Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

Update Summary		
New Test Activation	10/27/2026	CASPR - "CASPR2 Antibody Test"
New Test Activation	10/27/2026	HBAGQ - "Hepatitis B Surface Antigen, Quantitative, Monitoring"
New Test Activation	10/27/2026	MNU - "Manganese, Urine"
New Test Activation	10/27/2026	PTF12 - "Prothrombin Fragment 1.2"
New Test Activation	10/27/2026	PVLE - "Paraneoplastic Vision Loss Evaluation, Serum"
New Test Activation	10/27/2026	TATC - "Thrombin-Antithrombin (TAT) Complex"
Update Existing Test	9/18/2026	23BPR - "2,3-Dinor 11 Beta-Prostaglandin F2 Alpha, Random, Urine"
Update Existing Test	9/18/2026	23BPT - "2,3-Dinor 11 Beta-Prostaglandin F2 Alpha, 24 Hour, Urine"
Update Existing Test	10/19/2026	HTLVR - "HTLV Types I/II Abs with Reflex to HTLV-I/II Confirmation"
Update Existing Test	10/19/2026	HTLWB - "HTLV-I/II Antibodies, Western Blot"
Update Existing Test	10/19/2026	INTL8 - "Interleukin 8, Serum"
Update Existing Test	10/19/2026	JAK2E - "JAK2 Exon 12-Mutation Analysis by PCR"
Update Existing Test	9/18/2026	NMH24 - "N-Methylhistamine, 24 Hour, Urine"
Update Existing Test	9/18/2026	NMHR - "N-Methylhistamine, Random, Urine"
Update Existing Test	9/18/2026	RITFC - "Rituxan Sensitivity (CD20)"
Update Existing Test	9/18/2026	RLTE4 - "Leukotriene E4, Random, Urine"
Update Existing Test	9/18/2026	TLTE4 - "Leukotriene E4, 24 Hour, Urine"
Update Existing Test	9/18/2026	ZAP70 - "ZAP-70"
Inactivate Test With Replacement	10/19/2026	CC2 - "Complement Component 2 (C2)" replaced by CCC2 - "Complement Component C2"
Inactivate Test Without Replacement	10/19/2026	EML4P - "EML4-ALK Gene Fusion, PCR"
Inactivate Test Without Replacement	9/18/2026	TYSAB - "Tysabri Antibodies"

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

New Test Activation			
Effective Date	10/27/2026		
Name	CASPR2 Antibody Test		
Code	CASPR		
CPT Code(s)	86255		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect*: Serum: Red top *Specimen Preparation*: Centrifuge, separate serum from cells within 48 hours and send 2.0 mL serum in a screw capped plastic vial. *Minimum Volume*: 0.5 mL *Transport Temperature*: Refrigerated		
Alternate Specimen	Serum separator tube (SST) Cerebrospinal fluid (CSF) collected in a sterile leak-proof container		
Rejection Criteria	Turbid, Bacterial contamination		
Stability	Room temperature: 72 hours Refrigerated: 28 days Frozen: 28 days		
Performing Information			
Methodology	Immunofluorescence Assay (IFA) (CF), Anticomplement Immunofluorescence, Enzyme Immunoassay (EIA), Enzyme Linked Immunosorbent Assay (ELISA)		
Reference Range	Negative		
Performed Days	Sunday, Tuesday, Thursday		
Turnaround Time	7 - 9 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	CASPR		
Interface Order Code	3401182		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3401182	CASPR2 Antibody Test		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: 09/17/2026 11:32 Received: 09/17/2026 11:32

Test Name	Result	Flag	Ref-Ranges	Units	Site
CASPR2 Antibody Test	SEE BELOW				QHRL

```
--------------TESTS-------------RESULTS--------UNITS--REF. RANGE---
INTERPRETATION
NEGATIVE
This test did not detect abnormal levels of anti-CASPR2
antibodies.
TECHNICAL RESULTS
-------------------------------------------------------------
Interpretive Result Table
-------------------------------------------------------------
INTERPRETIVE RESULT: Negative
TEST: anti-CASPR2
TECHNICAL RESULT: Negative
REFERENCE RANGE: Negative
-------------------------------------------------------------
-------------------------------------------------------------
COMMENTS
Comments: This result does not exclude a diagnosis of an
autoimmune etiology for the neurological symptoms associated
with paraneoplastic disorder.
Recommendations: Health care providers, please contact the
Athena Diagnostics Client Services Department at
1-800-394-4493 if you wish to speak with a clinical
consultant regarding this test result.
Other testing available: Athena Diagnostics recommends
additional testing, if not already performed. Athena
Diagnostics currently offers the following antibody tests:
anti-Hu, anti-Yo, anti-Zic4, anti-CV2, anti-Ma1, anti-Ta,
anti-Ri, anti-Recoverin, anti-VGCC, anti-VGKC,
anti-Amphiphysin, anti-G-AChR, anti-NMDA, anti-GAD65, and
anti-LGI1. Please contact the Athena Diagnostics Client
Services Department or visit AthenaDiagnostics.com for
information regarding additional testing that may be
appropriate based on this individual's clinical
presentation.
Background information: Paraneoplastic neurological
syndromes or disorders (PNS or PND) are rare immune-mediated
disorders resulting from the damage to the nervous system
due to remote effects of a tumor (1, 2). PND of the central
nervous system may occur in association with either
onconeural antibodies directed against intracellular
antigens, or antibodies targeted against neuronal surface
antigens (1, 3).
Clinical features of PND may include ataxia, limbic or
brainstem encephalitis, sensory neuropathy, subacute
cerebellar degeneration, dizziness, nystagmus, dysphagia,
dysarthria, loss of muscle tone, loss of memory, vision
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QC ACCOUNT (WARDE)
300 W. TEXTILE
ANN ARBOR MI 48108

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

Referral Testing

Collected: 09/17/2026 11:32 Received: 09/17/2026 11:32

Test Name	Result	Flag	Ref-Ranges	Units	Site

problems, sleep disturbances, dementia, seizures, and/or sensory loss in the limbs (4). In approximately 60% of PND cases, neuropathic symptoms precede a tumor diagnosis (1). Some of the tumors related to PND include small cell lung cancer, ovarian teratoma and carcinoma, thymoma, lymphoma, breast cancer, and/or testicular cancer (2). PND may also include Lambert-Eaton myasthenic syndrome (LEMS), stiff person syndrome, encephalomyelitis, myasthenia gravis, neuromyotonia, and opsoclonus-myoclonus (4). However, these disorders can also occur in individuals without underlying cancer.

Contactin-associated protein 2 (CASPR2) is a member of the neurexin superfamily, a group of transmembrane proteins that mediate cell to cell interactions in the nervous system (5). CASPR2 plays a critical role in concentrating voltage gated potassium channel (VGKC) and other proteins in the juxtaparanodal region of myelinated axons (6). CASPR2 has recently been shown to be a target antigen for antibodies in patients with neuromyotonia, Morvan's syndrome and limbic encephalitis associated with paraneoplastic disorder (7, 8, 9). The clinical features of these disorders may include cognitive impairment, memory loss, hallucinations, delusions, seizures, peripheral nerve hyperexcitability and axonal sensory motor neuropathy (9, 10). The tumors associated with CASPR2 positive antibody include thymomas and endometrial adenocarcinoma (8). Since neurological symptoms often precede the detection of an occult malignancy, patient monitoring is recommended, and a search for occult cancer should be considered.

Isolated cases of idiopathic epilepsy, late onset dystonic epilepsy and neuromyelitis optica were also identified in individuals positive for CASPR2 antibodies (8).

METHODS

A cell-based assay (CBA) was used to detect antibodies by indirect immunofluorescence test (IIFT) on a recombinant cell line expressing the antigen.

Limitations of analysis: Cross-interfering antibodies may be present in samples and appear as borderline or low positive results. Specimen type may affect sensitivity and specificity of this assay. False positive or false negative results may occur rarely. All results should be interpreted in the context of clinical findings, relevant medical history, and other ancillary laboratory data.

REFERENCES

1. Darnell, RB, et al. (2006) Semin Oncol 33: 270-98. (PMID: 16769417)
2. Titulaer, MJ, et al. (2011) Eur J Neurol 18: 19-e3. (PMID: 20880069)

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

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

Referral Testing

Collected: 09/17/2026 11:32 Received: 09/17/2026 11:32

Test Name	Result	Flag	Ref-Ranges	Units	Site

3. Zuliani, L, et al. (2012) J Neurol Neurosurg Psychiatry 83: 638-45. (PMID: 22448032)
4. Rosenfeld, MR, et al. (2010) Oncologist 15: 603-17. (PMID: 20479279)
5. Delehanty, SG, et al. (1991) J Psychosom Res 35: 451-60. (PMID: 1920176)
6. Poliak, S, et al. (1999) Neuron 24: 1037-47. (PMID: 10624965)
7. Lancaster, E, et al. (2011) Ann Neurol 69: 303-11. (PMID: 21387375)
8. Irani, SR, et al. (2010) Brain 133: 2734-48. (PMID: 20663977)
9. Lai, M, et al. (2010) Lancet Neurol 9: 776-85. (PMID: 20580615)
10. Graus, F, et al. (2010) J Neurol 257: 509-17. (PMID: 20035430)

This test was developed and its analytical performance characteristics have been determined by Athena Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. Laboratory oversight provided by Vivekananda Datta, M.D., Ph.D., CLIA license holder, Athena Diagnostics (CLIA# 22D0069726)

Testing performed at:
Athena Diagnostics 200 Forest Street Marlborough, MA 01752
Test performed by
Quest Diagnostics Esoteric MA, Inc.
dba Athena Diagnostics
200 Forest Street
2nd Floor
Marlborough, MA 01752-3023
Phone: 800-394-4493
Medical Director: Vivekananda Datta, M.D., Ph.D.
CLIA# 22D0069726
Test Reported 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: 09/17/2026 11:32 CASPR

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

New Test Activation			
Effective Date	10/27/2026		
Name	Hepatitis B Surface Antigen, Quantitative, Monitoring		
Code	HBAGQ		
CPT Code(s)	87467		
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*: 1.0 mL *Transport Temperature*: Refrigerated		
Alternate Specimen	Serum: Red top		
Rejection Criteria	Gross hemolysis, grossly lipemic, samples other than serum		
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days		
Performing Information			
Methodology	Immunometric Immunoassay		
Reference Range	<0.05 IU/mL		
Performed Days	Monday - Saturday		
Turnaround Time	3 - 5 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	HBAGQ		
Interface Order Code	3401181		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3401181	Hepatitis B Surface Antigen, Quantitative, Monitoring	63557-3	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: 09/17/2026 11:36 Received: 09/17/2026 11:36

Test Name	Result	Flag	Ref-Ranges	Units	Site
Hepatitis B Surface Antigen, Quantitative, Monitoring	<0.5			IU/mL	QCRL

REFERENCE RANGE: <0.05 IU/mL

The HBsAg Quantitative test should not be used to diagnose HBV infection. For HBV diagnosis, test code 498(X) Hepatitis B Surface Antigen with Reflex Confirmation and test code 501(X) Hepatitis B Core Antibody, Total are recommended. Quantitative HBsAg should be used to confirm ongoing hepatitis B virus (HBV) replication, evaluate prognosis in selected patients, and monitor response to antiviral treatment.

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD CLIA 05D0643352

Reported Date: 09/17/2026 11:36 HBAGQ

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

F317000010
WX0000000237
Printed D&T: 09/17/26 11:37

Ordered By: CLIENT CLIENT
WX00000000000511

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

New Test Activation

Effective Date	10/27/2026
Name	Manganese, Urine
Code	MNU
CPT Code(s)	83785
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Patient Preparation*: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals and non-essential over-the-counter medication (upon the advice of their physician). High concentrations of iodine may interfere with elemental testing. Collection of urine specimens from patients receiving iodinated or gadolinium-based contrast media should be avoided for a minimum of 72 hours post exposure. Collection from patients with impaired kidney function should be avoided for a minimum of 14 days post contrast media exposure. *Collect*: 24 hour urine *Specimen Preparation*: Mix well and send 8.0 mL urine in a blue-capped ARUP metal-free screw capped plastic vial. Please contact laboratory for metal-free screw capped plastic vials. Specimens in other containers will be rejected. Record total volume on specimen label. Acid preserved urine. *Minimum Volume*: 1.0 mL *Transport Temperature*: Refrigerated
Alternate Specimen	Random urine
Rejection Criteria	Specimens contaminated with blood or fecal material. Specimens transported in non-trace element free transport tubes. Urine collected within 72 hours after administration of iodinated or gadolinium-based contrast media.
Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 1 year

Performing Information

Methodology	Quantitative Inductively Coupled Plasma - Mass Spectrometry (ICP-MS)
Reference Range	Manganese, Urine - per volume: <= 5.0 µg/L Manganese, Urine - per 24h: <= 5.0 µg/d Manganese, Urine - ratio to CRT: <= 5.0 µg/g CRT Creatinine, Urine - per 24h: See report
Performed Days	Sunday - Saturday
Turnaround Time	3 - 7 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	MNU
Interface Order Code	3600659

Result Code	Name	LOINC Code	AOE/Prompt
3600661	Hours Collected	30211-7	Yes
3600662	Total Volume	19153-6	Yes
3600667	Creatinine, Urine - per volume	35674-1	No
3600668	Creatinine, Urine - per 24h	2162-6	No
3600663	Manganese, Urine - per volume	21382-7	No

3600664	Manganese, Urine - per 24h	8203-2	No
3600666	Manganese, Urine - ratio to CRT	29935-4	No

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
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ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 58 Y

Referral Testing

Collected: 09/17/2026 11:42 Received: 09/17/2026 11:42

Test Name	Result	Flag	Ref-Ranges	Units	Site
Manganese, Urine					
Hours Collected	24			hr	ARRL
Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.					
Total Volume	1850			mL	ARRL
Creatinine, Urine - per volume	612			mg/dL	ARRL
Creatinine, Urine - per 24h	**11322**	**H**	500-1400	mg/d	ARRL
Performed By: ARUP Laboratories 500 Chipeta Way Salt Lake City, UT 84108 Laboratory Director: Jonathan R. Genzen, MD, PhD CLIA Number: 46D0523979					
Manganese, Urine - per volume	<1.0		<=5.0	ug/L	ARRL
INTERPRETIVE INFORMATION: Manganese, Urine - per volume Urine manganese provides limited utility in determining manganese exposure. Whole blood measurements are recommended for determining recent or active exposure. Elevated results may be due to skin or collection-related contamination, including the use of collection containers that are not certified to be trace element-free. If an elevated result is suspected to be due to contamination, confirmation with a second specimen collected in a certified trace element-free container is recommended. Methodology: Inductively Coupled Plasma - Mass Spectrometry (ICP-MS) 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.					
Manganese, Urine - per 24h	Not Applicable		<=5.0	ug/d	ARRL
INTERPRETIVE INFORMATION: Manganese, Urine - per 24h The per 24 hr result will not be calculated if the per					

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

Warde Medical Laboratory

LABORATORY REPORT

QC ACCOUNT (WARDE)
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ANN ARBOR MI 48108

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 58 Y

Referral Testing

Collected: 09/17/2026 11:42 Received: 09/17/2026 11:42

Test Name	Result	Flag	Ref-Ranges	Units	Site
	volume result is less than or greater than the analytical measuring range.				
Manganese, Urine - ratio to CRT	Not Applicable		<=5.0	ug/g CRT	ARRL
	INTERPRETIVE INFORMATION: Manganese, Urine - ratio to CRT Ratio to creatinine will not be calculated if the per volume result is less than the analytical measuring range.				

Reported Date: 09/17/2026 11:42 MNU

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

F317000011
WX0000000158
Printed D&T: 09/17/26 11:42

Ordered By: CLIENT CLIENT
WX00000000000260

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

New Test Activation			
Effective Date	10/27/2026		
Name	Prothrombin Fragment 1.2		
Code	PTF12		
CPT Code(s)	83520		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Collect*: Light blue 3.2% sodium citrate *Specimen Preparation*: For complete instructions, see Coagulation Test Collection Guide found under Resources/Interpretation Guides and Forms. Send 1.0 mL platelet-poor plasma in a screw capped plastic vial. CRITICAL FROZEN. *Minimum Volume*: 0.5 mL *Transport Temperature*: CRITICAL FROZEN		
Rejection Criteria	Specimen received not frozen, serum		
Stability	Room temperature: 4 hours Refrigerated: 4 hours Frozen: 30 days		
Performing Information			
Methodology	Enzyme Immunoassay (EIA)		
Reference Range	ADULT 41-372 pmol/L		
Performed Days	Wednesday		
Turnaround Time	5 - 8 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	PTF12		
Interface Order Code	3401183		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3401183	Prothrombin Fragment 1.2	25742-8	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 58 Y

Referral Testing

Collected: 09/17/2026 11:43 Received: 09/17/2026 11:43

Test Name	Result	Flag	Ref-Ranges	Units	Site
Prothrombin Fragment 1.2	123			pmol/L	QCRL

Reference Range:
ADULT: 41-372
Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 I Maramica MD, PhD, MBA

Reported Date: 09/17/2026 11:43 PTF12

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

F317000012
WX0000000158
Printed D&T: 09/17/26 11:43

Ordered By: CLIENT CLIENT
WX00000000000260

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

New Test Activation

Effective Date	10/27/2026
Name	Paraneoplastic Vision Loss Evaluation, Serum
Code	PVLE
CPT Code(s)	86255, 84182
Notes	New York DOH Approval Status: Yes

Specimen Requirements

Specimen Required	*Patient Preparation*: For optimal antibody detection, specimen collection is recommended before starting immunosuppressant therapy. Due to potential interference, test should not be requested for patients who have recently received radioisotopes, therapeutically or diagnostically. The waiting period before specimen collection will depend on the isotope administered, the dose given and individual clearance rate. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received will be held for 1 week and assayed if sufficiently decayed or canceled if radioactivity remains. *Collect*: Red top *Specimen Preparation*: Centrifuge, separate serum from cells and send 4.0 mL serum in a screw capped plastic vial. *Minimum Volume*: 2.0 mL *Transport Temperature*: Refrigerated
Alternate Specimen	Serum: Serum separator tube (SST)
Rejection Criteria	Gross hemolysis, gross lipemia, gross icterus
Stability	Room temperature: 72 hours Refrigerated: 28 days Frozen: 28 days

Performing Information

Methodology	Indirect Immunofluorescence Assay, Immunoblot, Western Blot	
Reference Range	COLLAPSIN RESPONSE-MEDIATOR PROTEIN-5-IgG	Negative
	RECOVERIN IMMUNOBLOT	Negative
	COLLAPSIN RESPONSE-MEDIATOR PROTEIN-5 TITER	<1:240
	COLLAPSIN RESPONSE-MEDIATOR PROTEIN-5 WESTERN BLOT	Negative
Performed Days	Monday - Sunday	
Turnaround Time	10 - 12 days	
Performing Laboratory	Mayo Clinic Laboratories	

Interface Information

Legacy Code	PVLE
Interface Order Code	3800499

Result Code	Name	LOINC Code	AOE/Prompt
3800502	IFA Notes	48767-8	No
3800503	CRMP-5-IgG, S	72504-4	No
3800504	Recoverin Immunoblot, S	83003-4	No
3800506	CRMP-5-IgG Western Blot, S	47401-5	No
3800507	CRMP-5-IgG Titer, S	94815-8	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 58 Y

Referral Testing

Collected: 09/10/2026 15:25 Received: 09/10/2026 15:25

Test Name	Result	Flag	Ref-Ranges	Units	Site
Paraneoplastic Vision Loss Evaluation, Serum					
Paraneoplas Vision Loss Interp, S	SEE BELOW				MMRL
	The following antibody was identified: Recoverin IgG. * Seropositivity is consistent with a diagnosis of paraneoplastic retinopathy. Considerations include small cell carcinoma, pulmonary or extrapulmonary. *				
IFA Notes	None				MMRL
CRMP-5-IgG, S	**Reactive**	**AB**	Negative		MMRL
	Tissue based immunofluorescence screening was reactive, confirmation by antigen-specific reflex to follow. A reactive result indicates an immunofluorescence pattern suggestive of this antibody specificity, but confirmatory testing is necessary before being finalized. ----------ADDITIONAL INFORMATION---------- 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.				
Recoverin Immunoblot, S	**Positive**	**AB**	Negative		MMRL
	----------ADDITIONAL INFORMATION---------- 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 Performed by: Mayo Clinic Laboratories - Rochester Main Campus 200 First Street SW, Rochester, MN 55905 Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292				
CRMP-5-IgG Western Blot, S	**Positive**	**H**	Negative		MMRL
	----------ADDITIONAL INFORMATION---------- 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 Performed by: Mayo Clinic Laboratories - Rochester Main Campus 200 First Street SW, Rochester, MN 55905 Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292				
CRMP-5-IgG Titer, S	**Positive 1:480**	**H**	<1:240	titer	MMRL
	----------ADDITIONAL INFORMATION---------- 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				

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

F310000005
WX0000000158
Printed D&T: 09/10/26 15:27

Ordered By: CLIENT CLIENT
WX00000000000260

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

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 58 Y

Referral Testing

Collected: 09/10/2026 15:25 Received: 09/10/2026 15:25

Test Name	Result	Flag	Ref-Ranges	Units	Site

the U.S. Food and Drug Administration.
Test Performed by:
Mayo Clinic Laboratories - Rochester Main Campus
200 First Street SW, Rochester, MN 55905
Lab Director: Nikola A. Baumann Ph.D.; CLIA# 24D0404292

Reported Date: 09/10/2026 15:27 PVLE

Performing Site:
MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

New Test Activation			
Effective Date	10/27/2026		
Name	Thrombin-Antithrombin (TAT) Complex		
Code	TATC		
CPT Code(s)	83520		
Notes	New York DOH Approval Status: Yes		
Specimen Requirements			
Specimen Required	*Patient Preparation*: Note on requisition if patient is on oral anticoagulant therapy. *Collect*: Light blue 3.2% sodium citrate *Specimen Preparation*: For complete instructions, see Coagulation Test Collection Guide found under Resources/Interpretation Guides and Forms. Send 1.0 mL platelet-poor plasma in a screw capped plastic vial. CRITICAL FROZEN. *Minimum Volume*: 0.5 mL *Transport Temperature*: CRITICAL FROZEN		
Rejection Criteria	Specimen received not frozen, serum		
Stability	Room temperature: 4 hours Refrigerated: 4 hours Frozen: 30 days		
Performing Information			
Methodology	Enzyme-linked Immunosorbent Assay (ELISA)		
Reference Range	<4 mcg/L		
Performed Days	Wednesday		
Turnaround Time	5 - 8 days		
Performing Laboratory	Quest		
Interface Information			
Legacy Code	TATC		
Interface Order Code	3401184		
Result Code	**Name**	**LOINC Code**	**AOE/Prompt**
3401184	Thrombin-Antithrombin (TAT) Complex	14182-0	No

Warde Medical Laboratory

LABORATORY REPORT

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

EXAMPLE, REPORT
WX0000000158 M 07/08/1968 58 Y

Referral Testing

Collected: 09/17/2026 11:46 Received: 09/17/2026 11:46

Test Name	Result	Flag	Ref-Ranges	Units	Site
Thrombin-Antithrombin (TAT) Complex	3.2		<4	mcg/L	QCRL

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

Reported Date: 09/17/2026 11:46 TATC

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

F317000013
WX0000000158
Printed D&T: 09/17/26 11:47

Ordered By: CLIENT CLIENT
WX00000000000260

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

Update Existing Test	
Effective Date	9/18/2026
Name	2,3-Dinor 11 Beta-Prostaglandin F2 Alpha, Random, Urine
Code	23BPR
Interface Order Code	3800223
Legacy Code	23BPR
Notes	Update to stability.
Required Testing Changes	
Stability	**Room temperature: 72 hours** **Refrigerated: 28 days** **Frozen: 28 days**

Update Existing Test	
Effective Date	9/18/2026
Name	2,3-Dinor 11 Beta-Prostaglandin F2 Alpha, 24 Hour, Urine
Code	23BPT
Interface Order Code	3800226
Legacy Code	23BPT
Notes	Update to stability.
Required Testing Changes	
Stability	**Room temperature: 72 hours** **Refrigerated: 28 days** **Frozen: 28 days**

Update Existing Test	
Effective Date	10/19/2026
Name	HTLV Types I/II Abs with Reflex to HTLV-I/II Confirmation
Code	HTLVR
Interface Order Code	3600553
Legacy Code	HTLVR
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: **48 hours** Refrigerated: 7 days Frozen: **30 days**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

Update Existing Test	
Effective Date	10/19/2026
Name	HTLV-I/II Antibodies, Western Blot
Code	HTLWB
Interface Order Code	3621850
Legacy Code	HTLWB
Notes	Update to stability.
Required Testing Changes	
Stability	Room temperature: **48 hours** Refrigerated: 7 days Frozen: **30 days**

Update Existing Test	
Effective Date	10/19/2026
Name	Interleukin 8, Serum
Code	INTL8
Interface Order Code	3684605
Legacy Code	INT8ARP
Notes	Update to specimen requirements.
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. CRITICAL FROZEN. **Freeze serum within 30 minutes.** *Minimum Volume*: 0.4 mL *Transport Temperature*: Critical frozen

Update Existing Test	
Effective Date	10/19/2026
Name	JAK2 Exon 12-Mutation Analysis by PCR
Code	JAK2E
Interface Order Code	3600547
Legacy Code	JAK2E
Notes	Update to specimen requirements, alternate specimen, and stability.
Required Testing Changes	
Specimen Required	*Collect*: **Lavender EDTA or Pink (K2EDTA)** *Specimen Preparation*: Send 5.0 mL whole blood. *Minimum Volume*: **1.0 mL** *Transport Temperature*: Refrigerated
Alternate Specimen	**Bone marrow: 3.0 mL**
Stability	**Refrigerated: 7 days** **Frozen: Unacceptable**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

Update Existing Test	
Effective Date	9/18/2026
Name	N-Methylhistamine, 24 Hour, Urine
Code	NMH24
Interface Order Code	3800110
Legacy Code	NMH24
Notes	Update to reference range.
Required Testing Changes	
Reference Range	**N-METHYLHISTAMINE** **0-5 years: 85-369 mcg/g creatinine** **6-16 years: 48-238 mcg/g creatinine** **>16 years: 19-143 mcg/g creatinine** **CREATININE** **Males: 930-2955 mg/24 hours** **Females: 603-1783 mg/24 hours** **Reference values have not been established for patients who are younger than 18 years.**

Update Existing Test	
Effective Date	9/18/2026
Name	N-Methylhistamine, Random, Urine
Code	NMHR
Interface Order Code	3800107
Legacy Code	NMHR
Notes	Update to reference range.
Required Testing Changes	
Reference Range	**0 - 5 years: 85 - 369 mcg/g creatinine** **6 - 16 years: 48 - 238 mcg/g creatinine** **>16 years: 19 - 143 mcg/g creatinine**

Update Existing Test	
Effective Date	9/18/2026
Name	Rituxan Sensitivity (CD20)
Code	RITFC
Interface Order Code	3400295
Legacy Code	RITFC
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: **No**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

Update Existing Test	
Effective Date	9/18/2026
Name	Leukotriene E4, Random, Urine
Code	RLTE4
Interface Order Code	3800268
Legacy Code	RLTE4
Notes	Update to stability.
Required Testing Changes	
Stability	**Room temperature: 8 hours** **Refrigerated: 72 hours** **Frozen: 28 days**

Update Existing Test	
Effective Date	9/18/2026
Name	Leukotriene E4, 24 Hour, Urine
Code	TLTE4
Interface Order Code	3800271
Legacy Code	TLTE4
Notes	Update to stability.
Required Testing Changes	
Stability	**Room temperature: 8 hours** **Refrigerated: 72 hours** Frozen: 28 days

Update Existing Test	
Effective Date	9/18/2026
Name	ZAP-70
Code	ZAP70
Interface Order Code	3424640
Legacy Code	ZAP70Q
Notes	Update to New York approval.
Required Testing Changes	
New York Approval	New York DOH Approval Status: **No**

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

Inactivate Test With Replacement

Effective Date	10/19/2026

Inactivated Test

Name	Complement Component 2 (C2)
Code	CC2
Legacy Code	CC2Q
Interface Order Code	3422160

Replacement Test

Name	Complement Component C2
Code	CCC2
CPT Code(s)	86160
Notes	New York DOH Approval Status: No

Specimen Requirements

Specimen Required	*Collect*: Serum separator tube (SST) *Specimen Preparation*: Allow specimen to clot for one hour at room temperature. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Send 1.0 mL serum in screw capped plastic vial. CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. *Minimum Volume*: 0.3 mL *Transport Temperature*: CRITICAL FROZEN
Rejection Criteria	Non-frozen specimens. Specimens exposed to repeated freeze/thaw cycles. Specimens left to clot at refrigerated temperature. No alternate specimens accepted.
Stability	After separation from cells Room temperature: 2 hours Refrigerated: Unacceptable Frozen: 14 days

Performing Information

Methodology	Quantitative Immunoturbidimetry
Reference Range	13.3 - 21.6 mg/L
Performed Days	Monday, Thursday
Turnaround Time	6 - 11 days
Performing Laboratory	ARUP Reference Laboratory

Interface Information

Legacy Code	CCC2
Interface Order Code	3600669

Result Code	Name	LOINC Code	AOE/Prompt
3600669	Complement Component C2	4484-2	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: 09/17/2026 11:34 Received: 09/17/2026 11:34

Test Name	Result	Flag	Ref-Ranges	Units	Site
Complement Component C2	**23.5**	**H**	13.3-21.6	mg/L	ARRL

INTERPRETIVE INFORMATION: Complement Component 2

Decreased C2 levels may be associated with increased susceptibility to infection (especially pneumococcal infections), systemic lupus erythematosus-like disease, rashes, arthritis and nephritis, and with C1-Esterase deficiency. Increased C2 levels are associated with the acute phase response.

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

Reported Date: 09/17/2026 11:34 CCC2

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

F317000009
WX0000000237
Printed D&T: 09/17/26 11:34

Ordered By: CLIENT CLIENT
WX00000000000511

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

Warde Medical Laboratory

TEST DIRECTORY UPDATE

OCTOBER 2026

Inactivate Test Without Replacement	
Effective Date	10/19/2026
Name	EML4-ALK Gene Fusion, PCR
Code	EML4P
Legacy Code	EML4P
Interface Code	3433500
Notes	Test discontinued.

Inactivate Test Without Replacement	
Effective Date	9/18/2026
Name	Tysabri Antibodies
Code	TYSAB
Legacy Code	TYSAB
Interface Code	3512680
Notes	Test discontinued.