Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • June 2024

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 Laboratory Customer Service 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
17	Acanthamoeba Culture				■								
13	Acanthamoeba species Molecular Detection, PCR, Ocular			■									
13	Alzheimer's Disease Biomarker Panel, Cerebrospinal Fluid												■
3	Autoimmune Dysautonomia Evaluation, Serum					■		■		■			
3–4	Autoimmune Encephalopathy Evaluation, CSF					■		■		■			■
4–5	Autoimmune Encephalopathy Evaluation, Serum					■		■		■			■
5	B Cell CD20 Expression												■
17	Bacterial Vaginosis Scored Gram Stain				■								
17	Bacterial Vaginosis Scored Gram Stain and Candida Smear				■								
5	Borrelia Species by PCR		■				■						
17	BUN, Post Dialysis				■								
17	BUN, Pre Dialysis				■								
14	BUN, Pre/Post Dialysis			■									
6	Coenzyme Q10, Total		■			■	■	■	■	■	■	■	
6	CSF Culture & Stain					■	■						
7	CV2 Antibody, IgG by CBA-IFA With Reflex to Titer, Serum		■			■	■	■	■	■	■	■	■
17	Euglobulin Lysis Time				■								
17	FIBROSpect HCV				■								

Test Update Page #		Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT
7	Fluphenazine					■	■						
17	Free Light Chains, Quantitative, Urine				■								
7–8	Gaucher Disease (GBA), Enzyme Activity in Leukocytes		■			■	■	■	■	■	■	■	■
17	Group B Strep Culture Screen				■								
17	Histoplasma Abs, CF+ID, CSF				■								
14	Human Herpesvirus 8 (HHV-8) by Quantitative PCR			■									
8	Inhibin B					■	■					■	
15	Liver Fibrosis, Chronic Viral Hepatitis			■									
9	Motor and Sensory Neuropathy Evaluation with Reflex to Titer and Neuronal Immunoblot		■			■	■	■	■	■	■	■	■
15	Mucorales by PCR			■									
9	N-methyl-D-Aspartate Receptor (NMDAR) Antibody, IgG, CSF, Reflex to Titer		■										
10	Neuronal Nuclear Antibodies (Hu, Ri, Yo, Tr/DNER) IgG by Immunoblot, Serum		■			■	■						
10	Porphobilinogen (PBG), Urine, Screen		■										
17	Prometheus Anser ADA				■								
17	Prometheus Anser IFX				■								
10	Sensory Neuropathy Antibody Panel with Reflex to Titer and Neuronal Immunoblot		■			■	■	■	■	■	■	■	■
10	Staphylococcus aureus & MRSA Screen, PCR, Nasal									■			
10–12	Supersaturation Profile, 24 Hour Urine					■	■	■	■	■	■	■	■
16	Telomere Biology Disorders Panel			■									
16	Telomere Length Measurement			■									
12	Thyroglobulin, FNA, Needle Wash		■									■	
17	Vaginal Smear for Candida				■								
12	Vitamin B3/Niacin		■			■	■	■		■	■	■	
12	Vitamin B7 (Biotin)					■	■	■	■	■	■	■	

Test Changes

Test Name	Order Code	Change	Effective Date
Autoimmune Dysautonomia Evaluation, Serum	AIDYSA	**For interface clients only–Test build may need to be modified** **Special Information:** Reflex Algorithm: **Each reflex test performed incurs additional charge.** If **the** indirect immunofluorescence assay (IFA) patterns suggest **collapsin response-mediator protein (CRMP)-5-IgG, then CRMP-5-IgG IFA titer and CRMP-5-IgG Western blot will be performed. If the IFA pattern suggests antineuronal nuclear antibody type 1 (**ANNA-1**), then ANNA-1 immunoblot, ANNA-1 IFA titer, and ANNA-2 immunoblot will be performed. If the IFA pattern suggests adaptor protein 3 beta 2 (AP3B2) antibody, then AP3B2 cell-binding assay (CBA) and AP3B2 IFA titer will be performed at an additional charge. If DPPX antibody CBA is positive, then DPPX IFA titer will be performed. If the IFA pattern suggests Purkinje cytoplasmic antibody type 2 (PCA-2), then PCA-2 titer is performed.** Neuron-restricted patterns of IgG staining that do not fulfill criteria for ANNA-1, CRMP-5-IgG, or PCA-2 may be reported as "unclassified anti-neuronal IgG." Complex patterns that include nonneuronal elements may be reported as "uninterpretable." Include ordering provider name, number, address, and email. Include relevant clinical information. Patient Prep: For optimal antibody detection, collection of specimen before initiation of immunosuppressant medication is recommended. This test should not be requested in patients who have recently received radioisotopes, therapeutically or diagnostically, because of potential assay interference. The specific waiting period before specimen collection will depend on the isotope administered, the dose given, and the clearance rate in the individual patient. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received in the laboratory will be held 1 week and assayed if sufficiently decayed, or canceled if radioactivity remains. Patient should have no general anesthetic or muscle-relaxant medications in the previous 24 hours. Grossly hemolyzed, grossly lipemic, or grossly icteric specimens will be rejected. **Reference Range:** AChR Ganglionic Neuronal Ab: **< or = 0.02 nmol/L** Antineuronal Nuclear Ab-Type 1 (ANNA-1): **Negative** AP3B2 IFA, S: **Negative** **CRMP-5-IgG: Negative** CASPR2-IgG CBA Serum: Negative **DPPX Ab CBA, S: Negative** LGI1-IgG CBA Serum: Negative Purkinje Cell Cytoplasmic Ab-Type 2 (PCA-2): **Negative** **Dysautonomia IFA Notes: Refer to report** Dysautonomia, Interpretation, **S: Refer to report**	6/4/24
Autoimmune Encephalopathy Evaluation, CSF	ENCCSF	**For interface clients only–Test build may need to be modified** **Special Information:** Reflex Algorithm: Each reflex test performed incurs additional charge. If **the** immunofluorescence (IFA) patterns suggest **collapsin response-mediator protein-5-IgG (**CRMP-5-IgG**), then CRMP-5-IgG IFA titer and** CRMP-5-IgG Western blot **will be** performed. If **the** IFA patterns suggest amphiphysin antibody, then **amphiphysin IFA titer and** amphiphysin immunoblot **will be** performed. If **the** IFA pattern suggests **antiglial nuclear antibody (**AGNA-1**),** then **AGNA-1 IFA titer and** AGNA-1 immunoblot **will be** performed**. If the** IFA pattern suggests **antineuronal nuclear antibody type 1 (**ANNA-1**),** then **ANNA-1 IFA titer,** ANNA-1 immunoblot**, and ANNA-2 immunoblot will be** performed. If **the** IFA pattern suggests ANNA-2 antibody, then **ANNA-2 IFA titer,** ANNA-1 immunoblot**, and ANNA-2 immunoblot will be** performed. If **the** IFA pattern suggests **Purkinje cytoplasmic antibody type 1 (**PCA-1**),** then **PCA-1 IFA titer and** PCA-1 immunoblot **will be** performed. **If the IFA pattern suggests PCA-2 antibody, then PCA-2 IFA titer will be performed.** If **the** IFA pattern suggests PCA-Tr antibody, then **PCA-Tr IFA titer and** PCA-Tr immunoblot **will be** performed. **If IgLON5 cell-binding assay (CBA) is positive, then IgLON5 IFA titer will be performed.** If AMPA **(alpha-amino-3-hydroxy-5-methyl-4-isoxazole propionic acid)** receptor antibody CBA is positive, then AMPA-receptor antibody IFA titer assay **will be** performed. If **gamma-aminobutyric acid B (**GABA-B**)** receptor antibody CBA is positive, then GABA-B-receptor antibody IFA titer assay **will be** performed. If **the** IFA pattern suggests **glial fibrillary acidic protein (**GFAP**)** antibody, then GFAP IFA titer and GFAP CBA **will be** performed. If **N-methyl-D-aspartate (**NMDA**)** receptor antibody CBA is positive, then NMDA-receptor antibody IFA titer assay **will be** performed. **If DPPX antibody CBA is positive, then DPPX IFA titer will be performed.** If **the** IFA pattern suggests **metabotropic glutamate receptor 1 (**mGluR1**)** antibody, then mGluR1 antibody CBA and mGluR1 **IFA** titer **will be** performed. *(continued on page 4)*	6/4/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Autoimmune Encephalopathy Evaluation, CSF *(continued from page 3)*	ENCCSF	**Special Information (continued):** If **the** IFA pattern suggests **neuronal intermediate filament (**NIF**)** antibody, then alpha internexin CBA, NIF heavy chain CBA, NIF light chain CBA, and NIF IFA titer **will be** performed. **If the IFA pattern suggests neurochondrin antibody, then neurochondrin antibody CBA and neurochondrin IFA titer will be performed. If the IFA pattern suggests septin-7 antibody, then septin-7 antibody CBA and septin-7 IFA titer will be performed. If the indirect immunofluorescence (IFA) pattern suggests phosphodiesterase 10A (PDE10A) IgG, then the PDE10A antibody IFA titer will be performed. If the indirect immunofluorescence (IFA) pattern suggests tripartite motif-containing protein 46 (TRIM46) IgG, then TRIM46 antibody cell-binding assay (CBA) and IFA titer will be performed.** Neuron-restricted patterns of IgG staining that do not fulfill criteria for ANNA-1, ANNA-2, ANNA-3, CRMP-5-IgG, PCA-1, PCA-2, or PCA-Tr may be reported as "unclassified anti-neuronal IgG." Complex patterns that include nonneuronal elements may be reported as "uninterpretable." Relevant clinical information, ordering provider name, phone number, mailing address, and e-mail address are required. Grossly hemolyzed, lipemic or icteric specimens will be rejected. **Clinical Limitation: Specimens from pediatric patients are no longer accepted for the Autoimmune Encephalopathy Evaluation. The Autoimmune Pediatric CNS Disorders may be ordered as APCNSS for serum and APCNSC for CSF, or specific antibodies may be ordered directly: GAD65 Antibody, CSF (GADCSF); MOG IgG, Serum (MOGFAC).**	6/4/24
Autoimmune Encephalopathy Evaluation, Serum	ENCSER	**For interface clients only–Test build may need to be modified** **Special Information:** Reflex Algorithm: Each reflex test performed incurs additional charge. **If client requests or** if the immunofluorescence (IFA) patterns suggest **collapsin response-mediator protein-5-IgG (**CRMP-5-IgG**),** then **CRMP-5-IgG IFA titer and** CRMP-5-IgG Western blot **will be** performed. If the IFA patterns suggest amphiphysin antibody, then **amphiphysin IFA titer and** amphiphysin immunoblot **will be** performed. If the IFA pattern suggests **antiglial nuclear antibody** (AGNA)-1, then **AGNA-1 IFA titer and** AGNA-1 immunoblot **will be** performed. If the IFA pattern suggests **antineuronal nuclear antibody type 1 (**ANNA-1**), then ANNA-1 IFA titer,** ANNA-1 immunoblot**, and ANNA-2 immunoblot will be** performed. If the IFA pattern suggests ANNA-2 antibody, then **ANNA-2 IFA titer,** ANNA-2 immunoblot**, and ANNA-1 immunoblot will be** performed. If the IFA pattern suggests **Purkinje cytoplasmic antibody type 1** (PCA-1)**,** then **PCA-1 IFA titer and** PCA-1 immunoblot **will be** performed. If IFA pattern suggests PCA-Tr antibody, then **PCA-Tr IFA titer and** PCA-Tr immunoblot **will be** performed. **If IgLON5 cell-binding assay (CBA) is positive, then IgLON5 IFA titer will be performed.** If AMPA **(alpha-amino-3-hydroxy-5-methyl-4-isoxazole propionic acid)** receptor antibody CBA is positive, **then AMPA-receptor antibody IFA titer assay will be performed. If gamma-aminobutyric acid B (GABA-B) receptor antibody is positive, then GABA-B-receptor antibody IFA titer assay will be performed.** If the IFA pattern suggests **glial fibrillary acidic protein (**GFAP) antibody, then GFAP IFA titer and GFAP CBA **will be** performed. **If N-methyl-D-aspartate (NMDA) receptor antibody CBA is positive, then NMDA-receptor antibody IFA titer assay will be performed. If DPPX antibody CBA is positive, then DPPX IFA titer will be performed.** If the IFA pattern suggests **metabotropic glutamate receptor 1 (**mGluR1) antibody, then mGluR1 antibody CBA and mGluR1 **IFA** titer **will be** performed. If the IFA pattern suggests **neuronal intermediate filament** (NIF) antibody, then alpha internexin CBA, NIF heavy chain CBA, NIF light chain CBA, and NIF **IFA** titer **will be** performed. If the IFA pattern suggests **glial fibrillary acidic protein (**GFAP) antibody, then GFAP IFA titer and GFAP CBA **will be** performed. **If N-methyl-D-aspartate (NMDA) receptor antibody CBA is positive, then NMDA-receptor antibody IFA titer assay will be performed. If DPPX antibody CBA is positive, then DPPX IFA titer will be performed.** If the IFA pattern suggests **metabotropic glutamate receptor 1 (**mGluR1) antibody, then mGluR1 antibody CBA and mGluR1 **IFA** titer **will be** performed. If the IFA pattern suggests **neuronal intermediate filament** (NIF) antibody, then alpha internexin CBA, NIF heavy chain CBA, NIF light chain CBA, and NIF **IFA** titer **will be** performed. **If the indirect immunofluorescence (IFA) pattern suggests phosphodiesterase 10A (PDE10A) IgG, then the PDE10A antibody IFA titer will be performed. If the indirect immunofluorescence (IFA) pattern suggests tripartite motif-containing protein 46 (TRIM46) IgG, then the TRIM46 antibody cell-binding assay (CBA) and TRIM46 antibody IFA titer will be performed.** *(continued on page 5)*	6/4/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Autoimmune Encephalopathy Evaluation, Serum *(continued from page 4)*	ENCSER	**Special Information (continued):** Neuron-restricted patterns of IgG staining that do not fulfill criteria for ANNA-1, ANNA-2, CRMP-5-IgG, PCA-1, PCA-2, or PCA-Tr may be reported as "unclassified anti-neuronal IgG." Complex patterns that include nonneuronal elements may be reported as "uninterpretable." For optimal antibody detection, specimen collection is recommended prior to initiation of immunosuppressant medication. This test should not be requested in patients who have recently received radioisotopes because of potential assay interference. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received in the laboratory will be held 1 week and assayed if sufficiently decayed, or canceled if radioactivity remains. Patient should have no general anesthetic or muscle-relaxant drugs in the previous 24 hours. Grossly hemolyzed, lipemic or icteric specimens will be rejected. **Clinical Limitation: Specimens from pediatric patients are no longer accepted for the Autoimmune Encephalopathy Evaluation. The Autoimmune Pediatric CNS Disorders may be ordered as APCNSS for serum and APCNSC for CSF, or specific antibodies may be ordered directly: GAD65 Antibody, CSF (GADCSF); MOG IgG, Serum (MOGFAC).** **Reference Range:** AMPA-Receptor Ab CBA**:** Negative Amphiphysin Ab: **Negative** Anti-Glial Nuclear Ab, Type 1: **Negative** Antineuronal Nuclear Ab-Type 1 (ANNA-1): **Negative** Antineuronal Nuclear Ab-Type 2 (ANNA-2): **Negative** Antineuronal Nuclear Ab-Type 3 (ANNA-3): **Negative** CASPR2-IgG CBA Serum: **Negative** CRMP-5-IgG: **Negative** **DPPX Ab CBA, Serum: Negative** GABA-B-Receptor Ab CBA: Negative GAD65 Antibody**:** < or = 0.02 nmol/L GFAP IFA S: Negative **IgLON5 CBA: Negative** LGI1-IgG CBA Serum: Negative mGluR1 Ab IFA, S: Negative Neurochondrin IFA, S: **Negative** NIF IFA S: Negative: Negative **NMDA-Receptor Ab: Negative** Purkinje Cell Cytoplasmic Ab-Type 1 (PCA-1): **Negative** Purkinje Cell Cytoplasmic Ab-Type 2 (PCA-2): **Negative** Purkinje Cell Cytoplasmic Ab-Type Tr (PCA-Tr)**: Negative** **PDE10A Ab IFA, S: Negative** Septin-7 IFA, S: **Negative** **TRIM46 Ab IFA, S: Negative** Encephalopathy, Interpretation, S: **Refer to report** **CPT:** 86341x1; 86255x**23**	6/4/24
B Cell CD20 Expression	CD20	CPT: 86355; 86356	effective immediately
Borrelia Species by PCR	LYPCR	**Name:** Previously Lyme Disease by PCR **Specimen Requirement:** 1 mL synovial fluid in sterile container; Frozen *OR* tissue in sterile container; Frozen; Transfer tissue to sterile container and freeze immediately. **Specimen source required.** Do not send tissues in optimal cutting temperature compound. **Stability:** Ambient: 8 hours; Tissue: Unacceptable Refrigerated: 3 days; Tissue: Unacceptable Frozen: 1 year	7/16/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Coenzyme Q10, Total	COEQ10	**For interface clients only–Test build may need to be modified** **Name:** Previously Coenzyme Q10, Reduced and Total, Plasma **Special Information:** Patient should fast **overnight** prior to collection. Hemolyzed specimens will be rejected. This test is New York **state** approved. **Clinical Limitation:** This test is not useful **in coenzyme Q deficiency diagnosis.** **Clinical Information:** This test is **useful to monitor replacement therapy in coenzyme Q deficiencies.** **Specimen Requirement: 1 mL serum from serum separator (Gold) tube; Frozen; Patient should fast overnight prior to collection. Centrifuge, aliquot and freeze within 1 hour of collection.** *OR* **1** mL plasma from lithium heparin **plasma separator (Light Green)** tube; Frozen; Patient should fast **overnight** prior to collection. Centrifuge, aliquot and freeze within **1** hour of collection. *OR* **1** mL plasma from sodium heparin **plasma separator (Light Green)** tube; Frozen; Patient should fast **overnight** prior to collection. Centrifuge, aliquot and freeze within **1** hour of collection. *OR* **1 mL serum from no additive (Red) tube; Frozen; Patient should fast overnight prior to collection. Centrifuge, aliquot and freeze within 1 hour of collection.** **Stability:** Ambient: **After separation from cells:** Unacceptable Refrigerated: After separation from cells: **3 weeks** Frozen: After separation from cells: **1 month (avoid repeated freeze/thaw cycles)** **Methodology: High Performance Liquid Chromatography (HPLC)** **Reference Range: 0.4–1.6 mg/L** **Days Performed: Tue, Thu, Sat** **Reported: 2**–6 days	7/16/24
CSF Culture & Stain	CSFCUL	**Special Information:** Aseptically collect CSF from a lumbar puncture into sterile tubes. Send second tube to the Microbiology laboratory. Include specimen description (eg, LP, shunt) on requisition. Do not refrigerate specimens. **CSF collected by means other than lumbar puncture (e.g. shunt, EVD, reservoir, etc.) should be placed into a sterile cup for transport.** CSF Gram stains are performed STAT (within 1 h of receipt in laboratory). If culture is positive, identification will be performed at an additional charge for clinically significant organisms. Identification CPT codes that may apply include: 87077, 87106, 87107, 87153, 87158. Antimicrobial susceptibilities are performed when indicated, and the following CPT codes may apply: 87181, 87184, 87185, 87186. **Clinical Information:** If anaerobic infection **associated with an indwelling device** is suspected, also order an anaerobic culture (ANACUL) in addition to the aerobic culture (CSFCUL). An order for CSFCUL on a shunt specimen includes a broth culture incubated for 14 days to optimize recovery of Cutibacterium (Propionibacterium) acnes. **Specimen Requirement:** 2 mL cerebrospinal fluid (CSF) in sterile container; **Aseptically collect CSF from a lumbar puncture into sterile tubes. Send second tube to the Microbiology laboratory. Include specimen description (eg, LP, shunt) on requisition. Do not refrigerate specimens. CSF collected by means other than lumbar puncture (e.g. shunt, EVD, reservoir, etc.) should be placed into a sterile cup for transport.**	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
CV2 Antibody, IgG by CBA-IFA With Reflex to Titer, Serum	CV2	**For interface clients only–Test build may need to be modified** **Name:** Previously Recombx CV2 Autoantibody Test **Special Information: Reflex Algorithm: If CV2 Antibody IgG Screen by IFA is positive, then CV2 Antibody IgG Titer by IFA is performed at an additional cost. Hemolyzed, contaminated, or severely lipemic specimens will be rejected. This test is New York state approved.** **Clinical Information: Consider ordering for individuals with paraneoplastic encephalomyelitis, chorea, cerebellar degeneration, optic neuritis, and peripheral neuropathy. May aid in diagnosis of occult or recurrent tumor. CV2 antibodies aid in discriminating between chronic paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-CV2 is associated with small-cell lung cancer and thymoma. A negative test result does not rule out a diagnosis of autoimmune neurologic disease. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.** **Specimen Requirement: 1** mL serum from serum separator (Gold) tube; **Minimum 0.25 mL;** Refrigerated; **Separate serum from cells and transfer to standard aliquot tube. *OR* 1** mL serum from no additive (Red) tube; **Minimum 0.25 mL;** Refrigerated; **Separate serum from cells and transfer to standard aliquot tube.** **Stability:** Ambient: **48** hours Refrigerated: **2 weeks** Frozen: **1 month** **Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody** **Reference Range: Reference Interval: Less than 1:100** **Days Performed: Thu** **Reported: 2–9 days** **CPT: 86255**	7/16/24
Fluphenazine	FLUPH	**Special Information:** Measure at least 2 weeks after initiating treatment. Specimen should be collected prior to next dose–at steady state concentration. **Specimens that are unspun, hemolyzed, or collected in gel separator tubes will be rejected.** This test is New York state approved. **Clinical Information: This test is useful to optimize drug therapy and monitor patient adherence.** The therapeutic range is based on serum pre-dose (trough) draw at steady-state concentration. Adverse effects may include extrapyramidal symptoms, seizures and neuroleptic malignant syndrome. **Specimen Requirement:** 1 mL serum from no additive (Red) tube; **Refrigerated; Pre-dose (trough) draw–At steady state concentration.** Do not use serum separator tubes. Separate serum from cells within 2 hours of collection **and transfer to standard aliquot tube.** *OR* 1 mL plasma from EDTA (Lavender) tube; **Refrigerated; Pre-dose (trough) draw–At steady state concentration.** Do not use plasma separator tubes. Separate plasma from cells within 2 hours of collection **and transfer to standard aliquot tube.** **Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: 1 week Frozen: After separation from cells: 1 month (Avoid repeated freeze/thaw cycles)	effective immediately
Gaucher Disease (GBA), Enzyme Activity in Leukocytes	GAUCHD	**For interface clients only–Test build may need to be modified** **Name:** Previously Beta-Glucosidase, Leukocytes **Special Information: Draw** Monday–Thursday only, and do not draw the day before a holiday. **Specimen must be received in the Main Campus Send Outs laboratory by noon on Thursday. Clinical Indication for testing is required, submit completed patient history form with specimen.** Grossly hemolyzed specimens will be rejected. **This test is New York state approved.** **Clinical Limitation: This test is not indicated for carrier screening.** **Clinical Information: This test is useful to diagnose Gaucher disease only. It is not indicated for carrier screening.** *(continued on page 8)*	7/23/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Gaucher Disease (GBA), Enzyme Activity in Leukocytes *(continued from page 7)*	GAUCHD	**Specimen Requirement: 3** mL whole blood in EDTA (Lavender) tube; **Minimum: 1 mL;** Refrigerated; Draw Monday–Thursday only, and do not draw the day before a holiday. Specimen must be received **in the Main Campus Send Outs laboratory** by noon on Thursday. Clinical Indication for testing is required, submit **completed** patient **history** form with specimen. *OR* **3 mL whole blood in acid citrate dextrose (ACD) A or B (Yellow) tube; Minimum: 1 mL; Refrigerated; Draw Monday–Thursday only, and do not draw the day before a holiday. Specimen must be received in the Main Campus Send Outs laboratory by noon on Thursday. Clinical Indication for testing is required, submit completed patient history form with specimen.** *OR* **3 mL whole blood in sodium heparin (Green) tube; Minimum 1 mL; Refrigerated; Draw Monday–Thursday only, and do not draw the day before a holiday. Specimen must be received in the Main Campus Send Outs laboratory by noon on Thursday. Clinical Indication for testing is required, submit completed patient history form with specimen.** **Stability:** Ambient: **Unacceptable** Refrigerated: **72 hours** Frozen: Unacceptable **Methodology: Fluorometry (FLM)** **Reference Range:** **Gaucher GBA Activity Leukocytes: 4.6–12.0 nmol hydrolyzed/hr/mg protein** **Gaucher GBA Activity Leukocytes Interp: Refer to report** **Reported: 4**–11 days **CPT: 82657**	7/23/24
Inhibin B	INHIBB	**Special Information:** For premenopausal females, collection is preferred during the follicular phase of the menstrual cycle. Room temperature specimens, and grossly hemolyzed specimens will be rejected. **Clinical Information:** Use **for monitoring patients with stromal granulosa cell tumors of the ovary and ovarian epithelial tumors of the mucinous type with inhibin B overexpression.** **Inhibin B is an endocrine marker to aid in the monitoring of gonadal function. In males, inhibin B may aid in the assessment of spermatogenesis and testicular function. In females, it may be useful in the assessment of ovarian reserve and activity, and oocyte quality.** This test is performed using the ANSH ultra-sensitive Inhibin B ELISA kit. Values obtained with different methodologies or kits cannot be used interchangeably. **Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; **Refrigerated** *OR* 0.5 mL serum from no additive (Red) tube; **Refrigerated** **Stability:** Ambient: **4 hours** Refrigerated: **7 days** Frozen: **30 days** **Days Performed:** Wed, Fri **7:00 am** **Reported: 1–4** days	7/18/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Motor and Sensory Neuropathy Evaluation with Reflex to Titer and Neuronal Immunoblot	SENMOT	**For interface clients only–Test build may need to be modified** **Name:** Previously SensoriMotor Neuropathy Profile Complete **Special Information: Reflex Algorithm: Purkinje Cell (PCCA) antibody and Neuronal Nuclear (ANNA) antibody IgG are screened by IFA. If the IFA screen is indeterminate, then a Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot is performed at an additional cost. If the IFA screen is positive at 1:10 or greater, then a PCCA/ANNA antibodies titer and Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot are performed at an additional cost. Contaminated, heat-inactivated,** hemolyzed**, severely** icteric, or lipemic specimens will be rejected. **This test is New York state approved.** **Clinical Information: This test aids in diagnosis of combined motor/sensory neuropathy when malignancy, other than plasma cell dyscrasia, is suspected.** **Specimen Requirement:** 2 mL serum from serum separator (Gold) tube; **Minimum: 1** mL; Refrigerated; Separate serum from cells **ASAP or within 2 hours of collection.** **Stability:** Ambient: **After separation from cells: 24** hours Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology:** **Immunoblot (IB), Qualitative** **Semi Quantitative Enzyme Linked Immunosorbent Assay** **Semi-Quantitative Indirect Fluorescent Antibody** **Reference Range:** **Asialo-GM1 Antibodies, IgG/IgM:** **Negative: 29 IV or less** **Equivocal: 30-50 IV** **Positive: 51-100 IV** **Strong Positive: 101 IV or greater** **GM1 Antibodies, IgG/IgM:** **Negative: 29 IV or less** **Equivocal: 30-50 IV** **Positive: 51-100 IV** **Strong Positive: 101 IV or greater** **GD1a Antibodies, IgG/IgM:** **Negative: 29 IV or less** **Equivocal: 30-50 IV** **Positive: 51-100 IV** **Strong Positive: 101 IV or greater** **GD1b Antibodies, IgG/IgM:** **Negative: 29 IV or less** **Equivocal: 30-50 IV** **Positive: 51-100 IV** **Strong Positive: 101 IV or greater** **GQ1b Antibodies, IgG/IgM:** **Negative: 29 IV or less** **Equivocal: 30-50 IV** **Positive: 51-100 IV** **Strong Positive: 101 IV or greater** **SGPG Antibody, IgM:** **Less than 1.00 IV** **MAG Antibody, IgM Elisa:** **Less than 1000 TU** **Purkinje Cell/Neuronal Nuclear IgG Scrn:** **None detected** **Days Performed: Thu** **Reported: 2–10** days **CPT: 83516x7; 86255x1**	7/16/24
N-methyl-D-Aspartate Receptor (NMDAR) Antibody, IgG, CSF, Reflex to Titer	NMDCSF	**Name:** Previously N-methyl-D-Aspartate Receptor Ab, IgG, CSF, Reflex to Titer	7/16/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Neuronal Nuclear Antibodies (Hu, Ri, Yo, Tr/DNER) IgG by Immunoblot, Serum	HURIYO	**Name:** Previously Neuronal Nuclear Abs IgG by Immunoblot **Special Information: This test may be a reflex from Motor and Sensory Neuropathy Evaluation with Reflex to Titer and Neuronal Immunoblot (SENMOT) or Sensory Neuropathy Antibody Panel with Reflex to Titer and Neuronal Immunoblot (SENNRO).** Grossly hemolyzed, heat-inactivated, contaminated, or lipemic specimens will be rejected. **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection.	7/16/24
Porphobilinogen (PBG), Urine, Screen	UPBG	**Name:** Previously Porphobilinogen Screen	6/20/24
Sensory Neuropathy Antibody Panel with Reflex to Titer and Neuronal Immunoblot	SENNRO	**For interface clients only–Test build may need to be modified** **Name:** Previously Sensory Neuropathy Profile xp **Special Information: Reflex Algorithm: Purkinje Cell (PCCA) antibody and Neuronal Nuclear (ANNA) antibody IgG are screened by IFA. If the IFA screen is indeterminate, then a Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot is performed at an additional cost. If the IFA screen is positive at 1:10 or greater, then a PCCA/ANNA antibodies titer and Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot are performed at an additional cost. Contaminated, heat-inactivated,** hemolyzed, **grossly** icteric, or lipemic specimens will be rejected. **This test is New York state approved.** **Clinical Information: This test aids in diagnosis of a sensory neuropathy when malignancy, other than plasma cell dyscrasia, is suspected.** **Specimen Requirement: 2 mL serum from serum separator (Gold) tube; Minimum: 1** mL; Refrigerated; Separate serum from cells **ASAP or within 2 hours of collection.** **Stability:** Ambient: **After separation from cells: 24** hours Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 1 year** **Methodology:** **Immunoblot (IB), Qualitative** **Semi Quantitative Enzyme Linked Immunosorbent Assay** **Semi-Quantitative Indirect Fluorescent Antibody** **Reference Range:** **SGPG Antibody, IgM: Less than 1.00 IV** **MAG Antibody, IgM Elisa: Less than 1000 TU** **Purkinje Cell/Neuronal Nuclear IgG Scrn: None detected** **Days Performed: Tue** **Reported: 3–10** days **CPT: 83516x2; 86255x1**	7/16/24
Staphylococcus aureus & MRSA Screen, PCR, Nasal	SAPCR	**Reference Range:** **Staphylococcus aureus DNA: Not detected**	effective immediately
Supersaturation Profile, 24 Hour Urine	SSAT24	**For interface clients only–Test build may need to be modified** **Includes:** **Hours Collected** **Total Volume** **Sodium, Urine–per volume** **Sodium, Urine–per 24h** **Potassium, Urine–per volume** **Potassium, Urine–per 24h** **Chloride, Urine–per volume** **Chloride, Urine–per 24h** **Calcium, Urine–per volume** **Calcium, Urine–per 24h** **Magnesium, Urine–per volume** **Magnesium, Urine per 24h** **Phosphorus, Urine–per volume** **Phosphorus, Urine–per 24h** **Uric Acid, Urine–per volume** **Uric Acid, Urine–per 24h** **Creatinine, Urine–per volume** *(continued on page 11)*	7/23/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Supersaturation Profile, 24 Hour Urine *(continued from page 10)*	SSAT24	**Includes:** **Creatinine, Urine–per 24h** **Citric Acid, Urine–per volume** **Citric Acid, Urine–per 24h** **Oxalate, Urine–per volume** **Oxalate, Urine–per 24h** **Sulfate, Urine–per volume** **Sulfate, Urine–per 24h** **pH, Urine** **Urine Supersaturation, CAOX** **Urine Supersaturation, CAHPO4** **Urine Supersaturation, UA CALC** **Urine Supersaturation Interpretation** **EER Supersaturation Profile, Urine** **Special Information: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Record total volume and collection time interval.** **Clinical Information: This test is useful for kidney stone risk assessment and monitoring.** **Specimen Requirement: 16** mL 24-hour (well-mixed) urine in clean container (no preservatives); Refrigerate during collection. Transport Refrigerated; **CRITICAL FROZEN. Thoroughly mix 24-hour urine and aliquot into four separate 4 mL standard aliquot tubes. Record total volume and collection time interval on each tube and freeze immediately. Separate specimens must be submitted when multiple tests are ordered.** **Stability:** Ambient: **Unacceptable** Refrigerated: **Unacceptable** Frozen: **2 weeks** **Methodology:** **Ion Selective Electrode (ISE)** **Quantitative Enzymatic** **Spectrophotometry (S)** **Reference Range:** **Calcium, Urine–per 24h:** **Calcium-free diet: 5–40 mg/d** **Low calcium diet (less than 800 mg/d): 50–150 mg/d** **Average calcium diet (about 800 mg/d): 100–250 mg/d** **High calcium diet (greater than 800 mg/d): > 250 mg/d** **Creatinine, Urine–per 24h** **Male 3 Years to 8 Years: 140–700 mg/d** **Male 9 Years to 12 Years: 300–1300 mg/d** **Male 13 Years to 17 Years: 500–2300 mg/d** **Male 18 Years to 50 Years: 1000–2500 mg/d** **Male 51 Years to 80 Years: 800–2100 mg/d** **Male 81 Years to 99 Years: 600–2000 mg/d** **Female 3 Years to 8 Years: 140–700 mg/d** **Female 9 Years to 12 Years: 300–1300 mg/d** **Female 13 Years to 17 Years: 400–1600 mg/d** **Female 18 Years to 50 Years: 700–1600 mg/d** **Female 51 Years to 80 Years: 500- 1400 mg/d** **Female 81 Years to 99 Years: 400–1300 mg/d** **Magnesium, Urine per 24h:** **12–199 mg/d** **Phosphorus, Urine–per 24h:** **400–1300 mg/d** **Uric Acid, Urine–per 24h:** **250–750 mg/d** **Citric Acid, Urine–per 24h:** **18 years and older: 320–1240 mg/d** **Oxalate, Urine–per 24h:** **Male 0 Years to 12 Years: 7–31 mg/d** **Male 13 Years to 99 Years: 16–49 mg/d** **Female 0 Years to 12 Years: 7–31 mg/d** **Female 13 Years to 99 Years: 13–40 mg/d** *(continued on page 12)*	7/23/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Supersaturation Profile, 24 Hour Urine *(continued from page 11)*	SSAT24	**Reference Range (continued):** **Sodium, Urine–per 24h:** **51–286 mmol/d** **Potassium, Urine–per 24h:** **25–125 mmol/d** **Chloride, Urine–per 24h:** **140–250 mmol/d** **Sulfate, Urine–per 24h:** **6–30 mmol/d** **Days Performed: Mon, Wed, Fri** **Reported: 2–9** days **CPT:** 82340; 82436; 82507; 83735; 83945; 83986; 84105; 84133; 84300; 84392; 84560	7/23/24
Thyroglobulin, FNA, Needle Wash	FTHYG	**Name:** Previously Thyroglobulin, FNA **Stability:** Ambient: 8 hours Refrigerated: **1 week** Frozen: 6 months	effective immediately
Vitamin B3/Niacin	B3VIT	**For interface clients only–Test build may need to be modified** **Name:** Previously Niacin **Special Information: Separate specimens must be submitted when multiple tests are ordered. Gel separator tubes will be rejected.** This test is New York State approved. **Clinical Information: This test is useful as a therapeutic drug monitoring/ toxicological test associated with niacin (Vitamin B3) supplementation.** **Specimen Requirement: 1** mL plasma from EDTA (Lavender) tube; Minimum **0.4** mL; Refrigerated; **Separate plasma from cells ASAP or** within 2 hours of collection **and transfer to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.** *OR* **1 mL serum from no additive (Red) tube; Minimum 0.4 mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.** **Stability:** Ambient: **24 hours** Refrigerated: **1 week** Frozen: **1 month** **Reference Range:** **Nicotinic Acid: Refer to report** **Nicotinamide: Refer to report** **Nicotinuric Acid: Refer to report** **Days Performed: Varies** **Reported: 4–10** days	7/23/24
Vitamin B7 (Biotin)	VITB7	**For interface clients only–Test build may need to be modified** **Special Information: Separate specimens must be submitted when multiple tests are ordered. This test is New York state approved.** **Specimen Requirement: 1 mL plasma from EDTA (Lavender) tube; Minimum: 0.5 mL; Frozen; Separate plasma from cells and transfer to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.** *OR* **1** mL serum from no additive (Red) tube; Minimum: **0.5** mL; Frozen; **Separate serum from cells and transfer to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.** **Stability:** Ambient: **72 hours** Refrigerated: **72 hours** Frozen: **2 weeks** **Methodology: Quantitative Liquid Chromatography–Tandem Mass Spectrometry** **Reference Range: Refer to report** **Days Performed: Varies** **Reported: 4–11** days	7/23/24

New Tests

Test Name	Order Code	Change	Effective Date
Acanthamoeba species Molecular Detection, PCR, Ocular	ACARPO	**Special Information:** Specimen source is required. Calcium alginate-tipped swabs, wood swabs, swabs sent in gel, specimens containing scalpel blades, and unstained slides will be rejected. This test is New York State approved. **Clinical Limitation:** Testing should not be performed on asymptomatic individuals. Acanthamoeba species DNA may be detectable for an unknown period of time after adequate treatment. **Clinical Information:** This test is useful in the diagnosis of amebic keratitis in conjunction with clinical findings. A positive result indicates the presence of Acanthamoeba species DNA and is consistent with active or recent infection. While positive results are highly specific indicators of disease, they should be correlated with symptoms, clinical findings, radiologic features, or confocal ophthalmologic examination. **Specimen Requirement:** 10 mm square eye tissue in sterile container; Refrigerated; Specimen source required. Submit 5–10 mm fresh eye tissue in a sterile container with 1 mL of sterile saline, minimal essential media (MEM), or viral transport media. *OR* eye swab in sterile container; Refrigerated; Specimen source required. Ocular or cornea. Do not use wooden shafted swabs or calcium alginate-tipped swabs. Swabs are not the preferred collection device for this test due to their limited sensitivity in recovering free living amoeba, which may yield false-negative results. *OR* 1 mL eye specimen in sterile container; Refrigerated; Specimen source required. Ocular or cornea scrapings. Collect scrapings using a scalpel or other sharp device to remove the outer layer of cells from the eye. Swish the collection device in 1 mL of sterile saline, minimal essential media (MEM), or viral transport media. Remove the collection device from the collection container before submitting to the lab. Minimum 0.5mL *OR* one contact lens in sterile container; Refrigerated; Specimen source required. Indicate Right or Left contact lens in the specimen source. Place entire contact lens in a sterile container with 1 mL sterile saline, viral transport media, or minimal essential media (MEM). Additional contact lens must be ordered and submitted separately. *OR* one contact lens case (without lens) in sterile container; Specimen source required. Indicate Right or Left chamber in the specimen source. If right and left chambers are separate and both must be tested, separate orders must be submitted. **Stability:** Ambient: Unacceptable Refrigerated: 7 days Frozen: 7 days **Methodology:** DNA Probe Hybridization Real-Time Polymerase Chain Reaction (RT-PCR) **Reference Range:** Negative **Days Performed:** Mon–Sat **Reported:** 3–4 days **CPT:** 87798	7/18/24
Alzheimer's Disease Biomarker Panel, Cerebrospinal Fluid	ALZCSF	**Note: New test was announced in the March update, but financial information was not available at that time** **CPT:** 83520x3	effective immediately

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
BUN, Pre/Post Dialysis	BUNRF	**Includes:** BUN, Pre Dialysis BUN, Post Dialysis Urea Reduction Ratio **Clinical Limitation:** Evaluation of and monitoring of hemodialysis **Specimen Requirement:** 1 mL plasma from lithium heparin plasma separator (Light Green) tube; Minimum: 0.4 mL; Centrifuge and refrigerate. Submit in original tube or aliquot specimen into CCL aliquot tube *OR* 1 mL serum from serum separator (Gold) tube; Minimum 0.4 mL; Centrifuge and refrigerate. **Stability:** Ambient: 7 days Refrigerated: 7 days Frozen: 1 year **Methodology:** Urease **Reference Range:** BUN, Pre Dialysis: 0 Days to 364 Days: 4–19 mg/dL 1 Year to 17 Years: 5–18 mg/dL Male 18 Years to 99 Years: 9–24 mg/dL Female 18 Years to 99 Years: 7–21 mg/dL BUN, Post Dialysis: 0 Days to 364 Days: 4–19 mg/dL 1 Year to 17 Years: 5–18 mg/dL Male 18 Years to 99 Years: 9–24 mg/dL Female 18 Years to 99 Years: 7–21 mg/dL **Days Performed:** Sun–Sat 24 hours **Reported:** 8 hours **CPT:** 84520x2	7/16/24
Human Herpesvirus 8 (HHV-8) by Quantitative PCR	HHV8QT	**Includes:** HHV8 by Quantitative PCR, Copy/mL HHV8 by Quantitative PCR, Log copy/mL HHV8 by Quantitative PCR, Interp **Special Information:** Specimen source required. This test is New York state approved. **Clinical Limitation:** No international standard is currently available for calibration of this assay. Caution should be taken when interpreting results generated by different assay methodologies. **Clinical Information:** This test is useful to detect and quantify herpesvirus 8 (HHV-8). The limit of quantification for this DNA test is 3.8 log copies/mL (6,670 copies/mL). If the test DID NOT DETECT the virus, the test result will be reported as "< 3.8 log copies/mL (< 6,670 copies/mL)." If the test DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the test result will be reported as "Not Quantified." A negative result (less than 3.8 log copies/mL or less than 6,670 copies/mL) does not rule out the presence of PCR inhibitors in the patient specimen or HHV8 DNA concentrations below the level of detection of the test. Inhibition may also lead to underestimation of viral quantitation. **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Minimum: 0.5 mL; Refrigerated; Separate serum from cells and transfer to standard aliquot tube. *OR* 1mL plasma from EDTA (Lavender) tube; Minimum: 0.5 mL; Refrigerated; Separate plasma from cells and transfer to standard aliquot tube. **Stability:** Ambient: 24 hours Refrigerated: 1 week Frozen: 1 year **Methodology:** Polymerase Chain Reaction (PCR), Quant **Reference Range:** Not detected **Days Performed:** Mon, Thu **Reported:** 3–6 days **CPT:** 87799	7/18/24

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Liver Fibrosis, Chronic Viral Hepatitis	HEPFIB	**Special Information:** Automated platelet count required. Multiple specimen tubes must be collected for this panel. Hemolyzed specimens will be rejected. This test is New York state approved. **Clinical Information:** This test is used to assess for surrogate markers of liver fibrosis in individuals with chronic viral hepatitis. Anticoagulant therapy with warfarin or other anticoagulants that prolong the prothrombin time may affect test results. **Specimen Requirement:** MULTIPLE SPECIMEN TUBES MUST BE COLLECTED FOR THIS PANEL. 2.5 mL whole blood in EDTA (Lavender) tube; Minimum: 0.3 mL; Refrigerated; Fill tube to at least half of fill volume. This tube is for test: Platelet Count (PLTCT). AND 3 mL serum from serum separator (Gold) tube; Minimum: 1.2 mL; Frozen; Separate serum from cells ASAP or within 2 hours of collection. Transfer serum to standard aliquot tube. This tube is for test: Liver Fibrosis, Chronic Viral Hepatitis (HEPFIB). AND 1 mL plasma from sodium citrate (Light Blue) tube; Minimum: 0.5 mL; Critical Frozen; Separate plasma from cells ASAP or within 2 hours of collection. Transfer platelet-poor citrated plasma to standard aliquot tube and freeze. This tube is for test: Liver Fibrosis, Chronic Viral Hepatitis (HEPFIB). **Stability:** Ambient: Whole blood: 24 hours; Serum: 8 hours; Plasma: 24 hours Refrigerated: Whole blood: 48 hours; Serum: 1 week; Plasma: Unacceptable Frozen: Whole blood: Unacceptable; Serum: 2 weeks; Plasma: 2 weeks **Methodology:** Automated Cell Counter Electromagnetic Mechanical Clot Detection Enzymatic Quantitative Nephelometry Spectrophotometry (S) **Reference Range:** Alpha-2-Macroglobulin, FibroMeter: Refer to report Alanine Aminotransferase, FibroMeter: Refer to report Aspartate Aminotransferase, FibroMeter: Refer to report Gamma Glutamyl Transferase, FibroMeter: Refer to report Urea Nitrogen, Serum, FibroMeter: Refer to report FibroMeter Platelet Count: Refer to report Fibrometer Prothrombin Index: Refer to report FibroMeter Patient Score: Refer to report CirrhoMeter Patient Score: Refer to report Fibrosis Metavir Classification: Refer to report InflaMeter Patient Score: Refer to report InflaMeter Metavir Classification: Refer to report EER Fibrometer Report: Refer to report FibroMeter Interpretation: Refer to report **Days Performed:** Tue–Thu **Reported:** 2–6 days **CPT:** 83883; 84450; 84460; 84520; 82977; Alt code 81599	7/16/24
Mucorales by PCR	MUCRLS	**Special Information:** Specimen source required. This test is New York state approved. **Clinical Information:** This test is useful as an adjunct test for the diagnosis of invasive mucormycosis caused by the most common genera associated with Mucorales infections (Cokeromyces, Syncephalastrum, Rhizmucor, Lichtheimia, Apophysomyces, Cunninghamella, Mucor, Rhizopus, and Saksenaea). This test does not replace culture and histopathology. **Specimen Requirement:** 2 mL serum from serum separator (Gold) tube; Minimum: 1.2 mL; Ambient **Stability:** Ambient: 2 weeks Refrigerated: 2 weeks Frozen: 2 weeks **Methodology:** Qualitative Polymerase Chain Reaction **Reference Range:** Not detected **Days Performed:** Mon, Thu, Sat **Reported:** 3–6 days **CPT:** 87798	7/18/24

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Telomere Biology Disorders Panel	TELPAN	**Includes:** ACD CTC1 DKC1 NHP2 NOP10 PARN POT1 RTEL1 STN1 TERC TERT TINF2 WRAP53 **Special Information:** Do not collect if patient has had a transfusion containing leukocytes within two weeks or has ever had a liver or allogeneic bone marrow or stem cell transplant. **Clinical Limitation:** This test is specifically designed for heritable germline mutations and is not appropriate for the detection of somatic mutations. **Clinical Information:** This test analyzes genes associated with abnormal telomere maintenance. The clinical features associated with abnormal telomere maintenance vary by gene; however, features may include dysplastic nails, lacy reticular pigmentation of the upper chest and/or neck, oral leukoplakia, bone marrow failure, hematologic malignancy, squamous cell carcinoma of the head/neck or anogenital region, pulmonary fibrosis, melanoma, sarcoma (particularly angiosarcoma) and/or brain tumors such as glioma. **Specimen Requirement:** 3 mL whole blood in EDTA (Lavender) tube; Minimum: 1.5 mL whole blood (pediatric only); Refrigerated; Do not collect if patient has had a transfusion containing leukocytes within two weeks or has ever had a liver or allogeneic bone marrow or stem cell transplant. *OR* saliva in Oragene self-collection kit; Provider must supply patient with Oragene self-collection kit (OG500/OGD500/OGD510) from Invitae. Follow kit instructions for collection and shipping. *OR* buccal specimen in ORAcollect Dx OCD-100; Provider must supply patient with ORAcollect Dx OCD-100 from Invitae. Follow kit instructions for collection and shipping. *OR* 5 ug extracted DNA in sterile container; Frozen; Concentration: 50ng/uL gDNA. Preferred buffer: 10mM Tris-HCl, ph 8.5 **Stability:** Ambient: 48 hours Refrigerated: 2 weeks Frozen: Unacceptable **Methodology:** Next Gen Sequencing **Days Performed:** Varies **Reported:** 11–22 days	7/18/24
Telomere Length Measurement	TELMSR	**Special Information**: Provide brief clinical history. Keep specimens at room temperature. Prefer receipt in performing laboratory within 24 hours of collection. **Clinical Information:** Telomere length measured by flow cytometry and FISH. **Specimen Requirement:** 18 mL whole blood in acid citrate dextrose A (Yellow) tube; Minimum: 12 mL; Ambient; Complete required test requisition. Specimen must be delivered to Cleveland Clinic Laboratories by 3 p.m. Do not collect the day before or the day of a major holiday. Separate specimens must be submitted when multiple tests are ordered. **Stability:** Ambient: ACD A: 72 hours; EDTA: 24 hours Refrigerated: Unacceptable Frozen: Unacceptable **Methodology:** Flow Cytometry (FC) Fluorescent In-Situ Hybridization (FISH) **Days Performed:** Varies **Reported:** 15–22 days **CPT:** 88182	7/18/24

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Acanthamoeba Culture	AMBCUL	Test will no longer be orderable. Recommended replacement test is Acanthamoeba species Molecular Detection, PCR, Ocular (ACARPO).	7/18/24
Bacterial Vaginosis Scored Gram Stain	BVSTN	Test will no longer be orderable. Recommended replacement test is Bacterial Vaginosis (BV), NAAT [BVAMP].	7/18/24
Bacterial Vaginosis Scored Gram Stain and Candida Smear	BVCNSM	Test will no longer be orderable. Recommended replacement test is Bacterial Vaginosis (BV), NAAT [BVAMP] or Candida & Trichomonas vaginalis, NAAT [CVTV].	7/18/24
BUN, Post Dialysis	BUNPO1	Test will no longer be orderable. Recommended replacement test is BUN, Pre/Post Dialysis (BUNRF).	7/16/24
BUN, Pre Dialysis	BUNPR	Test will no longer be orderable. Recommended replacement test is BUN, Pre/Post Dialysis (BUNRF).	7/16/24
Euglobulin Lysis Time	EUGLOB	Test will no longer be orderable. There is no recommended replacement.	7/25/24
FIBROSpect HCV	FS2	Test will no longer be orderable. Recommended replacement test is Liver Fibrosis, Chronic Viral Hepatitis (HEPFIB).	7/16/24
Free Light Chains, Quantitative, Urine	UFLCKL	Test will no longer be orderable. Recommended replacement test is Kappa/Lambda, Free, Serum (KLFRS).	7/16/24
Group B Strep Culture Screen	GRPBSC	Test will no longer be orderable. Recommended replacement test is Group B Streptococcus by PCR, Routine Prenatal Screening (GBPCR).	7/16/24
Histoplasma Abs, CF+ID, CSF	CSFHAB	Test will no longer be orderable. Recommended replacement test is Histoplasma Antibodies, CSF (HISTCS).	6/4/24
Prometheus Anser ADA	ANSADA	Test will no longer be orderable. Recommended replacement test is Adalimumab, Serum (ADALIM).	7/16/24
Prometheus Anser IFX	ANSIFX	Test will no longer be orderable. Recommended replacement test is Infliximab, Serum (INFLIX).	7/16/24
Vaginal Smear for Candida	CANSTN	Test will no longer be orderable. Recommended replacement test is Fungus Screen (FUNGSC).	7/16/24