

Update Summary		
<b>New Test Activation</b>	5/26/2026	<a href="#">HIV4G - "HIV 1/2 Antigen/Antibody, Fourth Gen with Reflex"</a>
<b>New Test Activation</b>	6/23/2026	<a href="#">THYG - "Thyroglobulin, LC/MS/MS"</a>
<b>Update Existing Test</b>	6/9/2026	<a href="#">COR - "Cortisol, Total"</a>
<b>Update Existing Test</b>	6/9/2026	<a href="#">CSFPD - "14-3-3 Protein, CSF (Prion Disease)"</a>
<b>Update Existing Test</b>	6/29/2026	<a href="#">HV7GM - "Herpesvirus 7 IgG and IgM AB IFA"</a>
<b>Update Existing Test</b>	6/9/2026	<a href="#">LPA - "Lipoprotein LP(a)"</a>
<b>Update Existing Test</b>	6/9/2026	<a href="#">METHL - "Methanol"</a>
<b>Inactivate Test With Replacement</b>	6/30/2026	<a href="#">CYSTC - "Cystatin C, Serum" replaced by CYST - "Cystatin C with eGFR"</a>
<b>Inactivate Test With Replacement</b>	6/30/2026	<a href="#">KLFU - "Kappa/Lambda Light Chains, Free with Ratio, Urine" replaced by UFKL - "Urine Kappa/Lambda Quantitative Free Light Chains"</a>
<b>Inactivate Test With Replacement</b>	6/23/2026	<a href="#">QFGM - "Q Fever (Coxiella burnetii) AB (IgG, IgM) w/reflex to Titer" replaced by QFGMR - "Q Fever (Coxiella burnetii) AB (IgG,IgM) w/reflex to Titer"</a>

New Test Activation			
<b>Effective Date</b>	5/26/2026		
<b>Name</b>	HIV 1/2 Antigen/Antibody, Fourth Gen with Reflex		
<b>Code</b>	HIV4G		
<b>CPT Code(s)</b>	87389, plus 86701, 86702 if reflexed to Differentiation; plus 87535, 87538 if reflexed to PCR at additional charges		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Red top <i>Specimen Preparation:</i> Allow sample to clot. Centrifuge, separate serum from cells after clotting. Send 3.0 mL serum in a screw capped plastic vial. <i>Minimum Volume:</i> 2.0 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	Serum separator tube (SST) Plasma: EDTA		
<b>Rejection Criteria</b>	Gross hemolysis		
<b>Stability</b>	Room temperature: 72 hours Refrigerated: 5 days Frozen: 30 days		
Performing Information			
<b>Methodology</b>	Immunoassay (IA)		
<b>Reference Range</b>	HIV Final Interpretation: See report HIV Ag/Ab, 4th Gen: Non-Reactive		
<b>Performed Days</b>	Monday – Saturday		
<b>Turnaround Time</b>	3-6 days		
<b>Performing Laboratory</b>	Quest		
Interface Information			
<b>Legacy Code</b>	HIV4G		
<b>Interface Order Code</b>	3401163		
Result Code	Name	LOINC Code	AOE/Prompt
3401164	HIV Final Interpretation	56888-1	No
3401166	HIV Ag/Ab, Screen	56888-1	No
3401167	HIV1 Antibody	68961-2	No
3401168	HIV2 Antibody	81641-3	No
3401169	HIV 1 RNA, QL RT PCR	25835-0	No
3401171	HIV 2 RNA, QL RT PCR	69353-1	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: 05/21/2026 14:56 Received: 05/21/2026 14:56

Test Name Result Flag Ref-Ranges Units Site

HIV 1/2 Antigen/Antibody, Fourth Gen with Reflex

HIV Final Interpretation HIV Positive AB QHRL

Positive for HIV 1 and 2. Laboratory evidence of HIV-1 and 2 infection is present and is consistent with an acute HIV-1 and 2 infection. Repeat testing is advised if results are inconsistent with clinical findings.

HIV Ag/Ab, Screen Reactive Nonreactive 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

HIV1 Antibody Negative Negative QHRL

HIV2 Antibody Negative Negative 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

HIV 1 RNA, QL RT PCR Detected AB Not Detected QHRL

HIV 2 RNA, QL RT PCR Detected AB Not Detected 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: 05/21/2026 14:56 HIV4G

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

New Test Activation			
<b>Effective Date</b>	6/23/2026		
<b>Name</b>	Thyroglobulin, LC/MS/MS		
<b>Code</b>	THYG		
<b>CPT Code(s)</b>	84432		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<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> 0.5 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	Serum Red top		
<b>Rejection Criteria</b>	Hemolysis, lipemia, plasma, icteric specimen		
<b>Stability</b>	Room temperature: 6 days Refrigerated: 7 days Frozen: 28 days		
Performing Information			
<b>Methodology</b>	Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)		
<b>Reference Range</b>	Athyrotic <0.4 ng/mL		
<b>Performed Days</b>	Saturday - Thursday		
<b>Turnaround Time</b>	4-6 days		
<b>Performing Laboratory</b>	Quest		
Interface Information			
<b>Legacy Code</b>	THYG		
<b>Interface Order Code</b>	3401172		
Result Code	Name	LOINC Code	AOE/Prompt
3401172	Thyroglobulin, LC/MS/MS	3013-0	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
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ANN ARBOR MI 48108

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

Referral Testing

Collected: 05/21/2026 14:50 Received: 05/21/2026 14:50

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Row 1: Thyroglobulin, LC/MS/MS, <0.4, ng/mL, QCRL

Reference Range:
Athyrotic: <0.4

Reference range applies to differentiated thyroid cancer patients following treatment. The presence of measurable thyroglobulin indicates the presence of thyroglobulin-producing thyroid tissue. Clinical correlation is advised.

This Thyroglobulin test was performed by tandem mass spectrometry (LC/MS/MS) and does provide quantitative measurements of thyroglobulin in the presence of anti-Tg antibodies. Values obtained from different assay methods cannot be used interchangeably. Thyroglobulin levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

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

Reported Date: 05/21/2026 14:50 THYG

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

E921000012 Ordered By: CLIENT CLIENT
WX0000000158 WX00000000000260
Printed D&T: 05/21/26 14:50

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

Update Existing Test	
Effective Date	6/9/2026
Name	Cortisol, Total
Code	COR
Interface Order Code	1000650
Legacy Code	COR
Notes	Update to stability and performed days.
Required Testing Changes	
Stability	Room temperature: 7 days Refrigerated: 7 days Frozen: 28 days
Performed Days	Monday - Saturday

Update Existing Test			
Effective Date	6/9/2026		
Name	14-3-3 Protein, CSF (Prion Disease)		
Code	CSFPD		
Interface Order Code	3700116		
Legacy Code	CSFPD		
Notes	Update to LOINC		
Required Testing Changes			
Result Code	Name	LOINC Code	AOE/Prompt
3700102	Likelihood of prion disease		No
3700104	T-tau protein (CSF)	30160-6	No
3700105	14-3-3 GAMMA (CSF)	31989-7	No
3700103	RT-QulC (CSF)*	97503-7	No
3700117	Specimen Condition		No
3700118	Reviewed and Approved by:		No

Update Existing Test	
Effective Date	6/29/2026
Name	Herpesvirus 7 IgG and IgM AB IFA
Code	HV7GM
Interface Order Code	3432300
Legacy Code	HHV7GMQ
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	3 - 10 days

Update Existing Test	
Effective Date	6/9/2026
Name	Lipoprotein LP(a)
Code	LPA
Interface Order Code	3000408
Legacy Code	LPA
Notes	Update to performed days.
Required Testing Changes	
Performed Days	Monday - Friday

Update Existing Test	
Effective Date	6/9/2026
Name	Methanol
Code	METHL
Interface Order Code	1755020
Legacy Code	METHA
Notes	Update to specimen requirements and alternate specimen.
Required Testing Changes	
Specimen Required	<p><i>Collect:</i> Gray sodium flouride. Do not remove cap from collection tube.</p> <p><i>Specimen Preparation:</i> Send 5.0 mL whole blood. Do not open container. Specimens in aliquot containers must be sealed immediately after transferring to minimize exposure to air. Use of alcohol swipes to clean the skin before drawing blood samples is not recommended.</p> <p><i>Minimum Volume:</i> <b>Whole blood: 2.0 mL</b></p> <p><b>Urine: 10.0 mL</b></p> <p><i>Transport Temperature:</i> Refrigerated</p>
Alternate Specimen	Urine

Inactivate Test With Replacement			
<b>Effective Date</b>	6/30/2026		
Inactivated Test			
<b>Name</b>	Cystatin C, Serum		
<b>Code</b>	CYSC		
<b>Legacy Code<sup>1</sup></b>	CYSC		
<b>Interface Order Code</b>	3688340		
Replacement Test			
<b>Name</b>	Cystatin C with eGFR		
<b>Code</b>	CYST		
<b>CPT Code(s)</b>	82610		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Serum separator tube (SST) <i>Specimen Preparation:</i> Centrifuge, separate serum from cells and send 1.0 mL serum refrigerated in a screw capped plastic vial. <i>Minimum Volume:</i> 0.5 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	Plasma: Green sodium or lithium heparin Serum: Red top		
<b>Rejection Criteria</b>	Grossly lipemic samples.		
<b>Stability</b>	Room temperature: Undetermined Refrigerated: 7 days Frozen: 3 months		
Performing Information			
<b>Methodology</b>	Quantitative Nephelometry		
<b>Reference Range</b>	Cystatin C: 0.5 - 1.2 mg/L eGFR Calculated: >90 mL/min/1.73 m <sup>2</sup>  According to the National Kidney Foundation, the following interpretation of results is suggested: <ul style="list-style-type: none"> <li>• Normal Range: ≥90 mL/min/1.73 m<sup>2</sup></li> <li>• May mean early-stage kidney disease: 60-89 mL/min/1.73 m<sup>2</sup></li> <li>• May mean kidney disease: 15-59 mL/min/1.73 m<sup>2</sup></li> <li>• May mean kidney failure: &lt;15 mL/min/1.73 m<sup>2</sup></li> </ul>		
<b>Performed Days</b>	Sunday - Thursday		
<b>Turnaround Time</b>	1 - 3 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
Interface Information			
<b>Legacy Code</b>	CYST		
<b>Interface Order Code</b>	3000979		
<b>Result Code</b>	<b>Name</b>	<b>LOINC Code</b>	<b>AOE/Prompt</b>
3688340	Cystatin C, Serum	33863-2	No
3000981	eGFR Calculated	50210-4	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
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ANN ARBOR MI 48108

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

Immunology

Collected: 05/21/2026 15:17 Received: 05/21/2026 15:17

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Rows include Cystatin C, Serum and eGFR Calculated.

According to the National Kidney Foundation, the following interpretation of results is suggested (units for eGFR are mL/min/1.73 m2):

- eGFR of 90 or higher is in the normal range
eGFR of 60-89 may mean early-stage kidney disease
eGFR of 15-59 may mean kidney disease
eGFR below 15 may mean kidney failure

Reported Date: 05/21/2026 15:18 CYST

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

E921000014 Ordered By: CLIENT CLIENT
WX0000000237 WX00000000000511
Printed D&T: 05/21/26 15:22

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

Inactivate Test With Replacement			
<b>Effective Date</b>	6/30/2026		
Inactivated Test			
<b>Name</b>	Kappa/Lambda Light Chains, Free with Ratio, Urine		
<b>Code</b>	KLFU		
<b>Legacy Code</b>	KLFU		
<b>Interface Order Code</b>	3434060		
Replacement Test			
<b>Name</b>	Urine Kappa/Lambda Quantitative Free Light Chains		
<b>Code</b>	UFKL		
<b>CPT Code(s)</b>	83521x2		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<i>Collect:</i> Random urine <i>Specimen Preparation:</i> Send 2.0 mL urine in a screw capped plastic vial. <i>Minimum Volume:</i> 1.0 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	24-hour urine		
<b>Rejection Criteria</b>	Microbial contaminated; gross hemolysis		
<b>Stability</b>	Room temperature: Undetermined Refrigerated: 21 days Frozen: 6 months		
Performing Information			
<b>Methodology</b>	Immunoturbidimetry/Optilite		
<b>Reference Range</b>	Kappa Light Chain, Free, Urine: $\leq 32.90$ mg/L  Lambda Light Chain, Free, Urine: $\leq 3.79$ mg/L  Kappa/Lambda Light Chains Free Ratio, Urine: $\leq 8.69$		
<b>Performed Days</b>	Tuesday, Friday		
<b>Turnaround Time</b>	1-5 days		
<b>Performing Laboratory</b>	Warde Medical Laboratory		
Interface Information			
<b>Legacy Code</b>	KLFU		
<b>Interface Order Code</b>	3000974		
Result Code	Name	LOINC Code	AOE/Prompt
3000976	Urine Free Kappa Light Chain	38176-4	No
3000977	Urine Free Lambda Light Chain	38178-4	No
3000978	Urine Kappa/Lambda FLC Ratio	41759-2	No



LABORATORY REPORT

QC ACCOUNT (WARDE)
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ANN ARBOR MI 48108

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

Immunology

Collected: 05/21/2026 15:23 Received: 05/21/2026 15:23

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Rows include Urine Free Kappa Light Chain, Urine Free Lambda Light Chain, and Urine Kappa/Lambda FLC Ratio.

If free light chain results do not agree with other clinical or laboratory findings, repeat testing on a diluted sample to rule out antigen excess may be requested.

Reported Date: 05/21/2026 15:23 UFKL

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

E921000015 Ordered By: CLIENT CLIENT
WX0000000158 WX00000000000260
Printed D&T: 05/21/26 15:25

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

Inactivate Test With Replacement			
<b>Effective Date</b>	6/23/2026		
Inactivated Test			
<b>Name</b>	Q Fever (Coxiella burnetii) AB (IgG, IgM) w/reflex to Titer		
<b>Code</b>	QFGM		
<b>Legacy Code<sup>1</sup></b>	QFGM		
<b>Interface Order Code</b>	3700021		
Replacement Test			
<b>Name</b>	Q Fever (Coxiella burnetii) AB (IgG, IgM) w/reflex to Titer		
<b>Code</b>	QFGMR		
<b>CPT Code(s)</b>	86638 x 4, plus 86317 each titer performed, at additional cost		
<b>Notes</b>	New York DOH Approval Status: Yes		
Specimen Requirements			
<b>Specimen Required</b>	<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> 0.2 mL <i>Transport Temperature:</i> Refrigerated		
<b>Alternate Specimen</b>	Serum: Red top		
<b>Stability</b>	Room temperature: 4 days Refrigerated: 7 days Frozen: 30 days		
Performing Information			
<b>Methodology</b>	Immunofluorescence Assay (IFA) (CF), Anticomplement Immunofluorescence, Enzyme Immunoassay (EIA), Enzyme Linked Immunosorbent Assay (ELISA)		
<b>Reference Range</b>	<1:16 titer		
<b>Performed Days</b>	Tuesday - Saturday		
<b>Turnaround Time</b>	3 - 6 days		
<b>Performing Laboratory</b>	Quest		
Interface Information			
<b>Legacy Code</b>	QFGMR		
<b>Interface Order Code</b>	3401152		
Result Code	Name	LOINC Code	AOE/Prompt
3401153	Q Fever IgG Phase I Scr	32644-7	No
3401154	Q Fever IgG Phase II Scr	31314-8	No
3401156	Q Fever IgM Phase I Scr	32645-4	No
3401157	Q Fever IgM Phase II Scr	31315-5	No
3401158	Q Fever IgG Phase I Titer	9708-9	No
3401159	Q Fever IgG Phase II Titer	9709-7	No
3401161	Q Fever IgM Phase I Titer	9710-5	No
3401162	Q Fever IgM Phase II Titer	9711-3	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: 05/21/2026 14:36 Received: 05/21/2026 14:36

Test Name Result Flag Ref-Ranges Units Site

Q Fever (Coxiella burnetii) AB (IgG,IgM) w/reflex to Titer

Q Fever IgG Phase I Scr POSITIVE AB QCRL

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

Q Fever IgG Phase II Scr POSITIVE AB QCRL

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

Q Fever IgM Phase I Scr POSITIVE AB QCRL

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

Q Fever IgM Phase II Scr POSITIVE AB QCRL

REFERENCE RANGE: NEGATIVE

Q Fever Antibody testing includes differentiation of antibodies to Phase I and Phase II antigenic variants. Coxiella burnetii, which causes Q Fever, undergoes transitions between Phase I and Phase II states. These phases are serologically distinguishable and useful in the serodiagnosis of acute and chronic disease. In some cases, the ratio of titer of Phase II to Phase I may indicate the stage of the disease. A ratio of greater than 1 may indicate the acute stage; greater than or equal to 1, granulomatous hepatitis; and less than 1, the chronic stage or endocarditis. As with other infectious diseases, IgM antibodies are the first to appear. Usually they are detectable for a few weeks or, at the most, for a few months. IgG antibodies appear somewhat later but can persist for years, even for life. Although single Phase II IgG titers of 1:256 or greater are considered evidence of acute C.

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

E921000011 Ordered By: CLIENT CLIENT
WX0000000237 WX00000000000511
Printed D&T: 05/21/26 14:40

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1
PAGE 1 OF 2



LABORATORY REPORT

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

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

Referral Testing

Collected: 05/21/2026 14:36 Received: 05/21/2026 14:36

Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Contains 5 rows of test results for Q Fever IgG Phase I Titer, Q Fever IgG Phase II Titer, Q Fever IgM Phase I Titer, and Q Fever IgM Phase II Titer.

Reported Date: 05/21/2026 14:36 QFGMR

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

E921000011 Ordered By: CLIENT CLIENT
WX0000000237 WX00000000000511
Printed D&T: 05/21/26 14:40

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1
PAGE 2 OF 2