Warde Medical Laboratory

TEST DIRECTORY UPDATE

SEPTEMBER 2026

Update Summary		
Update Existing Test	9/1/2026	ASCA - "Saccharomyces cerevisiae IgG IgA"
Update Existing Test	9/8/2026	COPCR - "Chlamydia and Neisseria Testing by PCR"
Update Existing Test	9/8/2026	GHBUR - "Gamma-Hydroxybutyric Acid (GHB) with Reflex to Confirm, Ur"
Update Existing Test	9/1/2026	IBDP - "Inflammatory Bowel Disease Differentiation Panel"
Update Existing Test	8/21/2026	INT1G - "Interleukin 1 beta, Serum"
Update Existing Test	8/21/2026	INT2R - "Interleukin-2 Receptor (CD25), Soluble, Serum"
Update Existing Test	8/21/2026	INTLX - "Interleukin 10, Serum"
Update Existing Test	9/1/2026	LACOS - "Lacosamide"
Update Existing Test	8/21/2026	NEUFC - "Neutrophil Ab, Flow Cytometry"
Update Existing Test	8/21/2026	PLABD - "Platelet Ab, Direct, Flow Cyto"
Update Existing Test	8/21/2026	TNFA - "Tumor Necrosis Factor Alpha, Serum"
Update Existing Test	9/1/2026	TPMTM - "Thiopurine Metabolites"
Update Existing Test	9/1/2026	WNVS - "West Nile Virus RNA, PCR, Serum"

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Update Existing Test	
Effective Date	9/1/2026
Name	Saccharomyces cerevisiae IgG IgA
Code	ASCA
Interface Order Code	3017360
Legacy Code	ASCA
Notes	Update to turnaround time.
Required Testing Changes	
Turnaround Time	**1 - 14 days**

Update Existing Test	
Effective Date	9/8/2026
Name	Chlamydia and Neisseria Testing by PCR
Code	COPCR
Interface Order Code	3000499
Legacy Code	COPCR
Notes	Update to CPT code.
Required Testing Changes	
CPT Code(s)	**87494**

Update Existing Test	
Effective Date	9/8/2026
Name	Gamma-Hydroxybutyric Acid (GHB) with Reflex to Confirm, Ur
Code	GHBUR
Interface Order Code	3300071
Legacy Code	GHBUR
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: **30 days** Refrigerated: **30 days** Frozen: **30 days**

Update Existing Test	
Effective Date	9/1/2026
Name	Inflammatory Bowel Disease Differentiation Panel
Code	IBDP
Interface Order Code	3016300
Legacy Code	IBDP
Notes	Update to performed days and turnaround time.
Required Testing Changes	
Performed Days	**ASCA: Friday, NCA: Monday - Friday, PR3AB: Monday - Friday, MPO: Monday - Friday**
Turnaround Time	**1 - 14 days**

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Update Existing Test	
Effective Date	8/21/2026
Name	Interleukin 1 beta, Serum
Code	INT1G
Interface Order Code	3503990
Legacy Code	INT1G
Notes	Update to specimen requirements and reference range.
Required Testing Changes	
Specimen Required	*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. **Freeze serum within 30 minutes**. CRITICAL FROZEN. *Minimum Volume*: 0.4 mL *Transport Temperature*: Critical Frozen
Reference Range	**≤7.1pg/mL** Cytokine levels may demonstrate diurnal variation. For longitudinal comparison, it is recommended that cytokine levels be determined at the same time of day.

Update Existing Test	
Effective Date	8/21/2026
Name	Interleukin-2 Receptor (CD25), Soluble, Serum
Code	INT2R
Interface Order Code	3504010
Legacy Code	INT2R
Notes	Update to specimen requirements and reference range.
Required Testing Changes	
Specimen Required	*Collect*: Serum separator tube (SST) *Specimen Preparation*: Centrifuge, remove serum from cells within 2 hours and send 1.0 mL serum in a screw capped plastic vial. **Freeze serum within 30 minutes**. CRITICAL FROZEN. *Minimum Volume*: 0.4 mL *Transport Temperature*: Critical Frozen
Reference Range	**353.5-1019.8 pg/mL**

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Update Existing Test	
Effective Date	8/21/2026
Name	Interleukin 10, Serum
Code	INTLX
Interface Order Code	3600301
Legacy Code	INTLX
Notes	Update to specimen requirements and reference range.
Required Testing Changes	
Specimen Required	*Collect*: Serum separator tube (SST) *Specimen Preparation*: Separate serum from cells ASAP or within 2 hours of collection. Send 1.0 mL serum in plastic screw capped plastic vial. **Freeze serum within 30 minutes**. CRITICAL FROZEN Separate specimens must be submitted when multiple tests are ordered. *Minimum Volume*: 0.4 mL *Transport Temperature*: Critical Frozen
Reference Range	**6.0 pg/mL or less**

Update Existing Test	
Effective Date	9/1/2026
Name	Lacosamide
Code	LACOS
Interface Order Code	3513660
Legacy Code	LACOS
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: **Yes**

Update Existing Test	
Effective Date	8/21/2026
Name	Neutrophil Ab, Flow Cytometry
Code	NEUFC
Interface Order Code	3426300
Legacy Code	NEUTRFCQ
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: **No**

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Update Existing Test	
Effective Date	8/21/2026
Name	Platelet Ab, Direct, Flow Cyto
Code	PLABD
Interface Order Code	3421700
Legacy Code	PLTABDQ
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: **No**

Update Existing Test	
Effective Date	8/21/2026
Name	Tumor Necrosis Factor Alpha, Serum
Code	TNFA
Interface Order Code	3685260
Legacy Code	TNFARP
Notes	Update to specimen requirements and reference range.
Required Testing Changes	
Specimen Required	*Collect*: Serum separator tube (SST) *Specimen Preparation*: Centrifuge, separate serum from cells within 2 hours and send 1.0 mL serum in a screw capped plastic vial. **Freeze serum within 30 minutes. CRITICAL FROZEN.** *Minimum Volume*: 0.4 mL *Transport Temperature*: **Critical Frozen**
Reference Range	**11.5 pg/mL or less** **Cytokine levels may demonstrate diurnal variations.** **For longitudinal comparison, it is recommended that cytokine levels be determined at the same time of day.**

Update Existing Test	
Effective Date	9/1/2026
Name	Thiopurine Metabolites
Code	TPMTM
Interface Order Code	3400000
Legacy Code	TPMTM
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: **Yes**

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Update Existing Test	
Effective Date	9/1/2026
Name	West Nile Virus RNA, PCR, Serum
Code	WNVS
Interface Order Code	3800221
Legacy Code	WNVS
Notes	Update to specimen requirements.
Required Testing Changes	
Specimen Required	*Collect*: Serum separator tube (SST) *Specimen Preparation*: Centrifuge and separate serum within 6 hours of collection. Send **1.0** mL serum in a screw capped plastic vial. *Minimum Volume*: **0.5 mL** *Transport Temperature*: Refrigerated