Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • February 2023

Cleveland Clinic Laboratories is dedicated to keeping you updated and informed about recent testing changes. This Technical Update is provided on a monthly basis to notify you of any changes to the tests in our catalog.

Recently changed tests are bolded, and they could include revisions to methodology, reference range, days performed, or CPT code. Deleted tests and new tests are listed separately. For your convenience, tests are listed alphabetically and order codes are provided.

To compare the new information with previous test information, refer to the online Test Directory at clevelandcliniclabs.com. Test information is updated in the online Test Directory on the Effective Date stated in the Technical Update. Please update your database as necessary.

For additional detail, contact Client Services at 216.444.5755 or 800.628.6816, or via email at clientservices@ccf.org.

Test Update Page #	Summary of Changes by Test Name	Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT	Fee
3	AFB Culture & Stain												■	
3	AFB Culture Only												■	
3	Albumin, CSF						■							
7	Allergen, Alpha-Gal Component IgE			■										
8	Allergen, Mutton IgE			■										
8	Allergens, Red Meats Panel IgE			■										
8	Babesia Microscopy												■	■
8	CMV Detection by PCR, Qualitative												■	■
3	CMV, qualitative by PCR, non-blood (CSF, bone marrow, amniotic fluid, ocular fluid)						■							
3–4	Dengue Virus IgG Antibody					■	■		■	■	■	■		
12	EBV Ab to Viral Capsid Antigen, IgG													■
12	EBV Ab to Viral Capsid Antigen, IgM													■
12	EBV Antibody Panel													■
12	EBV by PCR Quant CSF				■									
9	Epstein-Barr Virus by Qualitative PCR, CSF			■										
12	Fructose, Qualitative, Semen				■									
4	Hemosiderin, Sputum							■						
4	Hemosiderin, Urine							■						
4	Histoplasma galactomannan Antigen, Urine					■								
4	HSV PCR - Miscellaneous Specimen Types						■							

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9–10	Humoral Immunity Panel 1			■										
11	Humoral Immunity Panel 2			■										
4	Hypersensitivity Pneumonitis I					■	■	■		■	■	■		
4	IgG, CSF						■							
5	IgG, CSF / Albumin,CSF Ratio						■							
5	IgG Synthesis, CSF (Tourtellotte and Index)						■							
12	Influenza A & B Antibodies				■									
12	Influenza A Virus Antibody, IgM				■									
12	Influenza B Virus Antibody, IgM				■									
5	Iron Stain							■						
5	Kleihauer Betke Stain							■				■		
5	LC-MS/MS Thyroglobulin measurement for Thyroglobulin Antibody Interference						■							
12	Male Oxidative Stress Infertility Test				■									
5	MTB Complex and Rifampin Resistance by PCR plus AFB Culture and Stain (respiratory)					■								
12	MTB Complex vs NTM by PCR on Smear Positive Specimens				■									
5	Non-variola orthopoxvirus (includes Mpox or monkeypox virus)	■	■											
11	Phospholipase A2 Receptor Antibody, ELISA, For Monitoring, Serum			■										
12	Platelet Aggregation												■	■
5	Ribosomal P Protein IgG Autoantibodies					■					■			
12	T3 Update				■									
6	Toxocara Antibodies					■	■			■	■	■		
6	Urogenital Ureaplasma and Mycoplasma Species by PCR, for Genital, Rectal, Urine Samples		■				■							
6	Varicella Zoster by PCR						■							
7	West Nile Virus IgG, Serum					■	■		■		■	■		

Test Changes

Test Name	Order Code	Change	Effective Date
AFB Culture & Stain	AFC	**Clinical Information:** Culture is performed to identify an infection due to a mycobacterium. A single negative culture does not rule out the presence of a mycobacterial infection. Mycobacterial culture includes an acid fast stain and culture in liquid and on solid media. Stain results are reported within 24 hours of specimen receipt. Providers are notified of initial positive smear or culture results and any identification of M. tuberculosis. For AFB stain-positive sputum samples, PCR for detection of M. tuberculosis and rifampin resistance (rpoB) will be performed automatically. Rifampin resistant and indeterminate results require confirmatory sequencing; additional charges may apply. PCR for M. tuberculosis vs. non-tuberculous mycobacteria may be performed if AFB stain is positive when indicated from BAL, fresh tissue and other sample types. Cultures for mycobacteria are incubated for 6 weeks and updated, if negative, on a weekly basis. Extended incubation or other special requests must be approved in consultation with a medical director. Specimens from all skin sites and wounds, fluid, and tissues of the extremities are cultured at both 35°C and 30°C to optimize recovery of M. marinum, M. chelonae, M. haemophilum and M. ulcerans. If these species are otherwise suspected, please notify the laboratory. Mycobacteria grown in culture are identified to species. Susceptibility testing is performed automatically for M. tuberculosis and by request for other species. Multiple identification procedures may be required, with the following CPT codes billed as applicable: **Cepheid PCR 87556 87798,** MALDI-TOF 87118, DNA Probe 87149, Sequencing 87153, **and Susceptibility Testing 87186.**	effective immediately
AFB Culture Only	AFCO	**Clinical Information:** An AFB Culture only test should be performed to identify an infection due to mycobacteria in blood or bone marrow specimens. Broth medium will be utilized for culturing blood or bone marrow sites. Identification of positive cultures will be performed utilizing current methodologies. Susceptibility testing will be performed on significant isolates. Additional charges may apply **(87118, 87153, 87186)**. A single negative culture does not rule out the presence of a mycobacterial infection.	effective immediately
Albumin, CSF	CSFALB	**Specimen Requirement:** 1 mL Cerebrospinal fluid (CSF) in clean container; **Minimum 0.5 mL**; Refrigerated	3/14/23
CMV, qualitative by PCR, non-blood (CSF, bone marrow, amniotic fluid, ocular fluid)	CMVCSF	**Specimen Requirement:** 1 mL cerebrospinal fluid (CSF) in sterile container; Frozen *OR* 1 mL ocular fluid in sterile container; **Testing from ocular fluid may be performed with a disclaimer for short volume on as little as 100 uL sample.** Frozen *OR* Tissue in sterile container; Transfer tissue to sterile container and freeze immediately. Specimen source required. Do not send tissues in optimal cutting temperature compound. Frozen *OR* 1 mL Bronch (BAL) in sterile container; Frozen *OR* 1 mL bone marrow in EDTA (Lavender) tube; Send specimen in EDTA lavender tube or sterile container. Refrigerated *OR* 1 mL amniotic fluid in sterile container; Frozen **Note:** *random urine is no longer accepted. Recommended replacement for random urine testing is CMV Detection by PCR, Qualitative (CMVQL)*	3/14/23
Dengue Virus IgG Antibody	DENIGG	**Special Information: Parallel testing is preferred and convalescent specimens MUST be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.' Contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens will be rejected. This test is New York DOH approved.** **Clinical Information:** Patients in the early stage of dengue fever virus infection may not have detectable IgG antibodies, as the IgG response may take several weeks to develop. In the absence of detectable IgG, testing for IgM class antibody is strongly recommended. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time. **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Minimum **0.1** mL; Separate serum from cells ASAP **or within 2 hours of collection and transfer to standard aliquot tube. Parallel testing is preferred and convalescent specimens MUST be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.'** *OR* 1 mL serum from no additive (Red) tube; Minimum **0.1** mL; Separate serum from cells ASAP **or within 2 hours of collection and transfer to standard aliquot tube. Parallel testing is preferred and convalescent specimens MUST be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.'** Refrigerated *(continued on page 4)*	2/21/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Dengue Virus IgG Antibody *(continued from page 3)*	DENIGG	**Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 year (Avoid repeated freeze/thaw cycles) **Methodology: Semi Quantitative Enzyme Linked Immunosorbent Assay** **Reference Range:** **1.64 IV or less: Negative–No significant level of detectable dengue fever virus IgG antibody.** **1.65–2.84 IV: Equivocal–Questionable presence of antibodies. Repeat testing in 10–14 days may be helpful.** **2.85 IV or greater: Positive–IgG antibody to dengue fever virus detected, which may indicate a current or past infection.** **Days Performed:** Mon, **Wed, Fri** **Reported:** 2–**6** days	2/21/23
Hemosiderin, Sputum	HEMSPU	**For interface clients only–Test build may need to be modified** **Reference Range:** Hemosiderin, Sputum (HEMSPU): Negative **Pathologist review, Hemosiderin Urine: See report**	3/14/23
Hemosiderin, Urine	HEMURN	**For interface clients only–Test build may need to be modified** **Reference Range:** Hemosiderin, Urine (HEMURN): Negative **Pathologist review, Hemosiderin Sputum: See report**	3/14/23
Histoplasma galactomannan Antigen, Urine	UHISTO	**Clinical Limitation: The performance of this test is unknown when urine specimens including the following substances are tested: foods which produce color in urine, vaginal cream, caffeine, ascorbic acid, itraconazole, amphotericin B, acetaminophen, or acetylsalicylic acid. Results between different Histoplasma assays cannot be compared.**	3/14/23
HSV PCR–Miscellaneous Specimen Types	PCRHSV	**Specimen Requirement:** 1 mL ocular fluid in sterile container; Minimum 0.5 mL; Specimen source required. **Testing from ocular fluid may be performed with a disclaimer for short volume on as little as 100 uL sample.** Frozen *OR* Tissue in sterile container; Transfer tissue to sterile container and freeze immediately. Specimen source required. Do not send tissues in optimal cutting temperature compound. Frozen *OR* 1 mL plasma from EDTA (Lavender) tube; Separate plasma from cells and transfer into sterile aliquot tube. Specimen source required. Frozen *OR* 1 mL serum from serum separator (Gold) tube; Separate serum from cells and transfer into sterile aliquot tube. Specimen source required. Frozen *OR* 1 mL amniotic fluid in sterile container; Specimen source required. Frozen *OR* 1 mL bronch (BAL) in sterile container; Specimen source required. Frozen *OR* 3 mL vesicle fluid; Transfer vesicle fluid to Viral Transport Media. Specimen source required. Frozen *OR* one endocervical thin prep; Specimen source required. Frozen	2/2/23
Hypersensitivity Pneumonitis I	HYPNE1	**For interface clients only–Test build may need to be modified** **Special Information:** Separate serum from cells ASAP or within 2 hours of collection. **This test is New York DOH approved.** **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; **Minimum 0.15 mL**; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection. **Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 year **(avoid repeated freeze/thaw cycles)** **Reference Range:** Aspergillus fumigatus #1 (ASPF1): None detected Aspergillus fumigatus #6 (ASPF6): None detected Aureobasidium pullulans (AURPUL): None detected Pigeon serum (PIGSER): None detected Micropolyspora faeni (MICFAE): None detected **Note:** *Thermoactinomyces vulgaris #1 (THEVUL) is no longer reported* **Reported:** 4–**8** days	2/21/23
IgG, CSF	CSFG	**Specimen Requirement:** 1 mL Cerebrospinal fluid (CSF) in clean container; **Minimum 0.5 mL**; Refrigerated	3/14/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
IgG,CSF / Albumin, CSF Ratio	CGALB	**Specimen Requirement:** 1 mL Cerebrospinal fluid (CSF) in clean container; **Minimum 0.5 mL**; Refrigerated	3/14/23
IgG Synthesis, CSF (Tourtellotte and Index)	TOURT	**Specimen Requirement:** Multiple specimen tubes must be collected. 1 mL Cerebrospinal fluid (CSF) in clean container; **Minimum 0.5 mL**; Refrigerated AND 1 mL serum in serum separator (Gold) tube; Minimum 0.2 mL; Refrigerated; Collect cerebrospinal fluid (CSF) and blood within same 24-hour period.	3/14/23
Iron Stain	FESTMS	**For interface clients only–Test build may need to be modified** **Reference Range:** Iron Stain (FESTMS): Negative **Pathologist Review, BAL Iron stain: See report**	3/14/23
Kleihauer Betke Stain	HBFSTN	**For interface clients only–Test build may need to be modified** **Stability:** Refrigerated: Sample must be received **in testing laboratory and test completed** within **24** Hours of collection Frozen: Frozen samples are not acceptable for this test and will be rejected. **Reference Range:** Kleihauer Betke Stain (HBFSTN): **0 mL of fetal blood present** **% Fetal cells present (%FC): <1 % fetal cells present**	3/14/23
LC-MS/MS Thyroglobulin measurement for Thyroglobulin Antibody Interference	TGMSMS	**Specimen Requirement:** 1.5 mL serum from serum separator (Gold) tube; Refrigerated; Separate from cells and transfer into standard aliquot tube. *OR* **1.5 mL serum from no additive (Red) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection. Transfer serum to standard aliquot tube.** *OR* 1.5 mL plasma from sodium or lithium heparin (Green) tube; Refrigerated; Separate from cells and transfer into standard aliquot tube.; Minimum 0.7 mL	effective immediately
MTB Complex and Rifampin Resistance by PCR plus AFB Culture and Stain (respiratory)	MTBRIF	**Special Information:** Species and subspecies within the M. tuberculosis complex are not distinguished. If positive for M. tuberculosis complex a result for rifampin resistance is reported. Although 95% of mutations conferring rifampin resistance will be detected, other resistance mutations are possible. In vitro susceptibility testing is required. Similarly, false positive rifampin resistance may occur due to mutations that do not confer resistance. Culture is always performed when PCR is requested because culture is more sensitive. Additionally, culture provides organisms for susceptibility testing and optimizes detection of non-tuberculous mycobacteria. **CPT codes billed as applicable: MALDI-TOF 87118, DNA Probe 87149, Sequencing 87153, and Susceptibility 87186.** **Specimen Requirement:** 5 mL sputum in clean, leakproof container; Refrigerated; **Sputum may be expectorated or induced. PCR testing of 2 high quality sputum samples is recommended prior to removal from airborne precautions. Culture of 3 sputum specimens at least 8 hours apart with at least one first morning specimen is recommended. To rule-out M. tuberculosis order MTBRIF x2 and AFC x1. Refrigeration is preferred if transport is delayed longer than 2 hours. Volume: 5 mL (preferred); 1 mL minimum.** *OR* **10 mL Bronchoscopy specimen in clean, leakproof container; Larger volumes improve recovery. Collect BAL, wash, or aspirate into sputum trap or sterile cup. Volume: at least 10 mL (preferred). Place bronchial brush in sterile, leak-proof tube or cup with enough non-bacteriostatic sterile saline to cover the brush (1–10 ml). Transfer temperature is ambient. Refrigeration is preferred if transport is delayed longer than 2 hours.** **Stability:** Ambient: **Respiratory** specimens can be stored at a maximum of 35C for up to three days. Refrigerated: **Respiratory samples can be stored at 2-8C for up to seven days.** Sputum concentrates can be stored at 2-8C for up to seven days.	effective immediately
Non-variola orthopoxvirus (includes Mpox or monkeypox virus)	OPXPCR	**Order Code:** Previously MONKEY **Name:** Previously Orthopoxvirus (Includes monkeypox virus) by PCR	3/16/23
Ribosomal P Protein IgG Autoantibodies	RIBPRO	**Clinical Information:** Autoantibodies reacting with cytoplasmic ribosomes are highly specific for systemic lupus erythematosus. Ribosomal-P antibodies are found in approximately 12% of patients with systemic lupus erythematosus (SLE) and in 90% of patients with lupus psychosis; titers often increase more than fivefold during and before active phases of psychosis. **Reported:** 2–**4** days	2/21/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Toxocara Antibodies	TOXCAR	**Special Information: Contaminated, heat-inactivated, grossly hemolyzed, or lipemic specimens will be rejected.** This test is New York DOH approved. **Clinical Information: False-positive results due to infections with other helminths are possible.** **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Minimum **0.5** mL; Refrigerated; **Separate serum from cells** and transfer serum to standard aliquot tube. *OR* 1 mL serum from no additive (Red) tube; Minimum **0.5** mL; Refrigerated; **Separate serum from cells** and transfer serum to standard aliquot tube. **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells:** 2 weeks Frozen: **After separation from cells:** 1 month **Reference Range:** **< 9 U Negative: No significant level of Toxocara IgG antibodies detected** **9–11 U Equivocal: Recommend repeat testing in 2–4 weeks** **>11 U Positive: IgG antibodies to Toxocara detected, indicating current or past infection. False-positive results due to infections with other helminths are possible.** **Days Performed: Wed, Sat** **Reported: 2–8** days	2/21/23
Urogenital Ureaplasma and Mycoplasma Species by PCR, for Genital, Rectal, Urine Samples	URMPCR	**Name:** Previously Urogenital Ureaplasma and Mycoplasma Species by PCR **Includes:** **Ureaplasma and Mycoplasma Source** **Ureaplasma parvum by PCR** **Ureaplasma urealyticum by PCR** **Mycoplasma hominis by PCR** **Mycoplasma genitalium by PCR** **Clinical Information:** This test detects and speciates Ureaplasma parvum, Ureaplasma urealyticum, Mycoplasma hominis, and Mycoplasma genitalium; consider ordering for cases of non-gonococcal urethritis. A negative **(Not Detected)** result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test. **Specimen Requirement:** 1 mL random urine in viral transport media; Transfer 1 mL urine to VTM. Specimen source required. Frozen *OR* One genital swab in viral transport media; Transfer genital swab to VTM. Specimen source required. Frozen *OR* One cervical thin prep; Collect cervical specimen using ThinPrep Pap Test Collection kit. Vortex ThinPrep PreservCyt solution and transfer 1 mL into a sterile container. Specimen source required. Frozen *OR* one vaginal thin prep; Collect vaginal specimen using ThinPrep Pap Test Collection kit. Vortex ThinPrep PreservCyt solution and transfer 1 mL into a sterile container. Specimen source required. Frozen *OR* One rectal swab in viral transport media; Transfer rectal swab to VTM. Specimen source required. Frozen **Note:** *Tracheal aspirate, BAL, sputum, and respiratory swabs are no longer acceptable*	3/14/23
Varicella Zoster by PCR	VZPCR	**Specimen Requirement:** 1 mL cerebrospinal fluid (CSF) in sterile container; Specimen source is required; Frozen *OR* 1 mL ocular fluid in sterile container; Specimen source is required. **Testing from ocular fluid may be performed with a disclaimer for short volume on as little as 100 uL sample.** Frozen *OR* Tissue in sterile container; Transfer tissue to sterile container and freeze immediately. Specimen source required. Do not send tissues in optimal cutting temperature compound. Frozen *OR* 1 mL plasma from EDTA (Lavender) tube; Specimen source is required. Frozen *OR* 1 mL serum from serum separator (Gold) tube; Specimen source is required. Frozen *OR* 1 mL vesicle fluid on swab in M4 or Universal Transport Media (UTM); Specimen source is required. May also use viral transport media (ARUP supply #12884). Frozen	2/2/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
West Nile Virus IgG, Serum	WESTG	**Special Information:** Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimen plainly as "acute" or "convalescent." **Contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens will be rejected. This test is New York DOH approved.** **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Minimum 0.15 mL; Separate serum from cells ASAP or within 2 hours of collection **and transfer to standard aliquot tube. Parallel testing is preferred and convalescent specimens MUST be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.';** Refrigerated **Stability:** Ambient: **After separation from cells:** 48 hours Refrigerated: **After separation from cells:** 2 weeks Frozen: **After separation from cells:** 1 year (avoid repeated freeze/thaw cycles) **Methodology: Semi Quantitative Enzyme Linked Immunosorbent Assay Reported:** 2–**7** days	2/21/23

New Tests

Test Name	Order Code	Change	Effective Date
Allergen, Alpha-Gal Component IgE	ALPHAG	**Special Information:** An extra 50uL will be required for each additional allergen ordered. **Clinical Information:** The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis. **Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; Refrigerated; *OR* 0.5 mL plasma from EDTA (Lavender) tube; Refrigerated *OR* 0.5 mL plasma from lithium heparin (Green) tube; Refrigerated; Minimum 0.3 mL; Submitting the minimum volume will not allow for repeat testing or addons. Required volume of 0.5mL is preferred when possible. An extra 50 uL will be required for each additional allergen ordered. **Stability:** Ambient: 1 day Refrigerated: 30 days Frozen: 30 days **Methodology:** Fluorescence Immunoassay by ImmunoCAP **Reference Range:** Alpha-Gal Allergen IgE (ALPHAG): <0.10 kU/L Alpha-Gal Allergen Class (ALPGCL): 0 **Days Performed:** Sun–Sat 7:00 am–11:00 pm **Reported:** 1–2 days	2/14/23

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Mutton IgE	MUTTON	**Special Information:** An extra 50uL will be required for each additional allergen ordered. **Clinical Information:** Specific evaluation of allergic reactions. IgE (kU/L) Interpretation:<0.35, Class 0–Below Detection;0.35–0.69, Class 1–Low;0.70–3.49, Class 2–Moderate;3.50–17.49, Class 3–High;17.50–49.99, Class 4–Very High;50–99.99, Class 5–Very High;>=100, Class 6–Very High **Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; Refrigerated; *OR* 0.5 mL plasma from EDTA (Lavender) tube; Refrigerated *OR* 0.5 mL plasma from lithium heparin (Green) tube; Refrigerated; Minimum 0.3 mL; Submitting the minimum volume will not allow for repeat testing or addons. Required volume of 0.5mL is preferred when possible. An extra 50 uL will be required for each additional allergen ordered. **Stability:** Ambient: 1 day Refrigerated: 30 days Frozen: 30 days **Methodology:** Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP **Reference Range:** Mutton Allergen IgE (MUTTON): <0.35 kU/L Mutton Allergen Class (MUTTCL): 0 **Days Performed:** Sun–Sat 7:00 am–11:00 pm **Reported:** 1–2 days	2/14/23
Allergens, Red Meats Panel IgE	RMEATS	**Special Information:** An extra 50uL will be required for each additional allergen ordered. **Clinical Information:** The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis. Panel includes beef, pork, and mutton allergens along with Alpha-Gal allergen component. **Specimen Requirement:** 0.75 mL serum from serum separator (Gold) tube; Refrigerated; *OR* 0.75 mL plasma from EDTA (Lavender) tube; Refrigerated *OR* 0.75 mL plasma from lithium heparin (Green) tube; Refrigerated; Minimum 0.5 mL; Submitting the minimum volume will not allow for repeat testing or addons. Required volume of 0.75 mL is preferred when possible. An extra 50 uL will be required for each additional allergen ordered. **Stability:** Ambient: 1 day Refrigerated: 30 days Frozen: 30 days **Methodology:** Fluorescence Immunoassay by ImmunoCAP **Reference Range:** Allergen, Beef IgE (BEEF): < 0.35 kU/L Allergen, Beef Class (BEFCL): 0 Allergen, Pork IgE (PRK): < 0.35 kU/L Allergen, Pork Class (PRKCL): 0 **Days Performed:** Sun–Sat 7:00 am–11:00 pm **Reported:** 1–2 days	2/14/23
Babesia Microscopy	BABESI	**Note: New test was announced in the August update, but financial information was not available at that time** **CPT:** 87207; 87015 **Price:** $106.00	effective immediately
CMV Detection by PCR, Qualitative	CMVQL	**Note: New test was announced in the January update, but financial information was not available at that time** **CPT:** 87496 **Price:** $135.00	effective immediately

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Epstein-Barr Virus by Qualitative PCR, CSF	CSFEBV	**Includes:** Epstein Barr Virus Source Epstein Barr Virus by PCR **Special Information:** Specimen source required. This test is New York DOH approved. **Clinical Information:** This test can be used to detect EBV in individuals suspected of having EBV-related disease. **Specimen Requirement:** 1 mL cerebrospinal fluid (CSF) in sterile container; Minimum 0.5 mL; Specimen source required. Frozen **Stability:** Ambient: 24 hours Refrigerated: 5 days Frozen: 1 year **Methodology:** Qualitative Polymerase Chain Reaction **Days Performed:** Sun–Sat **Reported:** 2–5 days	2/21/23
Humoral Immunity Panel 1 (continued)	HMRIM1	**Includes:** IgG IgA IgM IgE Diphtheria Antibody Tetanus Antibody Streptococcus pneumoniae Serotype 1 Abs Streptococcus pneumoniae Serotype 2 Abs Streptococcus pneumoniae Serotype 3 Abs Streptococcus pneumoniae Serotype 4 Abs Streptococcus pneumoniae Serotype 5 Abs Streptococcus pneumoniae Serotype 6B Abs Streptococcus pneumoniae Serotype 7F Abs Streptococcus pneumoniae Serotype 8 Abs Streptococcus pneumoniae Serotype 9N Abs Streptococcus pneumoniae Serotype 9V Abs Streptococcus pneumoniae Serotype 10A Abs Streptococcus pneumoniae Serotype 11A Abs Streptococcus pneumoniae Serotype 12F Abs Streptococcus pneumoniae Serotype 14 Abs Streptococcus pneumoniae Serotype 15B Abs Streptococcus pneumoniae Serotype 17F Abs Streptococcus pneumoniae Serotype 18C Abs Streptococcus pneumoniae Serotype 19A Abs Streptococcus pneumoniae Serotype 19F Abs Streptococcus pneumoniae Serotype 20 Abs Streptococcus pneumoniae Serotype 22F Abs Streptococcus pneumoniae Serotype 23F Abs Streptococcus pneumoniae Serotype 33F Abs **Specimen Requirement:** Multiple specimen tubes must be collected for this panel. 1 mL serum from serum separator (Gold) tube for Immunoglobulins (SERIMM) AND 0.5 mL serum from serum separator (Gold) tube for IgE testing AND 2.5 mL serum from serum separator (Gold) tube for Diphtheria/Tetanus Antibody (DIPTET) and Pneumococcal IgG Antibodies, 23 Serotypes (PNE23). It is suggested to collect "pre" and "post" vaccination specimens. "Post" specimen should be drawn 30 days following immunization. Label as "pre-vaccine" or "post-vaccine." Note: "Post" specimen must be received within 60 days of "pre" specimen. Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube.; Minimum total volume 1.1 mL; Submitting the minimum volume will not allow for repeat testing or add-ons. The aliquot for Immunoglobulins (SERIMM) must have a minimum volume of 0.3 mL. The aliquot for IgE (IGE) must have a minimum volume of 0.3 mL. The aliquot for Diphtheria/Tetanus Antibody (DIPTET) and Pneumococcal IgG Antibodies, 23 Serotypes (PNE23) must have a minimum volume of 0.5 mL. *(continued on page 10)*	effective immediately

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Humoral Immunity Panel 1 *(continued from page 9)*	HMRIM1	**Stability:** Ambient: After separation from cells: 24 hours Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 month **Methodology:** Fluorescence Immunoassay by ImmunoCAP Immunoturbidometric Assay Quantitative Multiplex Bead Assay **Reference Range:** IgG (IGG): 0 Months to 11 Months: 232–1411 mg/dL 1 Year to 3 Years: 453–916 mg/dL 4 Years to 6 Years: 504–1465 mg/dL 7 Years to 9 Years: 572–1474 mg/dL 10 Years to 11 Years: 698–1560 mg/dL 12 Years to 13 Years: 759–1550 mg/dL 14 Years to 15 Years: 716–1711 mg/dL 16 Years to 19 Years: 549–1584 mg/dL 20 Years to 99 Years: 700–1600 mg/dL IgA (IGA): 0 Months to 11 Months: less than 83 mg/dL 1 Year to 3 Years: 20–100 mg/dL 4 Years to 6 Years: 27–195 mg/dL 7 Years to 9 Years: 34–305 mg/dL 10 Years to 11 Years: 53–204 mg/dL 12 Years to 13 Years: 58–358 mg/dL 14 Years to 15 Years: 47–249 mg/dL 16 Years to 19 Years: 61–348 mg/dL 20 Years to 99 Years: 70–400 mg/dL IgM (IGM): 0 Days to 14 Days: <= 32 mg/dL 15 Days to 90 Days: 10–67 mg/dL 91 Days to 364 Days: 14–82 mg/dL 1 Year to 3 Years: 19–146 mg/dL 4 Years to 6 Years: 24–210 mg/dL 7 Years to 9 Years: 31–208 mg/dL 10 Years to 11 Years: 31–179 mg/dL 12 Years to 13 Years: 35–239 mg/dL 14 Years to 15 Years: 15–188 mg/dL 16 Years to 19 Years: 23–259 mg/dL 20 Years to 99 Years: 40–230 mg/dL IgE (IGE): 0 Weeks to 6 Weeks: not established 6 Weeks to 12 Weeks: <6.6 kU/L 3 Months to 6 Months: <10.2 kU/L 6 Months to 9 Months: <16.6 kU/L 9 Months to 12 Months: <22.6 kU/L 1 Year to 2 Years: <29.2 kU/L 2 Years to 3 Years: <51.7 kU/L 3 Years to 4 Years: <72 kU/L 4 Years to 5 Years: <90 kU/L 5 Years to 6 Years: <108 kU/L 6 Years to 7 Years: <126 kU/L 7 Years to 8 Years: <142 kU/L 8 Years to 9 Years: <160 kU/L 9 Years to 10 Years: <176 kU/L 10 Years to 11 Years: <192 kU/L 11 Years to 99 Years: <114 kU/L Diphtheria IgG Abs (DIPAB): > 0.1 IU/mL is usually considered protective. Tetanus IgG Abs (TETAN): > 0.1 IU/mL is usually considered protective **Days Performed:** Sun–Sat **Reported:** Refer to individual components	effective immediately

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Humoral Immunity Panel 2	HMRIM2	**Includes:** Diphtheria Antibody Tetanus Antibody Streptococcus pneumoniae Serotype 1 Abs Streptococcus pneumoniae Serotype 2 Abs Streptococcus pneumoniae Serotype 3 Abs Streptococcus pneumoniae Serotype 4 Abs Streptococcus pneumoniae Serotype 5 Abs Streptococcus pneumoniae Serotype 6B Abs Streptococcus pneumoniae Serotype 7F Abs Streptococcus pneumoniae Serotype 8 Abs Streptococcus pneumoniae Serotype 9N Abs Streptococcus pneumoniae Serotype 9V Abs Streptococcus pneumoniae Serotype 10A Abs Streptococcus pneumoniae Serotype 11A Abs Streptococcus pneumoniae Serotype 12F Abs Streptococcus pneumoniae Serotype 14 Abs Streptococcus pneumoniae Serotype 15B Abs Streptococcus pneumoniae Serotype 17F Abs Streptococcus pneumoniae Serotype 18C Abs Streptococcus pneumoniae Serotype 19A Abs Streptococcus pneumoniae Serotype 19F Abs Streptococcus pneumoniae Serotype 20 Abs Streptococcus pneumoniae Serotype 22F Abs Streptococcus pneumoniae Serotype 23F Abs Streptococcus pneumoniae Serotype 33F Abs **Special Information:** Refer to individual tests Diphtheria/Tetanus Antibody (DIPTET) and Pneumococcal IgG Antibodies, 23 Serotypes (PNE23). **Clinical Information:** Refer to individual tests Diphtheria/Tetanus Antibody (DIPTET) and Pneumococcal IgG Antibodies, 23 Serotypes (PNE23). **Specimen Requirement:** 2.5 mL serum from serum separator (Gold) tube; Minimum 0.5 mL; Refrigerated; It is suggested to collect “pre” and “post” vaccination specimens. “Post” specimen should be drawn 30 days following immunization. Label as “pre-vaccine” or “post-vaccine.” Note: “Post” specimen must be received within 60 days of “pre” specimen. Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. **Stability:** Ambient: After separation from cells: 48 hours Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 year **Methodology:** Quantitative Multiplex Bead Assay **Reference Range:** Diphtheria IgG Abs (DIPAB): > 0.1 IU/mL is usually considered protective. Tetanus IgG Abs (TETAN): > 0.1 IU/mL is usually considered protective **Days Performed:** Sun–Sat **Reported:** Refer to individual components	effective immediately
Phospholipase A2 Receptor Antibody, ELISA, For Monitoring, Serum	PLA2RM	**Special Information:** Grossly hemolyzed specimens will be rejected. This test is New York DOH approved. **Clinical Information:** This test is useful for monitoring patients with membranous nephropathy, over time, for trends in anti-phospholipase A2 receptor antibody levels. **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Minimum 0.5 mL; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. Refrigerated *OR* 1 mL serum from no additive (Red) tube; Minimum 0.5 mL; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. Refrigerated **Stability:** Ambient: 8 hours Refrigerated: 14 days Frozen: 14 days **Methodology:** Enzyme-Linked Immunosorbent Assay (ELISA) **Days Performed:** Mon–Fri **Reported:** 4–8 days	2/14/23

Fee Increases

Test Name	Order Code	List Fee	CPT Code	Effective Date
EBV Ab to Viral Capsid Antigen, IgG	EBVG	$82.00	86665	effective immediately
EBV Ab to Viral Capsid Antigen, IgM	EBVM	$82.00	86665	effective immediately
Platelet Aggregation	AGGPLP	$861.00	82397x6; 85576x10; **85390x1**	effective immediately

Fee Reductions

Test Name	Order Code	List Fee	CPT Code	Effective Date
EBV Antibody Panel	EBVPNL	$233.00	86664x1; 86665x2	effective immediately

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
EBV by PCR Quant CSF	EBVCSF	Test will no longer be orderable. Recommended replacement is new test Epstein-Barr Virus by Qualitative PCR, CSF (CSFEBV)	2/21/23
Fructose, Qualitative, Semen	SMQLFR	Test will no longer be orderable. There is no recommended replacement.	3/16/23
Influenza A & B Antibodies	INFLAB	Test will no longer be orderable. There is no recommended replacement.	2/21/23
Influenza A Virus Antibody, IgM	INFLAM	Test will no longer be orderable. There is no recommended replacement.	2/21/23
Influenza B Virus Antibody, IgM	INFLBM	Test will no longer be orderable. There is no recommended replacement.	2/21/23
Male Oxidative Stress Infertility Test	ORP	Test will no longer be orderable. There is no recommended replacement.	3/14/23
MTB Complex vs NTM by PCR on Smear Positive Specimens	TBPCR	Test will no longer be orderable. Recommended replacement is MTB Complex and Rifampin Resistance by PCR plus AFB Culture and Stain (respiratory) (MTBRIF) for non-tissue specimens. Recommended replacement for tissue specimens is Send Out Mycobacterium tuberculosis Complex and Rifampin Resistance by PCR (Respiratory specimens, CSF, Pleural fluid (SQMTBAM1)	3/14/23
T3 Uptake	T3U	Test will no longer be orderable. Recommended replacement is T4, Free (FT4) or T4/FTI (T4FTI)	2/21/23