Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Update Summary		
Update Existing Test	3/23/2026	EONE - "Estrone, LC/MS/MS"
Update Existing Test	3/23/2026	ESTM - "Estrogens, Total and Fractionated, LC/MS/MS"
Update Existing Test	4/7/2026	HLABM - "HLA-A, or B, or C, Single Ag"
Update Existing Test	4/20/2026	LACTF - "Lactoferrin, Fecal"
Update Existing Test	4/7/2026	MBP - "Mannose Binding Lectin"
Update Existing Test	4/20/2026	MEPBP - "Meningitis/Encephalitis Panel by PCR"
Update Existing Test	4/20/2026	NARGC - "N-methyl-D-Aspartate Receptor Ab IgG CSF w Reflex to Titer"
Update Existing Test	4/20/2026	PBINP - "Lead, Industrial, Whole Blood"
Update Existing Test	4/20/2026	PPR - "Erythrocyte Porphyrin (EP), Whole Blood"
Update Existing Test	4/7/2026	TTC12 - "Tissue Typing Class I and II"
Update Existing Test	3/23/2026	VONWI - "von Willebrand Disease Gene Sequencing"
Inactivate Test With Replacement	4/14/2026	ACMYL - "Acute Myeloid Leukemia Prognostic Panel (Normal Karyotype)" replaced by MNGS - "Myeloid Neoplasm NGS Panel"
Inactivate Test With Replacement	4/20/2026	DPYDA - "Dihydropyrimidine Dehydrogenase (DPYD)" replaced by DPYDE - "Dihydropyrimidine Dehydrogenase (DPYD)"
Inactivate Test With Replacement	5/4/2026	FENTM - "Fentanyl and Metabolite, Serum/Plasma" replaced by FENMS - "Fentanyl and Metabolite, Serum/Plasma"
Inactivate Test With Replacement	4/20/2026	HBDAB - "Hepatitis Delta Antibody" replaced by HDVAP - "Hepatitis Delta Virus Ab by ELISA w Reflex to Quant PCR"
Inactivate Test With Replacement	4/28/2026	HHQ - "Hemochromatosis, Hereditary" replaced by HFEM - "Hereditary Hemochromatosis PCR"
Inactivate Test With Replacement	4/7/2026	IBDPM - "IBD SGI Diagnostic" replaced by IBDPC - "IBD Precis"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Update Existing Test	
Effective Date	3/23/2026
Name	Estrone, LC/MS/MS
Code	EONE
Interface Order Code	3000892
Legacy Code	EONE
Notes	Update to New York approval
Required Testing Changes	
New York Approval	**New York DOH Approval Status: No**

Update Existing Test	
Effective Date	3/23/2026
Name	Estrogens, Total and Fractionated, LC/MS/MS
Code	ESTM
Interface Order Code	3000887
Legacy Code	ESTM
Notes	Update to New York approval
Required Testing Changes	
New York Approval	**New York DOH Approval Status: No**

Update Existing Test	
Effective Date	4/7/2026
Name	HLA-A, or B, or C, Single Ag
Code	HLABM
Interface Order Code	3513030
Legacy Code	HLABCMISC
Notes	Update to methodology
Required Testing Changes	
Methodology	**Targeted Next Generation Sequencing**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Update Existing Test	
Effective Date	4/20/2026
Name	Lactoferrin, Fecal
Code	LACTF
Interface Order Code	3688420
Legacy Code	LACTOF
Notes	Update to stability, specimen requirements, rejection criteria, and methodology.
Required Testing Changes	
Specimen Required	*Collect*: Stool ***Specimen Preparation*: Send 5 g unpreserved stool in a screw capped plastic container.** *Minimum Volume:* 1 g *Transport Temperature:* Refrigerated
Rejection Criteria	**Preserved stool**
Stability	**Room temperature: 14 days** **Refrigerated: 14 days** **Frozen: 14 days**
Methodology	**Qualitative Enzyme Linked Immunosorbent Assay (ELISA)**

Update Existing Test	
Effective Date	4/7/2026
Name	Mannose Binding Lectin
Code	MBP
Interface Order Code	3703880
Legacy Code	MBPSP
Notes	Updates to specimen requirements and stability
Required Testing Changes	
Specimen Required	*Patient Preparation:* Overnight fasting is preferred. *Collect:* Serum separator tube (SST) ***Specimen Preparation:* Centrifuge, separate serum from cells within 2 hours of collection, and send 1.0 mL serum in a screw capped plastic vial.** *Minimum Volume:* 0.3 mL *Transport Temperature:* Frozen
Stability	**Room temperature: 48 hours** **Refrigerated: 7 days** **Frozen: 30 days (avoid repeat freeze/thaw cycles)**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Update Existing Test	
Effective Date	4/20/2026
Name	Meningitis/Encephalitis Panel by PCR
Code	MEPBP
Interface Order Code	3600263
Legacy Code	MEPBP
Notes	Update to stability and reference range
Required Testing Changes	
Stability	Room temperature: 24 hours Refrigerated: 7 days **Frozen: 7 days**
Reference Range	**See report**

Update Existing Test	
Effective Date	4/20/2026
Name	N-methyl-D-Aspartate Receptor Ab IgG CSF w Reflex to Titer
Code	NARGC
Interface Order Code	3516180
Legacy Code	NARGC
Notes	Update to specimen requirements
Required Testing Changes	
Specimen Required	*Collect:* Cerebrospinal fluid (CSF) ***Specimen Preparation:*** **Send 1.0 mL CSF in a screw capped plastic vial.** ***Minimum Volume:*** **0.3 mL** *Transport Temperature:* Refrigerated

Update Existing Test	
Effective Date	4/20/2026
Name	Lead, Industrial, Whole Blood
Code	PBINP
Interface Order Code	3600489
Legacy Code	PBINP
Notes	Update to alternate specimen and rejection criteria
Required Testing Changes	
Alternate Specimen	**Whole blood: Dark blue (sodium heparin)**
Rejection Criteria	**Serum. Specimens collected in tubes other than Dark blue (K2EDTA) or Dark blue (sodium heparin). Hemolyzed, clotted specimens.**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Update Existing Test	
Effective Date	4/20/2026
Name	Erythrocyte Porphyrin (EP), Whole Blood
Code	PPR
Interface Order Code	3423780
Legacy Code	PPRQ
Notes	Update to alternate specimen and reference range
Required Testing Changes	
Alternate Specimen	**Whole blood: Dark blue EDTA**
Reference Range	**See report**

Update Existing Test	
Effective Date	4/7/2026
Name	Tissue Typing Class I and II
Code	TTC12
Interface Order Code	3510536
Legacy Code	TTC12
Notes	Update to methodology
Required Testing Changes	
Methodology	**Targeted Next Generation Sequencing**

Update Existing Test	
Effective Date	3/23/2026
Name	von Willebrand Disease Gene Sequencing
Code	VONWI
Interface Order Code	3400356
Legacy Code	VONWI
Notes	Update to CPT code
Required Testing Changes	
CPT Code(s)	**81406, add 88235 if testing is performed on amniotic fluid or chorionic villi at additional charge**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Inactivate Test With Replacement			
Effective Date	4/14/2026		
Inactivated Test			
Name	Acute Myeloid Leukemia Prognostic Panel (Normal Karyotype)		
Code	ACMYL		
Legacy Code	ACMYL		
Interface Order Code	3400567		
Replacement Test			
Name	Myeloid Neoplasm NGS Panel		
Code	MNGS		
CPT Code(s)	81479		
Notes	New York DOH Approval Status: No		
Specimen Requirements			
Specimen Required	*Collect:* Whole Blood EDTA Lavender *Specimen Preparation:* Send 1.0 mL whole blood in a screw capped plastic vial. *Minimum Volume:* 0.50 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Bone Marrow		
Rejection Criteria	Serum, plasma, tissue, buccal brush or swab, grossly hemolyzed specimens		
Stability	Room temperature: 3 days Refrigerated: 7 days Frozen: 30 days		
Performing Information			
Methodology	Targeted Next Generation Sequencing		
Reference Range	See Report		
Performed Days	Monday - Friday		
Turnaround Time	7 - 14 days		
Performing Laboratory	Warde Medical Laboratory		
Interface Information			
Legacy Code	MNGS		
Interface Order Code	3000886		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3000886	MNGS Report	35474-6	No

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Inactivate Test With Replacement	
Effective Date	4/20/2026
Inactivated Test	
Name	Dihydropyrimidine Dehydrogenase (DPYD)
Code	DPYDA
Legacy Code	DPYDA
Interface Order Code	3600534
Replacement Test	
Name	Dihydropyrimidine Dehydrogenase (DPYD)
Code	DPYDE
CPT Code(s)	81232
Notes	New York DOH Approval Status: Yes
Specimen Requirements	
Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Send 3.0 mL whole blood. *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Whole blood: Yellow ACD A or B
Rejection Criteria	Plasma or serum, heparinized specimens. Frozen specimens in glass collection tubes.
Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 30 days
Performing Information	
Methodology	Polymerase Chain Reaction (PCR)/Fluorescence Monitoring
Reference Range	See report
Performed Days	Varies
Turnaround Time	7 - 12 days
Performing Laboratory	ARUP Reference Laboratory
Interface Information	
Legacy Code	DPYDE
Interface Order Code	3600567

Result Code	Name	LOINC Code	AOE/Prompt
3600416	DPYD Specimen	31208-2	No
3600536	DPYD Allele 1		No
3600537	DPYD Allele 2		No
3600418	DPYD Phenotype	79719-1	No
3600419	DPYD Interpretation	79719-1	No
3600566	DPYD Activity Score	104665-5	No
3600421	EER Dihydropyrimidine Dehydrogenase	11526-1	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: 03/18/2026 08:26 Received: 03/18/2026 08:26

Test Name	Result	Flag	Ref-Ranges	Units	Site
Dihydropyrimidine Dehydrogenase (DPYD)					
DPYD Specimen	Whole Blood				ARRL
DPYD Allele 1	*1				ARRL
DPYD Allele 2	***13**	**AB**			ARRL
DPYD Activity Score	**1**	**AB**			ARRL
DPYD Phenotype	**Intermediate**	**AB**			ARRL
DPYD Interpretation	See Note				ARRL

```
This result has been reviewed and approved by Pinar
Bayrak-Toydemir, M.D., Ph.D.
BACKGROUND INFORMATION: Dihydropyrimidine Dehydrogenase
                                (DPYD)
CHARACTERISTICS: 5-fluorouracil (5-FU) is the most
frequently used chemotherapeutic drug for the treatment of
many types of cancer, particularly colorectal
adenocarcinoma. Grade III-IV drug toxicity attributed to
5-FU occurs in approximately 16 percent of patients, and
may include hematologic, gastrointestinal, and dermatologic
complications. In some cases, this toxicity can cause
death. When 5-FU is metabolized in the body, approximately
80 percent is catabolized by the dihydropyrimidine
dehydrogenase (DPD) enzyme. Variants in the DPYD gene can
lead to reduced 5-FU catabolism, resulting in the
aforementioned toxicity complications.
INHERITANCE: Autosomal codominant.
CAUSE: DPYD gene mutations.
DPYD Variants Tested:
(Variants are numbered according to NM_000110 transcript)
Nonfunctional alleles and increased toxicity risk:
      c.1024G>A (rs183385770)
      c.1774C>T (rs59086055)
      *13 (c.1679T>G, rs55886062)
      *2A (c.1905+1G>A, rs3918290)

      Decreased function alleles and increased toxicity
risk:
      c.557A>G (rs115232898)
      c.868A>G (rs146356975)
      c.2279C>T (rs112766203)
      c.2846A>T (rs67376798)
      c.1129-5923C>G (rs75017182)

Functional alleles and normal enzymatic activity:
      *1 indicates no variants detected.
```

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: 03/18/2026 08:26 Received: 03/18/2026 08:26

Test Name	Result	Flag	Ref-Ranges	Units	Site

METHODOLOGY: Polymerase chain reaction (PCR) and fluorescence monitoring.
ANALYTICAL SENSITIVITY and SPECIFICITY: Greater than 99 percent.
LIMITATIONS: Only the targeted DPYD variants will be detected by this panel. Diagnostic errors can occur due to rare sequence variations. 5-FU drug metabolism, efficacy, and risk for toxicity may be affected by genetic and nongenetic factors that are not evaluated by this test. Genotyping does not replace the need for therapeutic drug monitoring or clinical observation.

Please note the information contained in this report does not contain medication recommendations, and should not be interpreted as recommending any specific medications. Any dosage adjustments or other changes to medications should be evaluated in consultation with a medical provider.

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.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

EER Dihydropyrimidine Dehydrogenase	See Note				ARRL

Authorized individuals can access the ARUP Enhanced Report with an ARUP Connect account using the following link. Your local lab can assist you in obtaining the patient report if you don't have a Connect account.
https://c11-erpt.aruplab.com/?t=0684299z3YF6w26aC1552
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Reported Date: 03/18/2026 08:26 DPYDE

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Inactivate Test With Replacement			
Effective Date	5/4/2026		
Inactivated Test			
Name	Fentanyl and Metabolite, Serum/Plasma		
Code	FENTM		
Legacy Code	FENTM		
Interface Order Code	3300120		
Replacement Test			
Name	Fentanyl and Metabolite, Serum/Plasma		
Code	FENMS		
CPT Code(s)	80354 (G0480)		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect:* Red top *Specimen Preparation:* Centrifuge, separate serum from cells and send 2.0 mL serum refrigerated in a screw capped plastic vial. *Minimum Volume:* 0.7 mL *Transport Temperature:* Refrigerated		
Alternate Specimen	Plasma: EDTA		
Rejection Criteria	Serum separator tube (SST), Plasma separator tube (PST)		
Stability	Room temperature: 7 days Refrigerated: 30 days Frozen (-20°C): 30 days		
Performing Information			
Methodology	High Performance Liquid Chromatography/Tandem Mass Spectrometry		
Reference Range	See report		
Performed Days	Varies		
Turnaround Time	8 - 10 days		
Performing Laboratory	NMS Labs		
Interface Information			
Legacy Code	FENMS		
Interface Order Code	3300446		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3300130	Fentanyl	3636-8	No
3300140	Norfentanyl	11074-2	No
3300444	4-ANPP		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: 03/18/2026 08:56 Received: 03/18/2026 08:56

Test Name	Result	Flag	Ref-Ranges	Units	Site
Fentanyl and Metabolite, Serum/Plasma					
Fentanyl	**200**	**H**		ng/mL	NMRL

Reporting Limit: 0.20 ng/mL
Synonym(s): Duragesic(R); Sublimaze(R)
Dose and route: peak concentration and time
25-100 mcg/hr transdermal patch: serum 0.3-3.8 ng/mL at 24 hr
400 mcg sublingual spray: plasma 0.8 ng/mL at 1.5 hr
Half-life: approximately 3-14 hr (IV), 13-22 hr (post-removal of a transdermal patch)
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)

Norfentanyl	400			ng/mL	NMRL

Reporting Limit: 0.40 ng/mL
Synonym(s): Fentanyl Metabolite
Norfentanyl averaged 6% of fentanyl concentration, ranging up to 17% in plasma 1-2 hr after 50-150 mg IV fentanyl
Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)

4-ANPP	600			ng/mL	NMRL

Reporting Limit: 1.0 ng/mL
Synonym(s): Despropionyl fentanyl
Precursor chemical and minor metabolite of fentanyl and other fentanyl analogs
Potentially indicative of illicit use if 4-ANPP concentration is greater than fentanyl concentration
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: 03/18/2026 08:57 FENMS

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

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

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

E718000003
WX0000000237
Printed D&T: 03/18/26 08:57

Ordered By: CLIENT CLIENT
WX00000000000511

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Inactivate Test With Replacement

Effective Date	4/20/2026

Inactivated Test

Name	Hepatitis Delta Antibody
Code	HBDAB
Legacy Code	HBDABAR
Interface Order Code	3685320

Replacement Test

Name	Hepatitis Delta Virus Ab by ELISA w Reflex to Quant PCR
Code	HDVAP
CPT Code(s)	86692, plus 87523 if reflexed
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 of collection and send 2.0 mL serum in a screw capped plastic vial. Specimen source required. *Minimum Volume:* 1.0 mL *Transport Temperature:* Frozen
Rejection Criteria	Hemolyzed or lipemic specimens. Specimens that contain particulate material or obvious microbial contamination.
Stability	Room temperature: 24 hours Refrigerated: 5 days Frozen: 30 days (avoid repeated freeze/thaw cycles)

Performing Information

Methodology	Qualitative Enzyme Immunoassay (EIA) / Quantitative Polymerase Chain Reaction (PCR)
Reference Range	Hepatitis Delta Antibody by ELISA Negative HDV by Quantitative PCR, Interp Not Detected
Performed Days	Screen: Monday, Wednesday, Friday PCR: Monday, Thursday
Turnaround Time	Screen: 3-7 days PCR: 2-5 days after screen is complete
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	HDVAP
Interface Order Code	3600568

Result Code	Name	LOINC Code	AOE/Prompt
3600569	Hepatitis Delta Antibody by ELISA	40727-0	No
3600571	HDV by Quantitative PCR, Source	31208-2	Yes
3600572	HDV by Quantitative PCR, IU/mL	85512-2	No
3600573	HDV by Quantitative PCR, Log IU/mL	85513-0	No
3600574	HDV by Quantitative PCR, Interp	7906-1	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: 03/18/2026 08:39 Received: 03/18/2026 08:39

Test Name	Result	Flag	Ref-Ranges	Units	Site
Hepatitis Delta Virus Ab by ELISA w Relex to Quant PCR					
Hepatitis Delta Antibody by ELISA	**Positive**	**AB**	Negative		ARRL

Antibody to Hepatitis Delta agent was detected. This indicates recent or remote infection with Delta agent in patients that have had Hepatitis B virus infection. Refer to the Hepatitis D by Quantitative PCR test for additional detail.
INTERPRETIVE INFORMATION: Hepatitis Delta Antibody by ELISA

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

HDV by Quantitative PCR, Source	Serum				ARRL
HDV by Quantitative PCR, IU/mL	160			IU/mL	ARRL
HDV by Quantitative PCR, Log IU/mL	2.2			log IU/mL	ARRL
HDV by Quantitative PCR, Interp	**Detected**	**AB**	Not Detected		ARRL

INTERPRETIVE INFORMATION: Hepatitis D by Quantitative PCR

The quantitative range of this assay is 2.0-6.7 log IU/mL (92 - 4,600,000 IU/mL).

A negative result (less than 2.0 log IU/mL or less than 92 IU/mL) does not rule out the presence of PCR inhibitors in the patient specimen or HDV concentrations below the level of detection of the test. Inhibition may also lead to underestimation of viral quantitation.

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

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
WX0000000158 M 07/08/1968 57 Y

Referral Testing

Collected: 03/18/2026 08:39 Received: 03/18/2026 08:39

Test Name	Result	Flag	Ref-Ranges	Units	Site

Reported Date: 03/18/2026 08:39 HDVAP

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

E718000001
WX0000000158
Printed D&T: 03/18/26 08:39

Ordered By: CLIENT CLIENT
WX00000000000260

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Inactivate Test With Replacement

Effective Date	4/28/2026

Inactivated Test

Name	Hemochromatosis, Hereditary
Code	HHQ
Legacy Code	HHQ
Interface Order Code	3426000

Replacement Test

Name	Hereditary Hemochromatosis PCR
Code	HFEM
CPT Code(s)	81256
Notes	New York DOH Approval Status: No

Specimen Requirements

Specimen Required	*Collect:* Lavender EDTA *Specimen Preparation:* Draw blood in a lavender EDTA. Send 4.0 mL whole blood. *Minimum Volume:* 1.0 mL *Transport Temperature:* Refrigerated
Alternate Specimen	Whole Blood: Yellow ACD A
Rejection Criteria	Serum, plasma, tissue, bone marrow, buccal brush or swab, grossly hemolyzed specimens.
Stability	Room temperature: 3 days Refrigerated: 7 days Frozen: 30 days

Performing Information

Methodology	Polymerase Chain Reaction (PCR) with Melt Curve Analysis
Reference Range	See report
Performed Days	Tuesday, Thursday
Turnaround Time	3-5 days
Performing Laboratory	Warde Medical Laboratory

Interface Information

Legacy Code	HFEM
Interface Order Code	3000958

Result Code	Name	LOINC Code	AOE/Prompt
3000961	C282Y Variant	21695-2	No
3000962	H63D Variant	21696-0	No
3000963	S65C Variant	38380-2	No
3000964	Hemochromatosis Interpretation	34519-9	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

Molecular

Collected: 03/18/2026 08:55 Received: 03/18/2026 08:55

Test Name	Result	Flag	Ref-Ranges	Units	Site
Hereditary Hemochromatosis PCR					
C282Y Variant	Negative				WMRL
H63D Variant	Negative				WMRL
S65C Variant	Negative				WMRL
Hemochromatosis Interpretation	See Below				WMRL

Reported Date: 03/18/2026 08:56 HFEM

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

E718000002
WX0000000237
Printed D&T: 03/18/26 08:56

Ordered By: CLIENT CLIENT
WX00000000000511

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

APRIL 2026

Inactivate Test With Replacement			
Effective Date	4/7/2026		
Inactivated Test			
Name	IBD SGI Diagnostic		
Code	IBDPM		
Legacy Code	IBDPROM		
Interface Order Code	3513050		
Replacement Test			
Name	IBD Precis		
Code	IBDPC		
CPT Code(s)	81599		
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 2.0 mL serum in a screw capped plastic vial. *Minimum Volume:* 0.5 mL *Transport Temperature:* Refrigerated		
Rejection Criteria	hemolysis, lipemia		
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: Unacceptable		
Performing Information			
Methodology	Enzyme-Linked Immunosorbent Assay (ELISA), Chemiluminescence Assay, Indirect Immunofluorescent Assay (IFA), integrated with DNase Sensitivity Analysis		
Reference Range	See report		
Performed Days	Monday - Friday		
Turnaround Time	6 - 8 days		
Performing Laboratory	Prometheus Laboratories Inc.		
Interface Information			
Legacy Code	IBDPC		
Interface Order Code	3500007		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3500007	IBD Precis		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: 03/18/2026 09:00 Received: 03/18/2026 09:00

Test Name	Result	Flag	Ref-Ranges	Units	Site
IBD Precis	See Below				WMPL

```
IBD Precis
SEE REPORT UNDER SEPARATE COVER.
REPORT WILL BE SENT TO THE ORDERING LABORATORY VIA
PRINTER OR FAX. ADDITIONAL COPIES OF THE ORIGINAL
REPORT MAY ALSO BE OBTAINED BY CALLING WARDE LAB
CLIENT SERVICES at 800-760-9969.
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Reported Date: 03/18/2026 09:00 IBDPC

Performing Site:
WMPL: PROMETHEUS LABORATORIES, INC 9410 Carroll Park Drive San Diego CA 92121

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

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