

Update Notes

It is important for users of Warde flow cytometry to prioritize the FLOWS build, as this new test streamlines the ordering process for BCELL and TCELL immunophenotyping and optimizes utilization in many ways, including:

- Best clinician-facing panel for peripheral blood (reduces confusion about BCELL vs. TCELL vs. ACUTE)
- Includes new T-cell clonality markers, CD200 for CLL, CD34 for blast screening
- Optimized billing (less potential for duplicate charges; only one order and one result report)

Please reach out to client services at 800-760-9969 and Dr. Sitwala by email (kajal.sitwala@trinity-health.org) once FLOWS is built, so we can supply your team with updated requisition forms, educational materials for clinicians and lab staff, and a new bone marrow worksheet consolidating flow cytometry, NGS, and cytogenetic orders.

Update Summary

New Test Activation	3/10/2026	FLOWS - "Flow Cytometry to Detect Neoplasia BCELL, TCELL"
New Test Activation	3/10/2026	OCPAQ - "Ocular HSV/CMV/VZV/Toxoplasmosis PCR Panel, Aqueous"
New Test Activation	3/10/2026	OCPVT - "Ocular HSV/CMV/VZV/Toxoplasmosis PCR Panel, Vitreous"
Update Existing Test	3/2/2026	AMOXS - "Amoxapine and Metabolite, Serum/Plasma"
Update Existing Test	3/3/2026	APABT - "Anaplasma phagocytophilum Abs (IgG, IgM), w/ Ref to Titers"
Update Existing Test	3/3/2026	APECT - "A. phagocytophilum & E. chaffeensis Ab Panel Ref to Titers"
Update Existing Test	3/3/2026	BMABT - "Babesia microti Antibodies (IgG, IgM) w/ Reflex to Titers"
Update Existing Test	3/2/2026	CITA - "Citalopram, Serum/Plasma"
Update Existing Test	3/31/2026	COPP - "Copper, Serum/Plasma"
Update Existing Test	3/3/2026	ECABT - "Ehrlichia chaffeensis Antibodies (IgG, IgM) w/ Ref to Titer"
Update Existing Test	3/17/2026	EONE - "Estrone, LC/MS/MS"
Update Existing Test	3/17/2026	ESTM - "Estrogens, Total and Fractionated, LC/MS/MS"
Update Existing Test	3/2/2026	FLUV - "Fluvoxamine, Serum/Plasma"
Update Existing Test	3/17/2026	GADAB - "Glutamic Acid Decarboxylase Autoantibodies"
Update Existing Test	2/20/2026	LEAD - "Lead"
Update Existing Test	3/2/2026	MAPRT - "Maprotiline (Ludomil), Serum/Plasma"
Update Existing Test	3/2/2026	MIRTZ - "Mirtazapine (Remeron), Serum/Plasma"
Update Existing Test	3/2/2026	PAROX - "Paroxetine (Paxil), Serum/Plasma"
Update Existing Test	3/3/2026	QFGM - "Q Fever (Coxiella burnetii) AB (IgG, IgM) w/reflex to Titer"
Update Existing Test	3/10/2026	WNVG - "West Nile Virus Antibody, IgG"
Update Existing Test	3/10/2026	WNVGM - "West Nile Virus IgG/IgM Abs"
Update Existing Test	3/10/2026	WNVN - "West Nile Virus Antibody, IgM"

Update Existing Test	3/31/2026	ZINCP - "Zinc, Serum/Plasma"
Inactivate Test With Replacement	3/24/2026	CT08C - "Clin Urine Drug Abuse Scrn 8C w/Confirm" replaced by CD08C - "Clin Urine Drug Abuse Scrn 8C w/Confirm"
Inactivate Test With Replacement	3/24/2026	CT09C - "Clin Urine Drug Abuse Scrn 9C w/Confirm" replaced by CD09C - "Clin Urine Drug Abuse Scrn 9C w/Confirm"
Inactivate Test With Replacement	3/31/2026	RPPAB - "Ribosomal P Protein IgG Abs" replaced by RPP - "Ribosomal P Protein IgG Abs"
Inactivate Test Without Replacement	3/30/2026	BISMU - "Bismuth, 24 Hour Urine"
Inactivate Test Without Replacement	3/23/2026	HPDNA - "HPV DNA, High Risk, Cervical with Reflex to Genotypes 16,18"
Inactivate Test Without Replacement	3/23/2026	HPVDH - "HPV DNA High Risk"

New Test Activation	
Effective Date	3/10/2026
Name	Flow Cytometry to Detect Neoplasia BCELL, TCELL
Code	FLWS
CPT Code(s)	88184, 88185x16
Notes	New York DOH Approval Status: No
Specimen Requirements	
Specimen Required	<p><i>Patient Preparation:</i> While minimum & ideal amounts of sample and transport conditions and times are suggested below, the flow lab will almost always attempt to perform the ordered flow analysis on minimal samples or markedly aged samples. However, in such instances, it may be impossible to render an interpretation due to loss of viability, loss of particular cell types and/or insufficient numbers of diagnostic calls that are analyzable by flow cytometry. Regardless of source please try to deliver sample within 24 hours of collection to Warde Laboratory even if the need for analysis is uncertain. The latter cases can be sent as "Flow Holds" (FHOLD is Soft code). Due to seasonal changes in temperature it is imperative that the proper temperature is maintained during shipping, because it directly affects cell viability. For example, specimens requiring refrigeration should be shipped with a refrigerated "cold pack" or room temperature should be insulated in a way to prevent freezing during transit. Please note: temperature stability may differ by specimen type.</p> <p><i>Collect:</i> Whole Blood</p> <p><i>Specimen Preparation:</i> Send whole blood collected in yellow ACD A room temperature.</p> <p><i>Minimum Volume:</i> 1.0 mL</p> <p><i>Transport Temperature:</i> Room temperature</p>
Alternate Specimen	<p>Whole Blood: EDTA, Sodium heparin</p> <p>Bone Marrow: 1 Green Top Sodium Heparin. 3.0 mL</p> <p>Bone Marrow: ACD, Marrow aspirate mixed 1:1 with Heparinized media (100/u/mL Heparin, Mccoy's or RPMI).</p> <p>Lymph Nodes, Tonsil, Spleen, Other Solid Tissues: 0.5 cm of viable solid tissue. Place sample into 15 mL conical tube filled with MEM, McCoys or RPMI. If media is not available, then place into containers with additional saline and ship immediately to lab.</p> <p>Body Fluids: 15 mL fluid in sterile container (5.0 mL minimum).</p>
Rejection Criteria	Frozen samples, cracked or leaking containers, sample ≥72 hours from collection
Stability	<p>Whole blood: ACD, EDTA, Heparin:</p> <p>Room temperature: 72 hours</p> <p>Refrigerated: 72 hours</p> <p>Frozen: Unacceptable</p> <p>Bone Marrow: Lavender EDTA:</p> <p>Room temperature: 48 hours</p> <p>Refrigerate: 48 hours</p> <p>Body Fluid: Stability: Refrigerated: 24 hours</p>
Performing Information	
Methodology	Flow Cytometry
Reference Range	Interpretive report
Performed Days	Monday - Saturday

Turnaround Time	1 – 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	FLOWS		
Interface Order Code	3000942		
Result Code	Name	LOINC Code	AOE/Prompt
3025110	Source	31208-2	No
3025120	Interpretation	34574-4	No
3025140	Comment	42349-1	No
3025150	Pathologist	19139-5	No
3025170	Antibodies		No



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

LABORATORY REPORT

EXAMPLE, REPORT
WX0000000237 F 12/5/1988

Collected: 02/20/2026 08:07

Flow Cytometry to Detect Neoplasia BCELL, TCELL (FLOWS)

Source: Peripheral blood

Flow Cytometry Interpretation:

TEST

Comment:

TEST

Reviewed by:

02/20/2026 08:47

Antibodies performed:

CD3, CD4, CD5, CD8, CD10, CD19, CD20, CD34, CD38, CD45, CD57, CD200, KAPPA, LAMBDA, TCR B2, TCR
Cbeta1, TCR GAMMA/DELTA

This test was developed and its performance characteristics determined by Warde Medical Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

E620000000

Ordered by: CLIENT C CLIENT, MD

Report Date: 02/20/2026 08:47

WX0000000237

WX00000000000511

WMF-26-38

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Kajal V. Sitwala, MD, PhD - Medical Director

New Test Activation			
Effective Date	3/10/2026		
Name	Ocular HSV/CMV/VZV/Toxoplasmosis PCR Panel, Aqueous		
Code	OCPAQ		
CPT Code(s)	87530 X 2, 87497, 87799 X 2		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Aqueous fluid <i>Specimen Preparation:</i> Transfer 1.0 mL of aqueous fluid to a sterile screw capped plastic vial. <i>Minimum Volume:</i> 0.2 mL <i>Transport Temperature:</i> Frozen		
Rejection Criteria	Fluid collected in water, saline, other fluid media or syringe		
Stability	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days		
Performing Information			
Methodology	Real-Time Quantitative Polymerase Chain Reaction (PCR)		
Reference Range	See report		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Viracor Eurofins		
Interface Information			
Legacy Code	OCPAQ		
Interface Order Code	3300434		
Result Code	Name	LOINC Code	AOE/Prompt
3300431	HSV-1	60461-1	No
3300432	HSV-2		No
3300429	Cytomegalovirus (CMV) Quantitative PCR, Aqueous	34720-3	No
3300428	Varicella Zoster Virus (VZV) Quant Real-Time PCR, Aqueous	88134-2	No
3300427	Toxoplasma gondii Quantitative Real-Time PCR, Aqueous	49448-4	No



LABORATORY REPORT

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

Referral Testing

Collected: 02/16/2026 14:21 Received: 02/16/2026 14:21

Test Name	Result	Flag	Ref-Ranges	Units	Site
Ocular HSV/CMV/VZV/Toxoplasmosis PCR Panel, Aqueous					
HSV-1	Not Detected		Not Detected	copies/mL	VIRL
HSV-2	Detected:<748	AB	Not Detected	copies/mL	VIRL

Assay Range for HSV 1 is 2,176 copies/mL to 1.00E+08 copies/mL
 Assay Range for HSV 2 is 748 copies/mL to 1.00E+08 copies/mL
 The limit of quantitation (LOQ) is 2,176 (HSV 1) and 748 (HSV 2)
 copies/mL HSV DNA detected below the LOQ will be reported as
 Detected:<2,176 copies/mL (HSV 1) or Detected:<748 copies/mL (HSV 2).
 This test was developed and its performance characteristics determined
 by Eurofins Viracor. It has not been cleared or approved by the U.S.
 Food and Drug Administration. Results should be used in conjunction
 with clinical findings, and should not form the sole basis for a
 diagnosis or treatment decision.

Testing Performed At:
 Eurofins Viracor, LLC
 18000 W. 99th Street, Suite 10
 Lenexa, KS 66219
 Lab Director: Brock Neil, PhD BCLD (ABB)
 CLIA # 26D-0983643
 FLAG Interpretation: A = Abnormal, H = High, L = Low

Cytomegalovirus (CMV) Quantitative PCR, Aqueous	Not Detected		Not Detected	IU/mL	VIRL
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Assay Range: 1,423 IU/mL to 1.88E+08 IU/mL
 The limit of quantitation (LOQ) is 1,423 IU/mL. CMV DNA detected below
 the LOQ will be reported as Detected:<1,423 IU/mL.
 This test was developed and its performance characteristics determined
 by Eurofins Viracor. It has not been cleared or approved by the U.S.
 Food and Drug Administration. Results should be used in conjunction
 with clinical findings, and should not form the sole basis for a
 diagnosis or treatment decision.

Testing Performed At:
 Eurofins Viracor, LLC
 18000 W. 99th Street, Suite 10
 Lenexa, KS 66219
 Lab Director: Brock Neil, PhD BCLD (ABB)
 CLIA # 26D-0983643
 FLAG Interpretation: A = Abnormal, H = High, L = Low

Varicella Zoster Virus (VZV) Quant Real-Time PCR, Aqueous	Detected:<3160	AB	Not Detected	copies/mL	VIRL
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Assay Range: 3,160 copies/mL to 1.00E+08 copies/mL
 The limit of quantitation (LOQ) is 3,160 copies/mL. VZV DNA detected
 below the LOQ will be reported as Detected:<3,160 copies/mL.
 This test was developed and its performance characteristics determined

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



LABORATORY REPORT

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

Referral Testing

Collected: 02/16/2026 14:21 Received: 02/16/2026 14:21

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Toxoplasma gondii Quantitative Real-Time PCR, Aqueous, 1,800, H, Not Detected, copies/mL, VIRL.

by Eurofins Viracor. It has not been cleared or approved by the U.S. Food and Drug Administration. Results should be used in conjunction with clinical findings, and should not form the sole basis for a diagnosis or treatment decision.

Testing Performed At: Eurofins Viracor, LLC 18000 W. 99th Street, Suite 10 Lenexa, KS 66219 Lab Director: Brock Neil, PhD BCLD (ABB) CLIA # 26D-0983643 FLAG Interpretation: A = Abnormal, H = High, L = Low

Assay Range: 1,423 copies/mL to 1.00E+08 copies/mL The limit of quantitation (LOQ) is 1,423 copies/mL. Toxoplasma DNA detected below the LOQ will be reported as Detected:<1,423 copies/mL. This test was developed and its performance characteristics determined by Eurofins Viracor. It has not been cleared or approved by the U.S. Food and Drug Administration. Results should be used in conjunction with clinical findings, and should not form the sole basis for a diagnosis or treatment decision.

Testing Performed At: Eurofins Viracor, LLC 18000 W. 99th Street, Suite 10 Lenexa, KS 66219 Lab Director: Brock Neil, PhD BCLD (ABB) CLIA # 26D-0983643 FLAG Interpretation: A = Abnormal, H = High, L = Low

Reported Date: 02/16/2026 14:23 OCPAQ

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

New Test Activation			
Effective Date	3/10/2026		
Name	Ocular HSV/CMV/VZV/Toxoplasmosis PCR Panel, Vitreous		
Code	OCPVT		
CPT Code(s)	87530 X 2, 87497, 87799 X 2		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Vitreous fluid <i>Specimen Preparation:</i> Transfer 1.0 mL of vitreous fluid to a sterile screw capped plastic vial. <i>Minimum Volume:</i> 0.2 mL <i>Transport Temperature:</i> Frozen		
Rejection Criteria	Fluid collected in water, saline, other fluid media or syringe		
Stability	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days		
Performing Information			
Methodology	Real-Time Quantitative Polymerase Chain Reaction (PCR)		
Reference Range	See report		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Viracor Eurofins		
Interface Information			
Legacy Code	OCPVT		
Interface Order Code	3300443		
Result Code	Name	LOINC Code	AOE/Prompt
3300436	HSV-1	60461-1	No
3300437	HSV-2		No
3300439	Cytomegalovirus (CMV) Quantitative PCR, Vitreous	34720-3	No
3300441	Varicella Zoster Virus (VZV) Quant Real-Time PCR, Vitreous	88134-2	No
3300442	Toxoplasma gondii Quantitative Real-Time PCR, Vitreous	49448-4	No



LABORATORY REPORT

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

Referral Testing

Collected: 02/16/2026 14:25 Received: 02/16/2026 14:25

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Rows include Ocular HSV/CMV/VZV/Toxoplasmosis PCR Panel, Vitreous, HSV-1, and HSV-2.

Assay Range for HSV 1 is 2,176 copies/mL to 1.00E+08 copies/mL
Assay Range for HSV 2 is 748 copies/mL to 1.00E+08 copies/mL
The limit of quantitation (LOQ) is 2,176 (HSV 1) and 748 (HSV 2)
copies/mL HSV DNA detected below the LOQ will be reported as
Detected:<2,176 copies/mL (HSV 1) or Detected:<748 copies/mL (HSV 2).
This test was developed and its performance characteristics determined
by Eurofins Viracor. It has not been cleared or approved by the U.S.
Food and Drug Administration. Results should be used in conjunction
with clinical findings, and should not form the sole basis for a
diagnosis or treatment decision.

Testing Performed At:
Eurofins Viracor, LLC
18000 W. 99th Street, Suite 10
Lenexa, KS 66219
Lab Director: Brock Neil, PhD BCLD (ABB)
CLIA # 26D-0983643
FLAG Interpretation: A = Abnormal, H = High, L = Low

Table row for Cytomegalovirus (CMV) Quantitative PCR, Vitreous with result 1,500, flag H, and units IU/mL.

Assay Range: 1,423 IU/mL to 1.88E+08 IU/mL
The limit of quantitation (LOQ) is 1,423 IU/mL. CMV DNA detected below
the LOQ will be reported as Detected:<1,423 IU/mL.
This test was developed and its performance characteristics determined
by Eurofins Viracor. It has not been cleared or approved by the U.S.
Food and Drug Administration. Results should be used in conjunction
with clinical findings, and should not form the sole basis for a
diagnosis or treatment decision.

Testing Performed At:
Eurofins Viracor, LLC
18000 W. 99th Street, Suite 10
Lenexa, KS 66219
Lab Director: Brock Neil, PhD BCLD (ABB)
CLIA # 26D-0983643
FLAG Interpretation: A = Abnormal, H = High, L = Low

Table row for Varicella Zoster Virus (VZV) Quant Real-Time PCR, Vitreous with result >1.00E+08, flag AB, and units copies/mL.

Assay Range: 3,160 copies/mL to 1.00E+08 copies/mL
The limit of quantitation (LOQ) is 3,160 copies/mL. VZV DNA detected
below the LOQ will be reported as Detected:<3,160 copies/mL.
This test was developed and its performance characteristics determined

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



LABORATORY REPORT

QC ACCOUNT (WARDE)
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EXAMPLE, REPORT
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 02/16/2026 14:25 Received: 02/16/2026 14:25

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Toxoplasma gondii Quantitative Real-Time PCR, Vitreous; Result: Detected:<1423; Flag: AB; Ref-Ranges: Not Detected; Units: copies/mL; Site: VIRT.

Assay Range: 1,423 copies/mL to 1.00E+08 copies/mL
The limit of quantitation (LOQ) is 1,423 copies/mL. Toxoplasma DNA detected below the LOQ will be reported as Detected:<1,423 copies/mL. This test was developed and its performance characteristics determined by Eurofins Viracor. It has not been cleared or approved by the U.S. Food and Drug Administration. Results should be used in conjunction with clinical findings, and should not form the sole basis for a diagnosis or treatment decision.

Testing Performed At:
Eurofins Viracor, LLC
18000 W. 99th Street, Suite 10
Lenexa, KS 66219
Lab Director: Brock Neil, PhD BCLD (ABB)
CLIA # 26D-0983643
FLAG Interpretation: A = Abnormal, H = High, L = Low

Reported Date: 02/16/2026 14:27 OCPVT

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

Update Existing Test	
Effective Date	3/2/2026
Name	Amoxapine and Metabolite, Serum/Plasma
Code	AMOXS
Interface Order Code	3301700
Legacy Code	AMOXS
Notes	Update to stability
Required Testing Changes	
Stability	Room temperature: 7 days Refrigerated: 30 days Frozen (-20°C): 7 months

Update Existing Test	
Effective Date	3/3/2026
Name	Anaplasma phagocytophilum Abs (IgG, IgM), w/ Ref to Titers
Code	APABT
Interface Order Code	3401133
Legacy Code	APABT
Notes	Update to CPT code
Required Testing Changes	
CPT Code(s)	86666 x 2, plus 86317 each titer, at additional cost

Update Existing Test	
Effective Date	3/3/2026
Name	A. phagocytophilum & E. chaffeensis Ab Panel Ref to Titers
Code	APECT
Interface Order Code	3401122
Legacy Code	APECT
Notes	Update to CPT code
Required Testing Changes	
CPT Code(s)	86666 x 4, plus 86317 each titer, at additional cost

Update Existing Test	
Effective Date	3/3/2026
Name	Babesia microti Antibodies (IgG, IgM) w/ Reflex to Titers
Code	BMABT
Interface Order Code	3401136
Legacy Code	BMABT
Notes	Update to CPT code
Required Testing Changes	
CPT Code(s)	86753 x 2, plus 86317 each titer at additional cost

Update Existing Test	
Effective Date	3/2/2026
Name	Citalopram, Serum/Plasma
Code	CITA
Interface Order Code	3300334
Legacy Code	CITA
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen (-20°C): 30 days

Update Existing Test	
Effective Date	3/31/2026
Name	Copper, Serum/Plasma
Code	COPP
Interface Order Code	3000426
Legacy Code	COPP
Notes	Update to New York Approval
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Update Existing Test	
Effective Date	3/3/2026
Name	Ehrlichia chaffeensis Antibodies (IgG, IgM) w/ Ref to Titer
Code	ECABT
Interface Order Code	3401134
Legacy Code	ECABT
Notes	Update to CPT code
Required Testing Changes	
CPT Code(s)	86666 x 2, plus 86317 each titer, at additional cost

Update Existing Test	
Effective Date	3/17/2026
Name	Estrone, LC/MS/MS
Code	EONE
Interface Order Code	3000892
Legacy Code	EONE
Notes	Update to performed days.
Required Testing Changes	
Performed Days	Monday, Wednesday, Thursday

Update Existing Test

Effective Date	3/17/2026
Name	Estrogens, Total and Fractionated, LC/MS/MS
Code	ESTM
Interface Order Code	3000887
Legacy Code	ESTM
Notes	Update to performed days.

Required Testing Changes

Performed Days	Monday, Wednesday, Thursday
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Update Existing Test

Effective Date	3/2/2026
Name	Fluvoxamine, Serum/Plasma
Code	FLUV
Interface Order Code	3301780
Legacy Code	FLUV
Notes	Update to stability and rejection criteria.

Required Testing Changes

Rejection Criteria	Serum separator tube (SST) or Plasma separator tube (PST)
Stability	Room temperature: 7 days Refrigerated: 30 days Frozen (-20°C): 12 months

Update Existing Test

Effective Date	3/17/2026
Name	Glutamic Acid Decarboxylase Autoantibodies
Code	GADAB
Interface Order Code	3010910
Legacy Code	GADAB
Notes	Update to performed days.

Required Testing Changes

Performed Days	Tuesday, Thursday, Friday
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Update Existing Test	
Effective Date	2/20/2026
Name	Lead
Code	LEAD
Interface Order Code	1000370
Legacy Code	LEAD
Notes	Update to methodology.
Required Testing Changes	
Methodology	Inductively Coupled Plasma/Mass Spectrometry (ICP/MS)

Update Existing Test	
Effective Date	3/2/2026
Name	Maprotiline (Ludiomil), Serum/Plasma
Code	MAPRT
Interface Order Code	3504730
Legacy Code	MAPROTI
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen (-20°C): 30 days

Update Existing Test	
Effective Date	3/2/2026
Name	Mirtazapine (Remeron), Serum/Plasma
Code	MIRTZ
Interface Order Code	3505085
Legacy Code	MIRTAZNM
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 30 days Refrigerated: 30 days Frozen (-20°C): 30 days

Update Existing Test	
Effective Date	3/2/2026
Name	Paroxetine (Paxil), Serum/Plasma
Code	PAROX
Interface Order Code	3508438
Legacy Code	PAROX
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: 30 days Refrigerated: 1 month Frozen (-20°C): 1 month

Update Existing Test	
Effective Date	3/3/2026
Name	Q Fever (Coxiella burnetii) AB (IgG, IgM) w/reflex to Titer
Code	QFGM
Interface Order Code	3700021
Legacy Code	QFGM
Notes	Update to CPT code.
Required Testing Changes	
CPT Code(s)	86638 x4 (Plus 86317 each titer, at additional cost)

Update Existing Test	
Effective Date	3/10/2026
Name	West Nile Virus Antibody, IgG
Code	WNVG
Interface Order Code	3016010
Legacy Code	WNVG
Notes	Update to performed days.
Required Testing Changes	
Performed Days	Tuesday

Update Existing Test	
Effective Date	3/10/2026
Name	West Nile Virus IgG/IgM Abs
Code	WNVGM
Interface Order Code	3016000
Legacy Code	WNVGM
Notes	Update to performed days.
Required Testing Changes	
Performed Days	Tuesday

Update Existing Test	
Effective Date	3/10/2026
Name	West Nile Virus Antibody, IgM
Code	WNVM
Interface Order Code	3016020
Legacy Code	WNVM
Notes	Update to performed days.
Required Testing Changes	
Performed Days	Tuesday

Update Existing Test	
Effective Date	3/31/2026
Name	Zinc, Serum/Plasma
Code	ZINCP
Interface Order Code	3000418
Legacy Code	ZINCP
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: Yes

Inactivate Test With Replacement			
Effective Date	3/24/2026		
Inactivated Test			
Name	Clin Urine Drug Abuse Scrn 8C w/Confirm		
Code	CT08C		
Legacy Code	UDC8C		
Interface Order Code	1836300		
Replacement Test			
Name	Clin Urine Drug Abuse Scrn 8C w/Confirm		
Code	CD08C		
CPT Code(s)	80307 (G0480), plus others each confirm, at additional cost		
Notes	New York DOH Approval Status: No		
Specimen Requirements			
Specimen Required	<p><i>Specimen Information:</i> This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included. Quantitative confirmation is automatically reflexed and performed on positive screens. This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone and tramadol. See the PN03C panel if these tests are required. False negative results may occur if drugs are present below the tests limit of detection. <i>Collect:</i> Random urine <i>Specimen Preparation:</i> Send 30.0 mL urine in a screw capped plastic urine container. Newborn minimum requires 1.0 mL urine and 0.5 - 5.0 mL for positive confirmations. <i>Minimum Volume:</i> 15.0 mL <i>Transport Temperature:</i> Refrigerated</p>		
Rejection Criteria	Urine catheter cup (with needle)		
Stability	Room temperature: 48 hours Refrigerated: 14 days Frozen: 30 days		
Performing Information			
Methodology	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry; Gas Chromatography/Flame Ionization Detection		
Reference Range	See report		
Performed Days	Monday - Friday		
Turnaround Time	2 - 5 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	CD08C		
Interface Order Code	1845210		
Result Code	Name	LOINC Code	AOE/Prompt
1846080	Amphetamine Screen	3349-8	No
1846090	Confirm for Amphetamine	16234-7	No
1846100	Confirm for Methamphetamine	16235-4	No
1846110	Confirm for MDA	20545-0	No

1846120	Confirm for MDMA	18358-2	No
1846130	Confirm for MDEA	45143-5	No
1848900	Barbiturate Screen	3377-9	No
1848905	Confirm for Amobarbital	16239-6	No
1848910	Confirm for Butabarbital	16236-2	No
1848915	Confirm for Butalbital	16237-0	No
1848920	Confirm for Pentobarbital	16240-4	No
1848950	Confirm for Phenobarbital	16241-2	No
1848955	Confirm for Secobarbital	16238-8	No
1848960	Benzodiazepine Screen	3390-2	No
1848965	Confirm for Alprazolam	59615-5	No
1848970	Confirm for Clonazepam	16229-7	No
1848975	Confirm for Flurazepam	16231-3	No
1848980	Confirm for Lorazepam	17088-6	No
1848985	Confirm for Nordiazepam	16228-9	No
1848990	Confirm for Oxazepam	16201-6	No
1848995	Confirm for Temazepam	20559-1	No
1847060	Cocaine Screen	3393-6	No
1847070	Confirm for Cocaine	16226-3	No
1849005	Ethanol Screen	5644-0	No
1849010	Confirm for Ethanol	34180-0	No
1847480	Opiate Screen	3879-4	No
1847510	Confirm For Morphine	16251-1	No
1847520	Confirm For Codeine	16250-3	No
1848530	Confirm For Hydrocodone	16252-9	No
1847540	Confirm For Hydromorphone	16998-7	No
1847550	Confirm For Oxycodone	16249-5	No
1847560	Confirm For Oxymorphone	17395-5	No
1847810	Phencyclidine Screen	3936-2	No
1847820	Confirm for Phencyclidine	3937-0	No
1848020	THC Screen	3427-2	No
1848030	Confirm for THC	20521-1	No
1848040	THC/CR Ratio	13478-3	No
1849015	Creatinine	2161-8	No
1849020	Adulterant	59061-2	No
1849025	See Below		No



LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988

Collected: 02/20/2026 08:51

Received: 02/20/2026 08:51

Clin Urine Drug Abuse Scrn 8C w/Confirm

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Rows include Amphetamine Screen, Barbiturate Screen, Benzodiazepine Screen, Cocaine Screen, Ethanol Screen, Opiate Screen, Phencyclidine Screen, THC Screen, Creatinine, Adulterant, and See Below.

Decision Limits

Table with 4 columns: Screen Cutoff Conc., Confirm Cutoff Conc., and drug names (Amphetamine, Barbiturates, Benzodiazepines, Cocaine, Ethanol, Opiates, Phencyclidine, THC (Cannabis)).

* Decision limit depends on drug detected.

Adulterant Decision Limit:

General Oxidants 200 ug/mL

The adulterant assay tests for General Oxidants, including Chromates and Nitrites. Adulterants are substances either ingested or added directly to a urine specimen to prevent the detection of drug use.

If applicable, any drug confirmatory testing by LCMSMS/GCMS and the benzodiazepine screening were developed at Warde Medical

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL,

Report Date: 02/20/2026 08:56

E62000001 Ordered By:CLIENT C CLIENT, MD

WMB-26-332

WX0000000237 WX0000000000511

Page 1 of 2

Kajal V. Sitwala, MD, PhD - Medical Director



LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000237 F 12/05/1988

<u>Test Name</u>	<u>Result</u>	<u>Flag</u>	<u>Ref-Ranges</u>	<u>Units</u>	<u>Site</u>
<p>Laboratory. While the performance characteristics have been fully evaluated and validated using appropriate protocols, this benzodiazepine screening test and all confirmatory tests have not been cleared or approved by the FDA. Warde Laboratory is regulated under CLIA as qualified to perform high complexity testing. These tests is for patient testing and should not be interpreted for investigation or research purposes.</p>					

Performing Site:

WMRL: Warde Medical Laboratory 300 West Textile Road Ann Arbor MI 48108 (800)876-6522

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL,

Report Date: 02/20/2026 08:56

E620000001

Ordered By: CLIENT C CLIENT, MD

WMB-26-332

WX0000000237

WX00000000000511

Page 2 of 2

Kajal V. Sitwala, MD, PhD - Medical Director

Inactivate Test With Replacement			
Effective Date	3/24/2026		
Inactivated Test			
Name	Clin Urine Drug Abuse Scrn 9C w/Confirm		
Code	CT09C		
Legacy Code	UDC9C		
Interface Order Code	1836360		
Replacement Test			
Name	Clin Urine Drug Abuse Scrn 9C w/Confirm		
Code	CD09C		
CPT Code(s)	80307 (G0480), plus others each confirm, at additional cost		
Notes	New York DOH Approval Status: No		
Specimen Requirements			
Specimen Required	<p><i>Specimen Information:</i> This test is for clinical use only and not intended for employment related testing. See Interface Map for a complete list of analytes included. Quantitative confirmation is automatically reflexed and performed on positive screens. This panel is NOT designed to detect pain drugs including buprenorphine, fentanyl, meperidine, oxycodone, and tramadol. See the PN03C panel if these tests are required. False negative results may occur if drugs are present below the tests limit of detection. <i>Collect:</i> Random urine <i>Specimen Preparation:</i> Send 30.0 mL urine in a screw capped plastic urine container. Newborn minimum requires 1.0 mL urine and 0.5 - 5.0 mL for positive confirmations. <i>Minimum Volume:</i> 15.0 mL <i>Transport Temperature:</i> Refrigerated</p>		
Rejection Criteria	Urine catheter cup (with needle)		
Stability	Room temperature: 48 hours Refrigerated: 14 days Frozen: 30 days		
Performing Information			
Methodology	Enzyme Immunoassay; Gas Chromatography/Mass Spectrometry; Liquid Chromatography/Tandem Mass Spectrometry		
Reference Range	See report		
Performed Days	Monday - Friday		
Turnaround Time	1 - 3 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	CD09C		
Interface Order Code	1845230		
Result Code	Name	LOINC Code	AOE/Prompt
1846080	Amphetamine Screen	3349-8	No
1846090	Confirm for Amphetamine	16234-7	No
1846100	Confirm for Methamphetamine	16235-4	No
1846110	Confirm for MDA	20545-0	No
1846120	Confirm for MDMA	18358-2	No

1846130	Confirm for MDEA	45143-5	No
1848900	Barbiturate Screen	3377-9	No
1848905	Confirm for Amobarbital	16239-6	No
1848910	Confirm for Butabarbital	16236-2	No
1848915	Confirm for Butalbital	16237-0	No
1848920	Confirm for Pentobarbital	16240-4	No
1848950	Confirm for Phenobarbital	16241-2	No
1848955	Confirm for Secobarbital	16238-8	No
1848960	Benzodiazepine Screen	3390-2	No
1848965	Confirm for Alprazolam	59615-5	No
1848970	Confirm for Clonazepam	16229-7	No
1848975	Confirm for Flurazepam	16231-3	No
1848980	Confirm for Lorazepam	17088-6	No
1848985	Confirm for Nordiazepam	16228-9	No
1848990	Confirm for Oxazepam	16201-6	No
1848995	Confirm for Temazepam	20559-1	No
1847060	Cocaine Screen	3393-6	No
1847070	Confirm for Cocaine	16226-3	No
1849280	Methadone Screen	3773-9	No
1849290	Confirm for Methadone	16246-1	No
1849285	Confirm for EDDP	58429-2	No
1847480	Opiate Screen	3879-4	No
1847510	Confirm For Morphine	16251-1	No
1847520	Confirm For Codeine	16250-3	No
1848530	Confirm For Hydrocodone	16252-9	No
1847540	Confirm For Hydromorphone	16998-7	No
1847550	Confirm For Oxycodone	16249-5	No
1847560	Confirm For Oxymorphone	17395-5	No
1847810	Phencyclidine Screen	3936-2	No
1847820	Confirm for Phencyclidine	3937-0	No
1849310	Propoxyphene Screen	19141-1	No
1849320	Confirm for Propoxyphene	16242-0	No
1848020	THC Screen	3427-2	No
1848030	Confirm for THC	20521-1	No
1848040	THC/CR Ratio	13478-3	No
1849120	Creatinine	2161-8	No
1849125	Adulterant	59061-2	No
1849130	See Below		No



LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968

Collected: 02/20/2026 08:51

Received: 02/20/2026 08:51

Clin Urine Drug Abuse Scrn 9C w/Confirm

Test Name	Result	Flag	Ref-Ranges	Units	Site
Amphetamine Screen	Negative		Negative		WMRL
Barbiturate Screen	Negative		Negative		WMRL
Benzodiazepine Screen	Negative		Negative		WMRL
Cocaine Screen	Negative		Negative		WMRL
Methadone Screen	Negative		Negative		WMRL
Opiate Screen	Negative		Negative		WMRL
Phencyclidine Screen	Negative		Negative		WMRL
Propoxyphene Screen	Negative		Negative		WMRL
THC Screen	Negative		Negative		WMRL
Creatinine	75		20-250	mg/dL	WMRL
Adulterant	Negative				WMRL
See Below	SeeBelow				WMRL

Decision Limits			
Screen Cutoff Conc.		Confirm Cutoff Conc.	
Amphetamine	500 ng/mL	(LC/MS/MS)	100 ng/mL
Barbiturates	200 ng/mL	(GC/MS)	* ng/mL
Benzodiazepines	100 ng/mL	(LC/MS/MS)	* ng/mL
Cocaine	150 ng/mL	(LC/MS/MS)	30 ng/mL
Methadone	150 ng/mL	(LC/MS/MS)	100 ng/mL
Opiates	300 ng/mL	(LC/MS/MS)	25 ng/mL
Phencyclidine	25 ng/mL	(LC/MS/MS)	5 ng/mL
Propoxyphene	300 ng/mL	(GC/MS)	60 ng/mL
THC (Cannabis)	25 ng/mL	(GC/MS)	3 ng/mL

* Decision limit depends on drug detected.

Adulterant Decision Limit:
General Oxidants 200 ug/mL

The adulterant assay tests for General Oxidants, including Chromates and Nitrites. Adulterants are substances either ingested or added directly to a urine specimen to prevent the detection of drug use.

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL,

Report Date: 02/20/2026 08:56

E62000002 Ordered By:CLIENT C CLIENT, MD

WMB-26-333

WX0000000158 WX0000000000260

Page 1 of 2

Kajal V. Sitwala, MD, PhD - Medical Director



LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968

<u>Test Name</u>	<u>Result</u>	<u>Flag</u>	<u>Ref-Ranges</u>	<u>Units</u>	<u>Site</u>
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If applicable, any drug confirmatory testing by LCMSMS/GCMS and the benzodiazepine screening were developed at Warde Medical Laboratory. While the performance characteristics have been fully evaluated and validated using appropriate protocols, this benzodiazepine screening test and all confirmatory tests have not been cleared or approved by the FDA. Warde Laboratory is regulated under CLIA as qualified to perform high complexity testing. These tests is for patient testing and should not be interpreted for investigation or research purposes.

Performing Site:

WMRL: Warde Medical Laboratory 300 West Textile Road Ann Arbor MI 48108 (800)876-6522

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL,

Report Date: 02/20/2026 08:56

E620000002

Ordered By: CLIENT C CLIENT, MD

WMB-26-333

WX0000000158

WX00000000000260

Page 2 of 2

Kajal V. Sitwala, MD, PhD - Medical Director

Inactivate Test With Replacement			
Effective Date	3/31/2026		
Inactivated Test			
Name	Ribosomal P Protein IgG Abs		
Code	RPPAB		
Legacy Code	RPPABSP		
Interface Order Code	3703140		
Replacement Test			
Name	Ribosomal P Protein IgG Abs		
Code	RPP		
CPT Code(s)	83516		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	<i>Collect:</i> Serum separator tube (SST) <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 0.3 mL <i>Transport Temperature:</i> Refrigerated		
Alternate Specimen	Serum: Red top		
Rejection Criteria	Hemolysis, Lipemia		
Stability	Room temperature: 8 hours Refrigerated: 14 days Frozen: Undetermined		
Performing Information			
Methodology	Enzyme-linked Immunosorbent Assay (ELISA)		
Reference Range	<7 U/mL	Negative	
	7-10 U/mL	Equivocal	
	>10 U/mL	Positive	
Performed Days	Monday - Friday		
Turnaround Time	1 - 4 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	RPP		
Interface Order Code	3000957		
Result Code	Name	LOINC Code	AOE/Prompt
3000957	Ribosomal P Protein IgG Abs		No



LABORATORY REPORT

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

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

Immunology

Collected: 02/11/2026 11:30 Received: 02/11/2026 11:30

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Ribosomal P Protein IgG Abs, 5.0, <7.0, U/mL, WMRL

INTERPRETATION: Negative

Reported Date: 02/11/2026 11:30 RPP

Performing Site: WMRL: WARDE MEDICAL LABORATORY 300 West Textile Road Ann Arbor MI 48108

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

E611000001 Ordered By: CLIENT CLIENT
WX0000000237 WX00000000000511
Printed D&T: 02/11/26 11:31

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1
PAGE 1 OF 1

Inactivate Test Without Replacement	
Effective Date	3/30/2026
Name	Bismuth, 24 Hour Urine
Code	BISMU
Legacy Code	BISMU
Interface Code	3400957
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/23/2026
Name	HPV DNA, High Risk, Cervical with Reflex to Genotypes 16,18
Code	HPDNA
Legacy Code	HPDNA
Interface Code	3400409
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	3/23/2026
Name	HPV DNA High Risk
Code	HPVDH
Legacy Code	HPVDH
Interface Code	3400024
Notes	Test discontinued.