Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2026

Update Summary		
Update Existing Test	7/17/2026	ASGCF - "Aspergillus Antibody Panel, CF and ID, Serum"
Update Existing Test	7/17/2026	COV2G - "SARS Coronavirus 2 IgG Antibody"
Update Existing Test	7/17/2026	LPA - "Lipoprotein LP(a)"
Update Existing Test	7/17/2026	MYCG - "Mycoplasma IgG Ab"
Update Existing Test	7/17/2026	MYCGM - "Mycoplasma IgG/IgM Abs"
Update Existing Test	7/17/2026	MYCM - "Mycoplasma IgM Ab"
Update Existing Test	7/17/2026	RMSGM - "Rickettsia Rickettsii (Rocky Mountain Spotted Fever) Antibo"
Update Existing Test	7/17/2026	RPRT - "Rapid Plasma Reagin (RPR) Titer"
Update Existing Test	7/17/2026	RUBM - "Rubella IgM Antibody"
Update Existing Test	7/17/2026	TORC - "TORCH IgM Panel"
Update Existing Test	7/17/2026	TYPGM - "Rickettsia typhi IgG, IgM Ab"
Update Existing Test	7/17/2026	VARM - "Varicella Zoster IgM Antibody"
Inactivate Test With Replacement	8/24/2026	QUAD1 - "QUAD Screen" replaced by QUADS - "Maternal Serum Screen Quad"
Inactivate Test Without Replacement	8/25/2026	BNPAR - "B- type Natriuretic Peptide"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2026

Update Existing Test	
Effective Date	7/17/2026
Name	Aspergillus Antibody Panel, CF and ID, Serum
Code	ASGCF
Interface Order Code	3401173
Legacy Code	ASGCF
Notes	Update to CPT Codes
Required Testing Changes	
CPT Code(s)	86606 (x3), 86317

Update Existing Test	
Effective Date	7/17/2026
Name	SARS Coronavirus 2 IgG Antibody
Code	COV2G
Interface Order Code	3000068
Legacy Code	COV2G
Notes	Update to Performed Days and Turnaround Time
Required Testing Changes	
Performed Days	Monday and Thursday
Turnaround Time	1 - 4 days

Update Existing Test	
Effective Date	7/17/2026
Name	Lipoprotein LP(a)
Code	LPA
Interface Order Code	3000408
Legacy Code	LPA
Notes	Update to Specimen Required Removed fasting requirement.
Required Testing Changes	
Specimen Required	*Patient Preparation*: Do not collect blood during active inflammation or 1 month following a MI or stroke. *Collect*: Serum separator tube (SST) *Specimen Preparation*: Centrifuge, separate serum from cells and send 1.0 mL serum in a screw capped plastic vial. *Minimum Volume*: 0.2 mL *Transport Temperature*: Refrigerated

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2026

Update Existing Test	
Effective Date	7/17/2026
Name	Mycoplasma IgG Ab
Code	MYCG
Interface Order Code	3003010
Legacy Code	MYCG
Notes	Update to Performed Days and Turnaround Time
Required Testing Changes	
Performed Days	Monday and Thursday
Turnaround Time	1 - 4 days

Update Existing Test	
Effective Date	7/17/2026
Name	Mycoplasma IgG/IgM Abs
Code	MYCGM
Interface Order Code	3003005
Legacy Code	MYCGM
Notes	Update to Performed Days and Turnaround Time
Required Testing Changes	
Performed Days	Monday and Thursday
Turnaround Time	1 - 4 days

Update Existing Test	
Effective Date	7/17/2026
Name	Mycoplasma IgM Ab
Code	MYCM
Interface Order Code	3003100
Legacy Code	MYCM
Notes	Update to Performed Days and Turnaround Time
Required Testing Changes	
Performed Days	Monday and Thursday
Turnaround Time	1 - 4 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2026

Update Existing Test	
Effective Date	7/17/2026
Name	Rickettsia Rickettsii (Rocky Mountain Spotted Fever) Antibo
Code	RMSGM
Interface Order Code	3718740
Legacy Code	RMSFGMSP
Notes	Update to Turnaround Time
Required Testing Changes	
Turnaround Time	3 - 6 days

Update Existing Test	
Effective Date	7/17/2026
Name	Rapid Plasma Reagin (RPR) Titer
Code	RPRT
Interface Order Code	3000101
Legacy Code	RPRT
Notes	Update to Alternate Specimen
Required Testing Changes	
Alternate Specimen	Serum: Red top Plasma: Lavender EDTA, blue sodium citrate

Update Existing Test	
Effective Date	7/17/2026
Name	Rubella IgM Antibody
Code	RUBM
Interface Order Code	3000285
Legacy Code	RUBM
Notes	Update to Performed Days and Turnaround Time
Required Testing Changes	
Performed Days	Monday and Thursday
Turnaround Time	1 - 4 days

Update Existing Test	
Effective Date	7/17/2026
Name	TORCH IgM Panel
Code	TORC
Interface Order Code	3000882
Legacy Code	TORC
Notes	Update to Turnaround Time
Required Testing Changes	
Turnaround Time	1 - 4 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2026

Update Existing Test	
Effective Date	7/17/2026
Name	Rickettsia typhi IgG, IgM Ab
Code	TYPGM
Interface Order Code	3721500
Legacy Code	TYPSP
Notes	Update to Turnaround Time
Required Testing Changes	
Turnaround Time	3 - 6 days

Update Existing Test	
Effective Date	7/17/2026
Name	Varicella Zoster IgM Antibody
Code	VARM
Interface Order Code	3017400
Legacy Code	VARM
Notes	Update to Performed Days and Turnaround Time
Required Testing Changes	
Performed Days	Monday and Thursday
Turnaround Time	1 - 4 days

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2026

Inactivate Test With Replacement

Effective Date	8/24/2026

Inactivated Test

Name	QUAD Screen
Code	QUAD1
Legacy Code	QUAD1
Interface Order Code	3000356

Replacement Test

Name	Maternal Serum Screen Quad
Code	QUADS
CPT Code(s)	81511
Notes	New York Approval Status: Yes

Specimen Requirements

Specimen Required	*Patient Preparation*: Collect sample between 14 weeks 0 days and 24 weeks 6 days gestation. Send completed Quad Screen Information sheet with each specimen. *Collect*: Red top *Specimen Preparation*: Centrifuge, separate serum from cells within 2 hours of collection and send 3.0 mL serum in a screw capped plastic vial. *Minimum Volume*: 1.0 mL *Transport Temperature*: Refrigerated
Alternate Specimen	Serum separator tube (SST)
Rejection Criteria	Plasma. Hemolyzed specimens.
Stability	Room temperature: 72 hours Refrigerated: 14 days Frozen: 1 year (Avoid repeated freeze/thaw cycles.)

Performing Information

Methodology	Qualitative Chemiluminescent Immunoassay (CLIA)
Reference Range	See report
Performed Days	Sunday - Saturday
Turnaround Time	4 - 6 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	QUADS
Interface Order Code	3600606

Result Code	Name	LOINC Code	AOE/Prompt
3600607	Client Provided Maternal Date of Birth	21112-8	Yes
3600608	Client Provided Maternal Weight	29463-7	Yes
3600609	Client Provided Patient Weight Units		Yes
3600611	Client Provided Due Date	11778-8	Yes
3600612	Client Provided Dating Method	21299-3	Yes
3600613	Client Provided Last Menstrual Period	8665-2	Yes
3600614	Client Provided Number of Fetuses	55281-0	Yes
3600616	Client Provided Race of Mother	21484-1	Yes

3600617	Client Provided Diabetic Status	33248-6	Yes
3600618	Client Provided Current Smoking	64234-8	Yes
3600619	Client Provided Valproic/Carbamazepine	19009-0	Yes
3600621	Client Provided Previous Trisomy Preg	68328-4	Yes
3600622	Client Provided Family History of NTD	8670-2	Yes
3600623	Client Provided In Vitro Fertilization	47224-1	Yes
3600624	Donor Egg Age at Harvest		Yes
3600626	Client Provided Repeat Specimen	8251-1	Yes
3600627	Patiet's AFP	1834-1	No
3600628	MoM for AFP	20450-3	No
3600629	Patient's uE3	2250-9	No
3600631	MoM for uE3	20466-9	No
3600632	Patient's hCG, 2nd Trimester	19080-1	No
3600633	hCG MoM, 2nd Trimester	20465-1	No
3600634	Patient's DIA	23883-2	No
3600636	MoM for DIA	35738-4	No
3600637	Maternal Screen Interpretation	49586-1	No
3600638	Maternal Age at Delivery	21612-7	No
3600639	Maternal Weight	29463-7	No
3600641	Estimated Due Date	11778-8	No
3600642	Gestational Age Calculated at Collection	18185-9	No
3600643	Dating	21299-3	No
3600644	Number of Fetuses	11878-6	No
3600646	Maternal Race	21484-1	No
3600647	Maternal Diabetes at Conception	44877-9	No
3600648	Smoking	64234-8	No
3600649	Family Hx Neural Tube Defect	8670-2	No
3600651	Family History of Aneuploidy	32435-0	No
3600652	Specimen	19151-0	No
3600653	EER Maternal Serum, Quad	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: 07/16/2026 10:37 Received: 07/16/2026 10:37

Test Name	Result	Flag	Ref-Ranges	Units	Site
Maternal Serum Screen Quad					
Client Provided Maternal Date of Birth	12051988				ARRL
Client Provided Maternal Weight	145				ARRL
Client Provided Patient Weight Units	pounds				ARRL
Client Provided Due Date	12092026				ARRL
Client Provided Dating Method	US				ARRL
Client Provided Last Menstrual Period	02102026				ARRL
Client Provided Number of Fetuses	1				ARRL
Client Provided Race of Mother	white				ARRL
Client Provided Diabetic Status	no				ARRL
Client Provided Current Smoking	no				ARRL
Client Provided Valproic/Carbamazepine	no				ARRL
Client Provided Previous Trisomy Preg	no				ARRL
Client Provided Family History of NTD	no				ARRL
Client Provided In Vitro Fertilization	no				ARRL
Donor Egg Age at Harvest	n/a				ARRL
Client Provided Repeat Specimen	no				ARRL
Patiet's AFP	51			ng/mL	ARRL
MoM for AFP	0.85				ARRL
Patient's uE3	1.79			ng/mL	ARRL
MoM for uE3	0.62				ARRL
Patient's hCG, 2nd Trimester	13646			IU/L	ARRL
hCG MoM, 2nd Trimester	0.70				ARRL
Patient's DIA	146			pg/mL	ARRL
MoM for DIA	0.80				ARRL
Maternal Screen Interpretation	Screen Neg				ARRL

```
INTERPRETATION: SCREEN NEGATIVE

Neural Tube Defects (NTD)   Negative
Down syndrome (DS)          Negative
Trisomy 18 (T18)            Negative

                            Pre-Test     Post-Test
Cutoff

Neural Tube Defects Risks   1:1030       < 1:10000    1:250

Down Syndrome Risks         1:1030       1:11700      1:150

Trisomy 18 Risks            1:4000       1:5290       1:100
```

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

F116000003 Ordered By: CLIENT CLIENT
WX0000000237 WX00000000000511
Printed D&T: 07/16/26 10:38

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

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: 07/16/2026 10:37 Received: 07/16/2026 10:37

Test Name	Result	Flag	Ref-Ranges	Units	Site
Comments:					
The risk of an open neural tube defect is less than the screening cut-off.					
The risk of Down syndrome is less than the screening cut-off.					
The risk of trisomy 18 is less than the screening cut-off.					
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.					
Maternal Age at Delivery	25.3			yr	ARRL
Maternal Weight	145.0 lbs.				ARRL
Estimated Due Date	12-09-26				ARRL
Gestational Age Calculated at Collection	16 wks, 4 days				ARRL
Dating	LMP CONF by US				ARRL
Number of Fetuses	Singleton				ARRL
Maternal Race	Nonblack				ARRL
Maternal Diabetes at Conception	No				ARRL
Smoking	No				ARRL
Family Hx Neural Tube Defect	No				ARRL
Family History of Aneuploidy	No				ARRL
Specimen	See Note				ARRL
Initial Sample					
EER Maternal Serum, Quad	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=064805Qx53e40D6b25JQi Performed By: ARUP Laboratories 500 Chipeta Way Salt Lake City, UT 84108 Laboratory Director: Jonathan R. Genzen, MD, PhD CLIA Number: 46D0523979					

Reported Date: 07/16/2026 10:37 QUADS

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:
ARRL: ARUP REFERENCE LAB 500 Chipeta Way Salt Lake City UT 841081221

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

F116000003
WX0000000237
Printed D&T: 07/16/26 10:38

Ordered By: CLIENT CLIENT
WX00000000000511

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

AUGUST 2026

Inactivate Test Without Replacement	
Effective Date	8/25/2026
Name	B- type Natriuretic Peptide
Code	BNPAR
Legacy Code	BNPAR
Interface Code	3619320
Notes	Suggested replacement is NT proBNP (NTBNP/3000317)