 PSABG

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Inactivate Test With Replacement			
Effective Date	10/20/2025		
Inactivated Test			
Name	Transferrin Receptor (TFR) Soluble		
Code	STRS		
Legacy Code	STRSP		
Interface Order Code	3702360		
Replacement Test			
Name	Soluble Transferrin Receptor		
Code	STR		
CPT Code(s)	84238		
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:* 0.4 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Plasma separator tube, green lithium heparin		
Rejection Criteria	Contaminated, lipemic, severely hemolyzed, or icteric specimens		
Stability	Room temperature: 5 days Refrigerated: 7 days Frozen: 30 days (avoid repeated freeze/thaw cycles)		
Performing Information			
Methodology	Quantitative Chemiluminescent Immunoassay		
Reference Range	See report		
Performed Days	Sunday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code	STR		
Interface Order Code	3600546		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3600546	Soluble Transferrin Receptor	30248-9	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 36 Y

Referral Testing

Collected: 09/18/2025 09:34 Received: 09/18/2025 09:34

Test Name	Result	Flag	Ref-Ranges	Units	Site
Soluble Transferrin Receptor	**2.5**	**H**	0.90-2.01	mg/L	ARRL

INTERPRETIVE INFORMATION: Soluble Transferrin Receptor

The Beckman Coulter Access sTfR immunoassay is intended as an aid in the diagnosis of iron deficiency anemia, especially in patients with chronic disease. In adult patients with anemia, an sTfR result greater than or equal to 1.55 mg/L is 86 percent sensitive and 49 percent specific for the presence of iron deficiency anemia, alone or in combination with anemia of chronic disease. The sTfR assay is not intended to be used in isolation; results should be interpreted in conjunction with the patient's clinical presentation and other diagnostic tests, such as other indicators of iron status (refer to table below).

Analyte	Tests for Changes in:	Iron Def. Anemia	Anemia of Chronic Disease	Combined Iron Def. and anemia of Chronic Dz
Ferritin	Iron Stores	Low	High	Normal or High
TIBC	Iron Status	High	Low	Normal or High
Serum Fe	Iron Status	Low	Low	Low
sTfR	Iron Status	High	Normal	High

Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 09/18/2025 09:34 STR

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

E118000007
WX0000000237
Printed D&T: 09/18/25 09:34

Ordered By: CLIENT CLIENT
WX00000000000336

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2025

Inactivate Test Without Replacement	
Effective Date	10/31/2025
Name	Ethylene Oxide IgE
Code	K78
Legacy Code	RAK78
Interface Code	3062500
Notes	Test discontinued.