

Update Summary		
<b>New Test Activation</b>	5/19/2026	<a href="#">ANAPS - "Axonal Neuropathy, Autoimmune/Paraneoplastic Eval, Serum"</a>
<b>New Test Activation</b>	5/19/2026	<a href="#">EAPSF - "Encephalopathy, Autoimmune/Paraneoplastic Evaluation, CSF"</a>
<b>Update Existing Test</b>	6/1/2026	<a href="#">BUPML - "Buprenorphine and Metabolite - Total (Qual), Meconium"</a>
<b>Update Existing Test</b>	5/11/2026	<a href="#">FER - "Ferritin"</a>
<b>Update Existing Test</b>	5/19/2026	<a href="#">HCVQL - "Hepatitis C Virus (HCV) RNA, Qualitative"</a>
<b>Update Existing Test</b>	5/19/2026	<a href="#">HCVQN - "Hepatitis C Virus (HCV) RNA, Quantitative"</a>
<b>Update Existing Test</b>	5/19/2026	<a href="#">HCVR - "Hepatitis C Antibody, Diagnostic with reflex to PCR"</a>
<b>Update Existing Test</b>	5/19/2026	<a href="#">HCVSQ - "Hepatitis C Virus (HCV) RNA, Supplemental PCR"</a>
<b>Update Existing Test</b>	5/19/2026	<a href="#">HCVSR - "Hepatitis C Antibody, Screening, with reflex to PCR"</a>
<b>Update Existing Test</b>	5/18/2026	<a href="#">IgD - "IgD, Serum"</a>
<b>Update Existing Test</b>	5/5/2026	<a href="#">PETCB - "Phosphatidylethanol Confirmation, Blood"</a>
<b>Inactivate Test With Replacement</b>	5/5/2026	<a href="#">F8INH - "Factor VIII Inhibitor" replaced by F8AIN - "Factor VIII Activity with Inhibitor Reflex"</a>
<b>Inactivate Test With Replacement</b>	5/19/2026	<a href="#">MITQU - "Mitragynine (Qualitative), Urine" replaced by MITQN - "Drug Monitoring, Mitragynine (Kratom), Quant, Urine"</a>
<b>Inactivate Test Without Replacement</b>	5/5/2026	<a href="#">EUGLB - "Euglobulin Lysis Time"</a>
<b>Inactivate Test Without Replacement</b>	5/11/2026	<a href="#">IAH5C - "Influenza A (H5) Virus RNA, Qual Real-Time PCR, Conjunctiva"</a>
<b>Inactivate Test Without Replacement</b>	5/11/2026	<a href="#">IAH5R - "Influenza A (H5) Virus RNA, Qual Real-Time PCR, Respiratory"</a>
<b>Inactivate Test Without Replacement</b>	5/5/2026	<a href="#">PLSAG - "Plasminogen Antigen"</a>
<b>Inactivate Test Without Replacement</b>	5/5/2026	<a href="#">RPTL - "Reptilase Time"</a>

New Test Activation			
<b>Effective Date</b>	5/19/2026		
<b>Name</b>	Axonal Neuropathy, Autoimmune/Paraneoplastic Eval, Serum		
<b>Code</b>	ANAPS		
<b>CPT Code(s)</b>	86255 X 12, 84182, plus additional CPT codes and charges if reflexed		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> For optimal antibody detection it's recommended that specimen be drawn prior to starting immunosuppressant medication or intravenous immunoglobulin (IVIg) treatment. Due to potential interference, this test is not recommended for patients who have recently had radioactive isotopes administered diagnostically or therapeutically. The waiting period before drawing will depend on the isotope used, dose given, and the clearance rate in the individual patient. Specimens will be screened for radioactivity prior to testing. Radioactive specimens will be held for 1 week and assayed if properly decayed or cancelled if radioactivity remains.</p> <p><i>Collect:</i> Red top</p> <p><i>Specimen Preparation:</i> Centrifuge, separate and send 4.0 mL serum in a screw capped plastic vial. Include relevant clinical information, physician name, phone number, mailing address, and email address.</p> <p><i>Minimum Volume:</i> 2.0 mL</p> <p><i>Transport Temperature:</i> Refrigerated</p>		
<b>Alternate Specimen</b>	Serum separator tube (SST)		
<b>Rejection Criteria</b>	Gross hemolysis, gross lipemia, gross icterus		
<b>Stability</b>	Room temperature: 72 hours Refrigerated: 28 days Frozen: 28 days		
Performing Information			
<b>Methodology</b>	Immunofluorescence assay (IFA) Cell-binding assay (CBA) Western blot (WB) Immunoblot (IB)		
<b>Reference Range</b>	See report		
<b>Performed Days</b>	Monday - Sunday, reflex tests: Varies		
<b>Turnaround Time</b>	10 - 12 days		
<b>Performing Laboratory</b>	Mayo Clinic Laboratories		
Interface Information			
<b>Legacy Code</b>	ANAPS		
<b>Interface Order Code</b>	3800497		
Result Code	Name	LOINC Code	AOE/Prompt
3800497	Axonal Neuropathy, Autoimmune/Paraneoplastic Eval, Serum		No



LABORATORY REPORT

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

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

Referral Testing

Collected: 04/08/2026 07:44 Received: 04/08/2026 07:44

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Axonal Neuropathy, Autoimmune/Paraneoplastic Eval, Serum | See Below | | | | WMMR

Autoimmune Axonal Interp, S
No informative autoantibodies were detected in this evaluation.
However, a negative result does not exclude an autoimmune neuropathy.

IFA Notes
None

Table with 4 columns: Result Name, Result, Unit, Reference Value. Lists various antibody tests like Amphiphysin Ab, ANNA-1, ANNA-3, etc., all with Negative results.

Laboratory Notes
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(s) performed at
Mayo Clinic Laboratories - Rochester Main Campus
200 First St SW, Rochester, MN 55905
Lab Director Nikola Baumann Ph.D. CLIA 24D0404292

Reported Date: 04/08/2026 07:48 ANAPS

Performing Site:
WMMR: MAYO CLINICAL LABS 3050 Superior Drive NW Rochester MN 55901

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

E808000001 Ordered By: CLIENT CLIENT
WX0000000237 WX00000000000511
Printed D&T: 04/08/26 07:48

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

New Test Activation			
<b>Effective Date</b>	5/19/2026		
<b>Name</b>	Encephalopathy, Autoimmune/Paraneoplastic Evaluation, CSF		
<b>Code</b>	EAPSF		
<b>CPT Code(s)</b>	86255 X 23, 86341 X 1 plus additional CPT codes and charges if reflexed		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> Test is intended for adult patients ages 18 and above.  <i>Collect:</i> Cerebrospinal fluid (CSF)  <i>Specimen Preparation:</i> Send 4.0 mL Cerebrospinal fluid (CSF) in a sterile, screw capped plastic vial. Include relevant clinical information, physician name, phone number, mailing address, and email address.  <i>Minimum Volume:</i> 2.0 mL  <i>Transport Temperature:</i> Refrigerated</p>		
<b>Rejection Criteria</b>	Gross hemolysis, gross lipemia, gross icterus		
<b>Stability</b>	Room temperature: 72 hours Refrigerated: 28 days Frozen: 28 days		
Performing Information			
<b>Methodology</b>	Immunofluorescence assay (IFA) Cell-binding assay (CBA) Western blot (WB) Radioimmunoassay (RIA) Immunoblot (IB)		
<b>Reference Range</b>	See report		
<b>Performed Days</b>	Monday - Sunday, Reflex tests: Varies		
<b>Turnaround Time</b>	10 - 14 days		
<b>Performing Laboratory</b>	Mayo Clinic Laboratories		
Interface Information			
<b>Legacy Code</b>	EAPSF		
<b>Interface Order Code</b>	3800498		
Result Code	Name	LOINC Code	AOE/Prompt
3800498	Encephalopathy, Autoimmune/Paraneoplastic Evaluation, CSF		No



LABORATORY REPORT

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

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

Referral Testing

Collected: 04/08/2026 08:19 Received: 04/08/2026 08:19

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Encephalopathy, Autoimmune/Paraneoplastic Evaluation, CSF | See Below | | | | WMMR

Encephalopathy, Interpretation, CSF
No informative autoantibodies were detected in this evaluation.
However, a negative result does not exclude an autoimmune encephalopathy, idiopathic or paraneoplastic. Sensitivity and specificity of antibody testing are enhanced by testing both serum and CSF.

IFA Notes
None

Table with 4 columns: Result Name, Result, Unit, Reference Value. Lists various antibody tests such as AMPA-R Ab CBA, CSF, Amphiphysin Ab, CSF, etc., all with Negative results.

Laboratory Notes
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(s) performed at
Mayo Clinic Laboratories - Rochester Main Campus
200 First St SW, Rochester, MN 55905
Lab Director Nikola Baumann Ph.D. CLIA 24D0404292

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



LABORATORY REPORT

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

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

Referral Testing

Collected: 04/08/2026 08:19 Received: 04/08/2026 08:19

Test Name Result Flag Ref-Ranges Units Site

Reported Date: 04/08/2026 08:19 EAPSF

Performing Site:
WMMR: MAYO CLINICAL LABS 3050 Superior Drive NW Rochester MN 55901

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

E808000002 Ordered By: CLIENT CLIENT
WX0000000158 WX00000000000260
Printed D&T: 04/08/26 08:19

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1
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## Update Existing Test

<b>Effective Date</b>	6/1/2026
<b>Name</b>	Buprenorphine and Metabolite - Total (Qual), Meconium
<b>Code</b>	BUPML
<b>Interface Order Code</b>	3300312
<b>Legacy Code</b>	BUPML
<b>Notes</b>	Update to specimen requirements

## Required Testing Changes

<b>Specimen Required</b>	<p><i>Collect:</i> 5.0 grams  <i>Specimen Preparation:</i> Collect 5.0 grams, approximately 1 tablespoon, of the black - tarry Meconium sample and place into a clean 40 mL plastic bottle. The sample may be combined several times from each evacuation up to approximately 72 hours.  <i>Minimum Volume:</i> 5.0 g  <i>Transport Temperature:</i> Refrigerated</p>
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## Update Existing Test

<b>Effective Date</b>	5/11/2026
<b>Name</b>	Ferritin
<b>Code</b>	FER
<b>Interface Order Code</b>	1000630
<b>Legacy Code</b>	FER
<b>Notes</b>	Update to reference range

## Required Testing Changes

<b>Reference Range</b>	<p>Female:  1 - 4 years 5 - 100 ng/mL  5 - 13 years 14 - 79 ng/mL  <b>14 - 18 years 9 - 67 ng/mL</b>  19 - 40 years 16 - 154 ng/mL  41 - 60 years 16 - 232 ng/mL  &gt;60 years 16 - 288 ng/mL</p> <p>No other Reference Range changes</p>
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## Update Existing Test

<b>Effective Date</b>	5/19/2026
<b>Name</b>	Hepatitis C Virus (HCV) RNA, Qualitative
<b>Code</b>	HCVQL
<b>Interface Order Code</b>	3010550
<b>Legacy Code</b>	HCVQUAL
<b>Notes</b>	Update to alternate specimen

## Required Testing Changes

<b>Alternate Specimen</b>	HCV PCR: Serum: red top <b>or</b> SST. *PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.
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## Update Existing Test

<b>Effective Date</b>	5/19/2026
<b>Name</b>	Hepatitis C Virus (HCV) RNA, Quantitative
<b>Code</b>	HCVQN
<b>Interface Order Code</b>	3041400
<b>Legacy Code</b>	HCVQRNA
<b>Notes</b>	Update to alternate specimen

## Required Testing Changes

<b>Alternate Specimen</b>	HCV PCR: Serum: red top <b>or</b> SST. *PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.
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## Update Existing Test

<b>Effective Date</b>	5/19/2026
<b>Name</b>	Hepatitis C Antibody, Diagnostic with reflex to PCR
<b>Code</b>	HCVR
<b>Interface Order Code</b>	3001440
<b>Legacy Code</b>	HCVR
<b>Notes</b>	Update to alternate specimen

## Required Testing Changes

<b>Alternate Specimen</b>	HCV PCR: Serum: red top <b>or</b> SST. *PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.
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## Update Existing Test

<b>Effective Date</b>	5/19/2026
<b>Name</b>	Hepatitis C Virus (HCV) RNA, Supplemental PCR
<b>Code</b>	HCVSQ
<b>Interface Order Code</b>	3010569
<b>Legacy Code</b>	HCVSQ
<b>Notes</b>	Change to alternate specimen

## Required Testing Changes

<b>Alternate Specimen</b>	HCV PCR: Serum: red top <b>or SST</b> . *PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.
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## Update Existing Test

<b>Effective Date</b>	5/19/2026
<b>Name</b>	Hepatitis C Antibody, Screening, with reflex to PCR
<b>Code</b>	HCVSR
<b>Interface Order Code</b>	3001452
<b>Legacy Code</b>	HCVSR
<b>Notes</b>	Update to alternate specimen

## Required Testing Changes

<b>Alternate Specimen</b>	HCV PCR: Serum: red top <b>or SST</b> . *PCR and antibody testing cannot be done on shared specimens. Separate tubes must be clearly labeled for antibody and PCR specimens.
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## Update Existing Test

<b>Effective Date</b>	5/18/2026
<b>Name</b>	IgD, Serum
<b>Code</b>	IgD
<b>Interface Order Code</b>	3420620
<b>Legacy Code</b>	IGDQ
<b>Notes</b>	Update to rejection criteria and methodology

## Required Testing Changes

<b>Rejection Criteria</b>	<b>Gross hemolysis; grossly lipemic; grossly icteric</b>
<b>Methodology</b>	<b>Immunoturbidimetry</b>

## Update Existing Test

<b>Effective Date</b>	5/5/2026
<b>Name</b>	Phosphatidylethanol Confirmation, Blood
<b>Code</b>	PETCB
<b>Interface Order Code</b>	3800363
<b>Legacy Code</b>	PETCB
<b>Notes</b>	Update to specimen requirements

## Required Testing Changes

<b>Specimen Required</b>	<p><i>Collect:</i> Lavender EDTA  <i>Specimen Preparation:</i> Send 1.0 mL whole blood in the original tube. Do not aliquot. Do not centrifuge. Do not use alcohol to clean arm. <b>Use alternative such as Betadine to cleanse arm before collecting any specimen.</b>  <i>Minimum Volume:</i> 0.5 mL  <i>Transport Temperature:</i> Frozen</p>
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Inactivate Test With Replacement			
<b>Effective Date</b>	5/5/2026		
Inactivated Test			
<b>Name</b>	Factor VIII Inhibitor		
<b>Code</b>	F8INH		
<b>Legacy Code</b>	FAC8INH		
<b>Interface Order Code</b>	3502730		
Replacement Test			
<b>Name</b>	Factor VIII Activity with Inhibitor Reflex		
<b>Code</b>	F8AIN		
<b>CPT Code(s)</b>	85240, plus 85240 X 2, 85335 if reflexed to Inhibitor, at additional cost		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<p><i>Patient Preparation:</i> The patient should not be on anticoagulant therapy. Avoid warfarin (Coumadin®) therapy for two weeks prior to the test and heparin, direct Xa and thrombin inhibitor therapies for about three days prior to testing. Do not draw from an arm with a heparin lock or heparinized catheter.</p> <p><i>Collect:</i> Light blue sodium citrate</p> <p><i>Specimen Preparation:</i> See Coagulation Test Collection guide found under Resources/Interpretation Guides and Forms for coagulation test collection instructions. Send 2.0 mL platelet-poor plasma in a screw capped plastic vial. CRITICAL FROZEN.</p> <p><i>Special Instructions:</i> If the patient's hematocrit exceeds 55%, the volume of citrate in the collection tube must be adjusted.</p> <p><i>Minimum Volume:</i> 1.0 mL</p> <p><i>Transport Temperature:</i> Critical frozen</p>		
<b>Rejection Criteria</b>	Severe hemolysis, clotted specimen, specimen diluted with IV fluids; thawed samples		
<b>Stability</b>	Room temperature: Unacceptable Refrigerated: Unacceptable Frozen: 28 days (Stable X 3 Freeze/thaw cycles)		
Performing Information			
<b>Methodology</b>	Clot Based Methodology		
<b>Reference Range</b>	Factor VIII Activity: 57-177 % Factor VIII Inhibitor (Bethesda units): 0.0-0.7 BU		
<b>Performed Days</b>	Sunday - Saturday		
<b>Turnaround Time</b>	7 - 9 days		
<b>Performing Laboratory</b>	LabCorp		
Interface Information			
<b>Legacy Code</b>	F8AIN		
<b>Interface Order Code</b>	3500008		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3500008	Factor VIII Activity with Inhibitor Reflex		No



LABORATORY REPORT

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

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

Referral Testing

Collected: 04/01/2026 08:46 Received: 04/01/2026 08:46

Table with columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Factor VIII Activity with Inhibitor Reflex, See Below, WMLC. Row 2: Factor VIII Activity, 39, L, 57-177%. Row 3: Factor VIII Inhibitor, 0.3, 0.0-0.7 BU.

This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

Performed at Labcorp Burlington
1447 York Court, Burlington, NC, 27215-3361
Dir: Sanjai Nagendra, MD

Reported Date: 04/01/2026 08:46 F8AIN

Performing Site:
WMLC: LAB CORP 1904 Alexander Drive Research Triangle Park NC 27709

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

<b>Inactivate Test With Replacement</b>			
<b>Effective Date</b>	5/19/2026		
<b>Inactivated Test</b>			
<b>Name</b>	Mitragynine (Qualitative), Urine		
<b>Code</b>	MITQU		
<b>Legacy Code</b>	MITQU		
<b>Interface Order Code</b>	3300333		
<b>Replacement Test</b>			
<b>Name</b>	Drug Monitoring, Mitragynine (Kratom), Quant, Urine		
<b>Code</b>	MITQN		
<b>CPT Code(s)</b>	80323		
<b>Notes</b>	New York DOH Approval Status: Yes		
<b>Specimen Requirements</b>			
<b>Specimen Required</b>	<i>Collect:</i> Random urine <i>Specimen Preparation:</i> Send 3.0 mL urine in a screw capped plastic urine cup. <i>Minimum Volume:</i> 2.0 mL <i>Transport Temperature:</i> Refrigerated		
<b>Rejection Criteria</b>	Preserved urine		
<b>Stability</b>	Room temperature: 7 days Refrigerated: 21 days Frozen: 30 days		
<b>Performing Information</b>			
<b>Methodology</b>	Chromatography/Mass Spectrometry		
<b>Reference Range</b>	<2 ng/mL		
<b>Performed Days</b>	Tuesday, Thursday, Saturday		
<b>Turnaround Time</b>	4 - 7 days		
<b>Performing Laboratory</b>	Quest		
<b>Interface Information</b>			
<b>Legacy Code</b>	MITQN		
<b>Interface Order Code</b>	3700121		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3700122	Mitragynine	96059-1	No
3700124	Mitragynine Comments	54247-2	No
3700126	medMATCH Comments	54247-2	No
3700123	Notes and Comments		No

Inactivate Test Without Replacement	
Effective Date	5/5/2026
Name	Euglobulin Lysis Time
Code	EUGLB
Legacy Code	EUGLOB
Interface Code	3502650
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	5/11/2026
Name	Influenza A (H5) Virus RNA, Qual Real-Time PCR, Conjunctiva
Code	IAH5C
Legacy Code	IAH5C
Interface Code	3401046
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	5/11/2026
Name	Influenza A (H5) Virus RNA, Qual Real-Time PCR, Respiratory
Code	IAH5R
Legacy Code	IAH5R
Interface Code	3401028
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	5/5/2026
Name	Plasminogen Antigen
Code	PLSAG
Legacy Code	PLASAGESTX
Interface Code	3509025
Notes	Test discontinued. Suggested alternative is test code TPLA - Tissue Plasminogen Activator Antigen.

Inactivate Test Without Replacement	
Effective Date	5/5/2026
Name	Reptilase Time
Code	RPTL
Legacy Code	RPTL
Interface Code	3516200
Notes	Test discontinued.