Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Update Notes

The JAK2X update below is a CPT code modification to a test that went live on 1/6/26. However, we noticed that JAK2X has not yet been built or activated by many of our users. Please refer to THIS WEBPAGE for information regarding the clinical utility of this new reflex testing option for suspected myeloproliferative neoplasms.

Note that Warde will send another update mid-cycle, dedicated solely to test inactivations/replacements in the Flow Cytometry department. The go-live date for flow cytometry test code changes will be 3/10/2026.

Update Summary

New Test Activation	2/3/2026	APABT - "Anaplasma phagocytophilum Abs (IgG, IgM), w/ Ref to Titers"
New Test Activation	2/3/2026	APECT - "A. phagocytophilum & E. chaffeensis Ab Panel Ref to Titers"
New Test Activation	2/3/2026	BMABT - "Babesia microti Antibodies (IgG, IgM) w/ Reflex to Titers"
New Test Activation	2/3/2026	ECABT - "Ehrlichia chaffeensis Antibodies (IgG, IgM) w/ Ref to Titer"
New Test Activation	2/10/2026	ELF - "Enhanced Liver Fibrosis (ELF) Score"
New Test Activation	2/10/2026	VWFP - "von Willebrand Factor Panel"
Update Existing Test	2/10/2026	BCTX - "Collagen Type 1, C-Telopeptide (CTx)"
Update Existing Test	2/3/2026	CNTMA - "Chlamydia/N. gonorrhoeae and T. vaginallis RNA, Qual, TMA"
Update Existing Test	2/3/2026	CNTTP - "C. trichomatis/ N.gonnorrhoeae by TMA, ThinPrep"
Update Existing Test	2/2/2026	CORF - "Cortisol, Free, LC/MS/MS"
Update Existing Test	2/2/2026	CORFQ - "Cortisol, Free and Total"
Update Existing Test	2/3/2026	DREN - "Direct Renin"
Update Existing Test	2/3/2026	EPCSF - "Epilepsy, Autoimm/Paraneo, CSF"
Update Existing Test	1/26/2026	FXRM1 - "Fragile X (FMR1) with Reflex to Methylation Analysis"
Update Existing Test	2/10/2026	GH - "Growth Hormone, Human"
Update Existing Test	2/10/2026	IGF1 - "Insulin-like Growth Factor 1"
Update Existing Test	2/3/2026	JAK2X - "JAK2 with reflex to NGS for ex12/CALR/MPL"
Update Existing Test	2/3/2026	METPQ - "Metanephrines, Plasma Free"
Update Existing Test	2/10/2026	OHPRG - "17-alpha Hydroxyprogesterone"
Update Existing Test	2/2/2026	OXLDL - "Oxidized LDL"
Update Existing Test	2/3/2026	PNPAB - "Paraneoplastic Ab Eval, Serum"
Update Existing Test	2/3/2026	SWCN - "C. trachomatis/N. gonorrhoeae RNA, TMA, Surepath"
Inactivate Test With Replacement	2/10/2026	HTL12 - "HTLV-1 and 2 (EIA) with Reflex" replaced by HTLVR - "HTLV Types I/II Abs with Reflex to HTLV-I/II Confirmation"
Inactivate Test With Replacement	2/2/2026	HYDRS - "Hydroxyzine and Metabolite, Serum/Plasma" replaced by HYDSP - "Hydroxyzine and Metabolites, Serum/Plasma"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Inactivate Test With Replacement	2/10/2026	INFX - "Infliximab Quant with Reflex to Ab to Infliximab, Serum" replaced by INFXR - "Infliximab Quant with Reflex to Abs to Infliximab, Serum"
Inactivate Test Without Replacement	2/3/2026	HEPCF - "Heparin Cofactor II"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

New Test Activation

Effective Date	2/3/2026
Name	Anaplasma phagocytophilum Abs (IgG, IgM), w/ Ref to Titers
Code	APABT
CPT Code(s)	86666 x 2, plus 86666 each titer, at additional cost
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*: 0.2 mL *Transport Temperature*: Refrigerated
Alternate Specimen	Serum: Red top
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days

Performing Information

Methodology	Immunofluorescence assay	
Reference Range	A. phagocytophilum Ab (IgG), Screen	Not Detected
	A. phagocytophilum Ab (IgM), Screen	Not Detected
	A. phagocytophilum Ab (IgG), Titer	<1:64
	A. phagocytophilum Ab (IgM), Titer	<1:20
Performed Days	Monday, Wednesday - Saturday	
Turnaround Time	3 - 5 days	
Performing Laboratory	Quest	

Interface Information

Legacy Code	APABT
Interface Order Code	3401133

Result Code	Name	LOINC Code	AOE/Prompt
3401123	A. phagocytophilum, IgG, Screen	29856-2	No
3401124	A. phagocytophilum, IgM, Screen	29857-0	No
3401126	A. phagocytophilum, IgG, Titer	23877-4	No
3401127	A. phagocytophilum, IgM, Titer	23878-2	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 01/16/2026 11:57 Received: 01/16/2026 11:57

Test Name	Result	Flag	Ref-Ranges	Units	Site
Anaplasma phagocytophilum Abs (IgG, IgM), w/ Ref to Titers					
A. phagocytophilum, IgG, Screen	**Detected**	**AB**	Not Detected		QHRL
A. phagocytophilum, IgM, Screen	**Detected**	**AB**	Not Detected		QHRL

Seroconversion demonstrated by a 4-fold or greater increase in IgG titer or a single IgG titer of > or = 1:128 is considered supportive laboratory evidence of current or past infection. Antibodies may persist for months to years after clearance of infection. Serologic cross reactivity between closely related organisms, such as Ehrlichia species, Rickettsia rickettsiae, and Coxiella burnetti can occur.
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 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

A. phagocytophilum, IgG, Titer	**1:64**	**H**	<1:64	Titer	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

A. phagocytophilum, IgM, Titer	**1:160**	**H**	<1:20	Titer	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: 01/16/2026 12:00 APABT

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

New Test Activation

Effective Date	2/3/2026
Name	A. phagocytophilum & E. chaffeensis Ab Panel Ref to Titers
Code	APECT
CPT Code(s)	86666 x 4, plus 86666 each titer, at additional cost
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	Serum: Red top
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days

Performing Information

Methodology	Immunofluorescence assay	
Reference Range	A. phagocytophilum Ab (IgG), Screen	Not Detected
	A. phagocytophilum Ab (IgM), Screen	Not Detected
	E. chaffeensis Ab (IgG), Screen	Not Detected
	E. chaffeensis Ab (IgM), Screen	Not Detected
	A. phagocytophilum Ab (IgG), Titer	<1:64
	A. phagocytophilum Ab (IgM), Titer	<1:20
	E. chaffeensis Ab (IgG), Titer	<1:64
	E. chaffeensis Ab (IgM), Titer	<1:20
Performed Days	Tuesday - Saturday	
Turnaround Time	3 - 5 days	
Performing Laboratory	Quest	

Interface Information

Legacy Code	APECT
Interface Order Code	3401122

Result Code	Name	LOINC Code	AOE/Prompt
3401123	A. phagocytophilum, IgG, Screen	29856-2	No
3401124	A. phagocytophilum, IgM, Screen	29857-0	No
3401126	A. phagocytophilum, IgG, Titer	23877-4	No
3401127	A. phagocytophilum, IgM, Titer	23878-2	No
3401128	E. chaffeensis, IgG, Screen	22283-6	No
3401129	E. chaffeensis, IgM, Screen	7876-6	No
3401131	E. chaffeensis, IgG, Titer	47405-6	No
3401132	E. chaffeensis, IgM, Titer	48850-2	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 01/16/2026 12:02 Received: 01/16/2026 12:02

Test Name	Result	Flag	Ref-Ranges	Units	Site
A. phagocytophilum & E. chaffeensis Ab Panel Ref to Titers					
A. phagocytophilum, IgG, Screen	**Detected**	**AB**	Not Detected		QHRL
A. phagocytophilum, IgM, Screen	**Detected**	**AB**	Not Detected		QHRL
Seroconversion demonstrated by a 4-fold or greater increase in IgG titer or a single IgG titer of > or = 1:128 is considered supportive laboratory evidence of current or past infection. Antibodies may persist for months to years after clearance of infection. Serologic cross reactivity between closely related organisms, such as Ehrlichia species, Rickettsia rickettsiae, and Coxiella burnetti can occur. 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.					
A. phagocytophilum, IgG, Titer	**1:128**	**H**	<1:64	Titer	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					
A. phagocytophilum, IgM, Titer	**1:160**	**H**	<1:20	Titer	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					
E. chaffeensis, IgG, Screen	**Detected**	**AB**	Not Detected		QHRL
E. chaffeensis, IgM, Screen	**Detected**	**AB**	Not Detected		QHRL
Seroconversion demonstrated by a 4-fold or greater increase in IgG titer or a single IgG titer of > or = 1:128 is considered presumptive laboratory evidence of current or past infection. Antibodies may persist for months to years after clearance of infection. Serologic cross reactivity between closely related organisms, such as Anaplasma species, can occur. 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 by Quest, Chantilly, Quest Diagnostics Nichols Institute, 14225 Newbrook Drive, Chantilly, VA 20151					

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

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 01/16/2026 12:02 Received: 01/16/2026 12:02

Test Name	Result	Flag	Ref-Ranges	Units	Site
	Patrick W Mason, M.D., Ph.D., Director of Laboratories (703) 802-6900, CLIA 49D0221801				
E. chaffeensis, IgG, Titer	**1:256**	**H**	<1:64	Titer	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				
E. chaffeensis, IgM, Titer	**1:80**	**H**	<1:20	Titer	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: 01/16/2026 12:04 APECT

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

New Test Activation

Effective Date	2/3/2026
Name	Babesia microti Antibodies (IgG, IgM) w/ Reflex to Titers
Code	BMABT
CPT Code(s)	86753 x 2, plus 86753 each titer, at additional cost
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*: 0.2 mL *Transport Temperature*: Refrigerated
Alternate Specimen	Serum: Red top
Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 30 days

Performing Information

Methodology	Immunofluorescence assay
Reference Range	Babesia microti Ab (IgG), Screen Not Detected Babesia microti Ab (IgM), Screen Not Detected Babesia microti Ab (IgG), Titer <1:64 Babesia microti Ab (IgM), Titer <1:20
Performed Days	Monday, Wednesday - Saturday
Turnaround Time	3 - 5 days
Performing Laboratory	Quest

Interface Information

Legacy Code	BMABT
Interface Order Code	3401136

Result Code	Name	LOINC Code	AOE/Prompt
3401137	Babesia microti Ab, IgG, Screen	43893-7	No
3401138	Babesia microti Ab, IgM, Screen	27965-3	No
3401139	Babesia microti Ab, IgG, Titer	16117-4	No
3401141	Babesia microti Ab, IgM, Titer	16118-2	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 01/16/2026 12:09 Received: 01/16/2026 12:09

Test Name	Result	Flag	Ref-Ranges	Units	Site
Babesia microti Antibodies (IgG, IgM) w/ Reflex to Titers					
Babesia microti Ab, IgG, Screen	**Detected**	**AB**	Not Detected		QHRL
Babesia microti Ab, IgM, Screen	**Detected**	**AB**	Not Detected		QHRL

Confirmation with a blood smear or PCR is recommended for diagnosis of acute Babesiosis. A single acute antibody titer is not sufficient to establish a diagnosis. IgG titers > or = 1:1024 or presence of IgM suggest recent infection. Antibodies may persist for months to years after clearance of infection. The extent of cross-reactivity between Babesia species is variable and other species (e.g., Babesia duncani) may not be detected by this assay.
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 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

Babesia microti Ab, IgG, Titer	**1:256**	**H**	<1:64	Titer	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

Babesia microti Ab, IgM, Titer	**1:80**	**H**	<1:20	Titer	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: 01/16/2026 12:10 BMABT

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

New Test Activation

Effective Date	2/3/2026
Name	Ehrlichia chaffeensis Antibodies (IgG, IgM) w/ Ref to Titer
Code	ECABT
CPT Code(s)	86666 x 2, plus 86666 each titer, at additional cost
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*: 0.2 mL *Transport Temperature*: Refrigerated
Alternate Specimen	Serum: Red top
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days

Performing Information

Methodology	Immunofluorescence assay
Reference Range	E. chaffeensis Ab (IgG), Screen Not Detected E. chaffeensis Ab (IgM), Screen Not Detected E. chaffeensis Ab (IgG), Titer <1:64 E. chaffeensis Ab (IgM), Titer <1:20
Performed Days	Monday, Wednesday - Saturday
Turnaround Time	3 - 5 days
Performing Laboratory	Quest

Interface Information

Legacy Code	ECABT
Interface Order Code	3401134

Result Code	Name	LOINC Code	AOE/Prompt
3401128	E. chaffeensis, IgG, Screen	22283-6	No
3401129	E. chaffeensis, IgM, Screen	7876-6	No
3401131	E. chaffeensis, IgG, Titer	47405-6	No
3401132	E. chaffeensis, IgM, Titer	48850-2	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 01/16/2026 12:12 Received: 01/16/2026 12:12

Test Name	Result	Flag	Ref-Ranges	Units	Site
Ehrlichia chaffeensis Antibodies (IgG, IgM) w/ Ref to Titers					
E. chaffeensis, IgG, Screen	**Detected**	**AB**	Not Detected		QHRL
E. chaffeensis, IgM, Screen	**Detected**	**AB**	Not Detected		QHRL

Seroconversion demonstrated by a 4-fold or greater increase in IgG titer or a single IgG titer of > or = 1:128 is considered presumptive laboratory evidence of current or past infection. Antibodies may persist for months to years after clearance of infection. Serologic cross reactivity between closely related organisms, such as Anaplasma species, can occur. 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 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

E. chaffeensis, IgG, Titer	**1:256**	**H**	<1:64	Titer	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

E. chaffeensis, IgM, Titer	**1:20**	**H**	<1:20	Titer	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: 01/16/2026 12:13 ECABT

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

E516000010
WX0000000237
Printed D&T: 01/16/26 12:14

Ordered By: CLIENT CLIENT
WX00000000000511

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

New Test Activation			
Effective Date	2/10/2026		
Name	Enhanced Liver Fibrosis (ELF) Score		
Code	ELF		
CPT Code(s)	81517		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Patient Preparation*: Dietary supplements containing biotin may interfere in assays and may skew analyte results to be either falsely high or falsely low. For patients receiving the recommended daily doses of biotin, draw samples at least 8 hours following the last biotin supplementation. For patients on mega-doses of biotin supplements, draw samples at least 72 hours following the last biotin supplementation. *Collect*: Serum separator tube (SST) *Specimen Preparation*: Centrifuge, separate from cells ASAP or within 2 hours of collection 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	Gross hemolysis		
Stability	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days		
Performing Information			
Methodology	Chemiluminescence Immunoassay		
Reference Range	<9.80		
Performed Days	Tuesday, Thursday, Saturday		
Turnaround Time	4 - 5 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	ELF		
Interface Order Code	3401121		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3401121	Enhanced Liver Fibrosis (ELF) Score	88055-9	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 01/07/2026 09:33 Received: 01/07/2026 09:33

Test Name	Result	Flag	Ref-Ranges	Units	Site
Enhanced Liver Fibrosis (ELF) Score	8.00		<9.80		QCRL

ELF score ranges and associated risk of disease progression
(development of cirrhosis or liver-related events):

<	9.80	Lower
> or =	9.80 - <11.30	Mid
> or =	11.30	Higher

In the Mid group, the risk of disease progression is similar to the pre-test risk. Pre-test risk refers to the likelihood of disease progression in the overall intended use population without considering the ELF score. Results should always be interpreted in conjunction with the patient's medical history, clinical presentation, and other findings.

ELF results > or = 7.7 may suggest the need for further specialized assessment, based on expert opinion, as noted in the AASLD 2023 NAFLD practice guidance figure 2 algorithm. Reference: Rinella ME et al. Hepatology. 2023;77:1797-1835. https://doi.org/10.1097/HEP.0000000000000323 For additional test details, please visit: TestDirectory.QuestDiagnostics.com For additional NAFLD resources, please visit: www.QuestDiagnostics.com/NAFLD

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

Reported Date: 01/07/2026 09:34 ELF

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

E507000002
WX0000000237
Printed D&T: 01/07/26 09:35

Ordered By: CLIENT CLIENT
WX00000000000511

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

New Test Activation			
Effective Date	2/10/2026		
Name	von Willebrand Factor Panel		
Code	VWFP		
CPT Code(s)	85240, 85246, 85397		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
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		
Rejection Criteria	Serum, EDTA plasma, clotted or hemolyzed specimens		
Stability	Room temperature: 4 hours Refrigerated: Unacceptable Frozen: 3 months		
Performing Information			
Methodology	Electromagnetic Mechanical Clot Detection/Microlatex Particle-Mediated Immunoassay/Quantitative Immunoturbidimetry		
Reference Range	See report		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code	VWFP		
Interface Order Code	3600557		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3600558	Factor VIII, Activity	3209-4	No
3600559	von Willebrand Factor, Activity (GPIbM)	107372-5	No
3600561	von Willebrand Factor, Antigen	27816-8	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 01/26/2026 07:18 Received: 01/26/2026 07:18

Test Name	Result	Flag	Ref-Ranges	Units	Site
von Willebrand Factor Panel					
Factor VIII, Activity	100		56-191	%	ARRL
REFERENCE INTERVAL: Factor VIII, Activity Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).					
von Willebrand Factor, Activity (GPIbM)	100		51-215	%	ARRL
INTERPRETIVE INFORMATION: von Willebrand Factor Activity, GPIbM 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.					
von Willebrand Factor, Antigen	100		52-214	%	ARRL
REFERENCE INTERVAL: von Willebrand Factor, Antigen 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					

Reported Date: 01/26/2026 07:18 VWFP

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

E526000000
WX0000000237
Printed D&T: 01/26/26 07:18

Ordered By: CLIENT CLIENT
WX00000000000511

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Update Existing Test	
Effective Date	2/10/2026
Name	Collagen Type 1, C-Telopeptide (CTx)
Code	BCTX
Interface Order Code	3000907
Legacy Code	BCTX
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Tuesday, Thursday**
Turnaround Time	**1 - 5 days**

Update Existing Test	
Effective Date	2/3/2026
Name	Chlamydia/N. gonorrhoeae and T. vaginallis RNA, Qual, TMA
Code	CNTMA
Interface Order Code	3435200
Legacy Code	CNTMA
Notes	Update to CPT codes.
Required Testing Changes	
CPT Code(s)	**87494, 87661**

Update Existing Test	
Effective Date	2/3/2026
Name	C. trichomatis/ N.gonnorrhoeae by TMA, ThinPrep
Code	CNTTP
Interface Order Code	3620200
Legacy Code	CHGCTPRP
Notes	Update to CPT code.
Required Testing Changes	
CPT Code(s)	**87494**

Update Existing Test	
Effective Date	2/2/2026
Name	Cortisol, Free, LC/MS/MS
Code	CORF
Interface Order Code	3435300
Legacy Code	CORF
Notes	Update to methodology.
Required Testing Changes	
Methodology	**Equilibrium Dialysis, Chromatography/Mass Spectrometry**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Update Existing Test	
Effective Date	2/2/2026
Name	Cortisol, Free and Total
Code	CORFQ
Interface Order Code	3420200
Legacy Code	CORFQ
Notes	Update to specimen requirements, alternate specimen, rejection criteria, performed days, and turnaround time.
Required Testing Changes	
Specimen Required	*Collect*: Red top *Specimen Preparation*: **Centrifuge, separate serum from the cells, and send 2.0 mL of serum aliquoted into two screw capped plastic vials, with 1.0 mL in each vial.** *Minimum Volume*: **1.4 mL in two 0.7 mL aliquots** *Transport Temperature*: Refrigerated
Alternate Specimen	Plasma: **Lavender EDTA**
Rejection Criteria	**Serum separator tube (SST)**
Performed Days	**Sunday - Friday**
Turnaround Time	**5 - 9 days**

Update Existing Test	
Effective Date	2/3/2026
Name	Direct Renin
Code	DREN
Interface Order Code	1003995
Legacy Code	DREN
Notes	Update to performed days.
Required Testing Changes	
Performed Days	**Monday - Friday**

Update Existing Test	
Effective Date	2/3/2026
Name	Epilepsy, Autoimm/Paraneo, CSF
Code	EPCSF
Interface Order Code	3500037
Legacy Code	EPCSF
Notes	Update to CPT codes.
Required Testing Changes	
CPT Code(s)	**86255x19, 86341 (Plus others as appropriate)**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Update Existing Test	
Effective Date	1/26/2026
Name	Fragile X (FMR1) with Reflex to Methylation Analysis
Code	FXRM1
Interface Order Code	3600211
Legacy Code	FXRM1
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 7 days Refrigerated: 30 days Frozen: **Unacceptable**

Update Existing Test	
Effective Date	2/10/2026
Name	Growth Hormone, Human
Code	GH
Interface Order Code	1010080
Legacy Code	GH
Notes	Update to performed days.
Required Testing Changes	
Performed Days	**Monday, Wednesday, Friday**

Update Existing Test	
Effective Date	2/10/2026
Name	Insulin-like Growth Factor 1
Code	IGF1
Interface Order Code	1004085
Legacy Code	IGF1
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday, Wednesday, Friday**
Turnaround Time	**1 - 4 days**

Update Existing Test	
Effective Date	2/3/2026
Name	JAK2 with reflex to NGS for ex12/CALR/MPL
Code	JAK2X
Interface Order Code	3000924
Legacy Code	JAK2X
Notes	Update to CPT code.
Required Testing Changes	
CPT Code(s)	81270 **plus other CPTs if reflex testing is performed, at additional cost**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Update Existing Test	
Effective Date	2/3/2026
Name	Metanephrines, Plasma Free
Code	METPQ
Interface Order Code	3421900
Legacy Code	METANPQ
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**6 - 7 days**

Update Existing Test	
Effective Date	2/10/2026
Name	17-alpha Hydroxyprogesterone
Code	OHPRG
Interface Order Code	1009500
Legacy Code	17OHPROG
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**Monday, Wednesday, Friday**
Turnaround Time	**1 - 4 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Update Existing Test	
Effective Date	2/2/2026
Name	Oxidized LDL
Code	OXLDL
Interface Order Code	3400282
Legacy Code	OXLDL
Notes	Update to specimen requirements, alternate specimen, rejection criteria, stability, and methodology.
Required Testing Changes	
Specimen Required	*Collect*: **Serum separator tube (SST)** *Specimen Preparation*: **Gently invert tube 8 - 10 times immediately after draw. DO NOT SHAKE. Centrifuge for 10 minutes. Separate serum from cells and send 0.5 mL serum in a screw capped plastic vial.** *Minimum Volume*: 0.3 mL *Transport Temperature*: Refrigerated
Alternate Specimen	**Serum: Red top**
Rejection Criteria	**Plasma, whole blood**
Stability	Room temperature: Unacceptable Refrigerated: **5 days** Frozen (-20°C): **21 days** Frozen (-70°C): **28 days**
Methodology	**Immunoassay**

Update Existing Test	
Effective Date	2/3/2026
Name	Paraneoplastic Ab Eval, Serum
Code	PNPAB
Interface Order Code	3512040
Legacy Code	PNPABMA
Notes	Update to CPT codes.
Required Testing Changes	
CPT Code(s)	**86255 x9**

Update Existing Test	
Effective Date	2/3/2026
Name	C. trachomatis/N. gonorrhoeae RNA, TMA, Surepath
Code	SWCN
Interface Order Code	3723400
Legacy Code	SWCN
Notes	Update to CPT code.
Required Testing Changes	
CPT Code(s)	**87494**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Inactivate Test With Replacement			
Effective Date	2/10/2026		
Inactivated Test			
Name	HTLV-1 and 2 (EIA) with Reflex		
Code	HTL12		
Legacy Code	HTLV12		
Interface Order Code	3503620		
Replacement Test			
Name	HTLV Types I/II Abs with Reflex to HTLV-I/II Confirmation		
Code	HTLVR		
CPT Code(s)	86790, plus 86689 if repeatedly positive and reflexed to WB confirm, at additional cost		
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 0.5 mL serum in a screw capped plastic vial. *Minimum Volume*: 0.5 mL *Transport Temperature*: Refrigerated		
Alternate Specimen	Plasma: Lavender EDTA, green sodium or lithium heparin, light blue sodium citrate Serum: Red top		
Rejection Criteria	Grossly hemolyzed, lipemic or heat-inactivated specimens, specimens containing particulate matter		
Stability	Room temperature: Unacceptable Refrigerated: 7 days Frozen: Indefinitely		
Performing Information			
Methodology	Enzyme Linked Immunosorbent Assay		
Reference Range	Negative		
Performed Days	Sunday, Monday, Wednesday - Saturday If HTLV I/II screen is repeatedly reactive, then a confirmation by Western Blot will be added.		
Turnaround Time	5 - 7 days		
Performing Laboratory	ARUP Reference Laboratory		
Interface Information			
Legacy Code	HTLVR		
Interface Order Code	3600553		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3600554	HTLV I/II Antibodies by ELISA	29901-6	No
3600556	HTLV I/II Antibodies, Western Blot	16982-1	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 01/16/2026 11:24 Received: 01/16/2026 11:24

Test Name	Result	Flag	Ref-Ranges	Units	Site

HTLV Types I/II Abs with Reflex to HTLV-I/II Confirmation

HTLV I/II Antibodies by ELISA	**See Confirm**	**AB**	Negative	ARRL

```
INTERPRETIVE INFORMATION:  HTLV I/II Antibodies w/Reflex
                           to Confirm

This assay should not be used for blood donor screening,
associated re-entry protocols, or for screening Human Cell,
Tissues and Cellular and Tissue-Based Products (HCT/P).
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979
```

HTLV I/II Antibodies, Western Blot	**Positive**	**AB**	Negative	ARRL

```
Clinical Interpretation:
HTLV-I/II Western Blot Pattern:
(Key: 0 = neg, * = weak pos, 1 = moderate pos, 2 = strong
pos, 3 = very strong pos, X=non-specific staining obscuring
possible bands in that region)

 GD21 p19 p24 p26 p28 p32 p36 gp46 p53 rgp46-II rgp46-I
  –    –   –   –   –   –   –    –   –     –        –

Interpretation: POSITIVE for HTLV-I antibodies.

The Western blot detected antibodies to HTLV consistent
with HTLV-I infection. The patient should be considered
infectious.
INTERPRETIVE INFORMATION: HTLV I/II Ab, Western Blot
This assay should not be used for blood donor screening,
associated re-entry protocols, or for screening Human
Cells, Tissues and Cellular and Tissue-Based Products
(HCT/P).


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
```

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 01/16/2026 11:24 Received: 01/16/2026 11:24

Test Name	Result	Flag	Ref-Ranges	Units	Site

Reported Date: 01/16/2026 11:24 HTLVR

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

E516000005
WX0000000158
Printed D&T: 01/16/26 11:24

Ordered By: CLIENT CLIENT
WX00000000000260

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Inactivate Test With Replacement			
Effective Date	2/2/2026		
Inactivated Test			
Name	Hydroxyzine and Metabolite, Serum/Plasma		
Code	HYDRS		
Legacy Code	HYDRS		
Interface Order Code	3302300		
Replacement Test			
Name	Hydroxyzine and Metabolites, Serum/Plasma		
Code	HYDSP		
CPT Code(s)	80375 (G0480)		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect*: Red top *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: EDTA		
Rejection Criteria	Serum separator tube (SST), Plasma separator tube (PST)		
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen (-20°C): 30 days		
Performing Information			
Methodology	High Performance LIquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	5 - 7 days		
Performing Laboratory	NMS Labs		
Interface Information			
Legacy Code	HYDSP		
Interface Order Code	3300406		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3302310	Hydroxyzine	3686-3	No
3302320	Cetirizine		No
3300404	Norchlorcyclizine		No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988 37 Y

Referral Testing

Collected: 01/16/2026 11:50 Received: 01/16/2026 11:50

Test Name	Result	Flag	Ref-Ranges	Units	Site

Hydroxyzine and Metabolites, Serum/Plasma

Hydroxyzine	None Detected			ng/mL	NMRL

Reporting Limit: 5.0 ng/mL
Synonym(s): Atarax(R); Hydroxyzine Hydrochloride; Hydroxyzine Pamoate; Vistaril(R)
Daily oral dose: mean peak serum or plasma concentration and time
25 mg: 43 ng/mL at 3 hr
50 mg: 70 ng/mL at 2 hr; 30 ng/mL at 6 hr; and 22 ng/mL at 12 hr
100 mg: 78 ng/mL at 4 hr; and 35 ng/mL at 8 hr
Half-life: approximately 13-27 hr
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)

Cetirizine	None Detected			ng/mL	NMRL

Reporting Limit: 50 ng/mL
Synonym(s): Zyrtec(R)
Cetirizine is an active metabolite of Hydroxyzine.
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)

Norchlorcyclizine	None Detected			ng/mL	NMRL

Reporting Limit: 5.0 ng/mL
Norchlorcyclizine, also known as norhydroxyzine, is a metabolite of hydroxyzine and chlorcyclizine.
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)
This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the US Food and Drug Administration.
Digital data review may have taken place remotely by qualified NMS staff utilizing a secure VPN connection for some or all of the reported results. This is in accordance with and follows CLIA regulations.

Testing performed at NMS Labs, Inc.
200 Welsh Road
Horsham, PA 19044-2208
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director
CLIA 39D0197898

Reported Date: 01/16/2026 11:51 HYDSP

Performing Site:
NMRL: NMS Labs 200 Welsh Road Horsham PA 19044

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

E516000006
WX0000000237
Printed D&T: 01/16/26 11:56

Ordered By: CLIENT CLIENT
WX00000000000511

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Inactivate Test With Replacement	
Effective Date	2/10/2026
Inactivated Test	
Name	Infliximab Quant with Reflex to Ab to Infliximab, Serum
Code	INFX
Legacy Code	INFX
Interface Order Code	3516100
Replacement Test	
Name	Infliximab Quant with Reflex to Abs to Infliximab, Serum
Code	INFXR
CPT Code(s)	80230, plus 82397 if reflexed to antibody, at additional cost
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Patient Preparation*: For 12 hours before specimen collection do not take supplements or vitamins containing biotin (vitamin B7). *Collect*: Red top *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
Rejection Criteria	Grossly hemolyzed or icteric samples, Serum separator tube (SST)
Stability	Room temperature: Unacceptable Refrigerated: 28 days Frozen: 28 days
Performing Information	
Methodology	Infliximab: Selective Reaction Monitoring LC/MS-MS Antibody: Electrochemiluminescent Bridging Immunoassay with Acid Dissociation
Reference Range	See report
Performed Days	Varies
Turnaround Time	5 - 8 days
Performing Laboratory	Mayo Clinic Laboratories
Interface Information	
Legacy Code	INFXR
Interface Order Code	3800427

Result Code	Name	LOINC Code	AOE/Prompt
3800428	Infliximab, S	39803-2	No
3800429	Interpretation	59462-2	No
3800431	Infliximab Ab, S	72623-2	No
3800432	INXAB Interpretation	59462-2	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 12/23/2025 14:48 Received: 12/23/2025 14:48

Test Name	Result	Flag	Ref-Ranges	Units	Site
Infliximab Quant with Reflex to Abs to Infliximab, Serum					
Infliximab, S	**4.9**	**L**		mcg/mL	MMRL

----------REFERENCE VALUE----------
Limit of Quantitation = 1.0 mcg/mL

Interpretation	SEE BELOW				MMRL

For clinical assessment of response to therapy, infliximab should be measured at trough. When infliximab trough concentrations are greater than 5.0 mcg/mL, clinically relevant antibodies-to-infliximab are unlikely and reflex testing will not be performed.

----------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 Superior Drive
3050 Superior Drive NW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D1040592

Infliximab Ab, S	<20.0		<50.0	U/mL	MMRL
INXAB Interpretation	SEE BELOW				MMRL

Absence of detectable antibody-to-infliximab. Low concentration of infliximab may be attributable to other parameters related to infliximab clearance.

----------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 Superior Drive
3050 Superior Drive NW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D1040592

Reported Date: 12/23/2025 14:48 INFXR

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

E423000006
WX0000000158
Printed D&T: 12/23/25 14:48

Ordered By: CLIENT CLIENT
WX00000000000260

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

FEBRUARY 2026

Inactivate Test Without Replacement	
Effective Date	2/3/2026
Name	Heparin Cofactor II
Code	HEPCF
Legacy Code	HEPCOF
Interface Code	3503290
Notes	Test discontinued.