Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • March 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
9	Allergen, Alpha-Gal Component IgE												■	■
10	Allergen, Food, Alpha-Gal IgE				■									
9	Allergen, Mutton IgE												■	■
9	Allergens, Red Meats Panel IgE												■	■
3	Anti Mullerian Hormone					■	■		■		■			
3	Anti-Platelet Factor 4						■					■		
3	Beta-2-Microglobulin, Urine					■	■				■	■		
3	Bethesda Inhibitor							■						
4	Bordetella pertussis and parapertussis DNA, Nucleic Acid Amplification, Nasopharyngeal Swab		■			■				■				
10	Chyloscreen, Body Fluid				■									
4	CNS Demyelinating Disease Evaluation, Serum					■	■							
4	Copper, Free, Serum or Plasma					■	■				■			
5	Fungal Blood Culture												■	
5	Fungal Culture (Non Dermal Sites)												■	
5	Fungal Culture and Smear (Non Dermal)												■	
5	Fungal Culture and Smear Hair, Skin, Nail												■	
6	Fungal Culture Hair, Skin, Nails												■	
6	Hypercoagulation Diagnostic Interpretive Panel							■						
10	Hypersensitivity Pneumonitis I													■
10	Kleihauer Betke Stain													■

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
6	M. tuberculosis PCR with AFB Culture and Stain, respiratory (rifampin resistance detection)		■											
6	Mannose Binding Lectin					■	■			■		■		
6	Metformin										■			
6	Nicotine and Cotinine, Serum											■		
7	Organism Identification, Mold												■	
9	Phospholipase A2 Receptor Antibody, ELISA, For Monitoring, Serum												■	■
7	Platelet Aggregation						■	■						
7	Synthetic Cannabinoid Metabolites – Expanded, Urine (Qualitative)										■			
7	Thyroglobulin Antibody							■	■	■		■		
7	Thyroid Antibodies							■	■	■		■		
8	Thyroglobulin, Serum with Reflex to IA or LC-MS/MS							■	■	■				
8	TP53 Somatic Mutation, Prognostic								■				■	
9	Triglycerides Body Fluid with Reflex to Chylomicron Electrophoresis			■										
8	Trofile Co-receptor Tropism Assay					■	■		■		■			
10	TSH Binding Inhibition				■									
10	TSH Receptor Antibody				■									
10	TSH Receptor Total Autoantibody				■									

Test Changes

Test Name	Order Code	Change	Effective Date
Anti Mullerian Hormone	MULLER	**Special Information:** Samples for AMH levels should be drawn on days 2-4 of the menstrual cycle. **The following results were obtained with the Elecsys AMH assay. Results from assays of other manufacturers cannot be used interchangeably.** **Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; **Minimum 0.5** mL; Frozen; Separate serum from cells ASAP or within 2 hours of collection. *OR* **0.5 mL serum from no additive (Red) tube; Minimum 0.5 mL; Frozen; Separate serum from cells ASAP or within 2 hours of collection** *OR* **0.5 mL plasma from lithium heparin (Green) tube; Minimum 0.5 mL; Frozen; Separate plasma from cells ASAP or within 2 hours of collection. Transport frozen from external sites.** **Methodology: Electro Chemiluminescence Immunoassay (ECLIA)** **Days Performed: Mon–Fri**	4/6/23
Anti-Platelet Factor 4	PLATF4	**Specimen Requirement: 3** mL plasma from sodium citrate (Light Blue) tube; Minimum **2** mL; Frozen; **Separate plasma from cells ASAP**. *OR* 2 mL serum from no additive (Red) tube; Minimum **2** mL; Frozen; Separate serum from cells ASAP. Specimen must be labeled as serum. **Serum not preferred, as it cannot be used for positive confirmatory reflex test.** **Stability:** Ambient: **Remove plasma from cells ASAP. Plasma good for 4 hours ambient.** Refrigerated: Unacceptable Frozen: **2 weeks**	5/9/23
Beta-2-Microglobulin, Urine	URB2M	**Special Information: Patient preparation:** Void the urinary bladder, then drink a large glass of water and collect a urine specimen within 1 hour. **Laboratory instructions:** If pH is >8, lower pH to 6-8 with 1 M HCL. If pH <6, increase to 6-8 with 5% NaOH. **Record the pH on the transport tube and ship to referral laboratory frozen.** **Clinical Information: This test is can be useful in evaluation of renal tubular damage or to monitor exposure to mercury and cadmium.** **Specimen Requirement:** 3 mL random urine in clean container; Minimum 1 mL; Frozen; Patient preparation: Void the urinary bladder, then drink a large glass of water and collect a urine specimen within 1 hour. **Laboratory instructions: If pH is >8, lower pH to 6-8 with 1 M HCL. If pH <6, increase to 6-8 with 5% NaOH. Record the pH on the transport tube and ship frozen.** **Stability:** Ambient: 8 hours Refrigerated: **48 hours** Frozen: 2 months **(after pH has been adjusted to 6–8)** **Reported: 1–2** days	effective immediately
Bethesda Inhibitor	BETHDA	**For interface clients only–Test build may need to be modified** **Special Information:** Indicate coagulation factor to be tested. 3.2% sodium citrate is the preferred anticoagulant recommended by NCCLS. If inhibitor to porcine Factor VIII is needed, please supply porcine Factor VIII with patient sample. Appropriate factor assay **requested will be performed and billed when requesting a Bethesda inhibitor.** **Reference Range:** **Factor VIII Assay (FVIIIC):** See individual factor assay **Factor VIII Chromogenic(FVIIICH):** See F8CH assay **Factor II Assay (FIIC):** See individual factor assay **Factor V Assay (FVC):** See individual factor assay **Factor VII Assay (FVIIC):** See individual factor assay **Factor IX Assay (FIXC)**: See individual factor assay **Factor X Assay (FXC):** See individual factor assay **Factor XI Assay (FXIC):** See individual factor assay Bethesda Inhibitor (BUNITS): < or = 0.4 Inhib Unit	5/9/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Bordetella pertussis and parapertussis DNA, Nucleic Acid Amplification, Nasopharyngeal Swab	BORAMP	**Name:** Previously Bordetella pertussis and Bordetella parapertussis by Molecular Detection **Special Information: Acceptable specimen types include nasopharyngeal samples collected using flocked swabs in universal transport medium (UTM) or an equivalent viral transport medium. Example accepted collection kits include Oracle #1063581/1035694, Diagnostic Hybrids #402C/403C. Dry swabs, lower respiratory tract specimens (bronchoalveolar lavage, bronchial washings) or other upper respiratory specimens (sputum, throat swabs) will be rejected. Calcium-alginate swabs are not acceptable.** **Clinical Information:** Symptoms of pertussis include coughing, sneezing, and runny nose. Within 1-2 weeks a paroxysmal cough followed by a "whoop" sound in infants and children or persistent cough in adolescents or adults develops. Testing should be performed within 4 weeks of cough onset. **Specimen Requirement:** 2 or 3 mL nasopharyngeal swab in Universal Transport Media (UTM); **Acceptable specimen types include nasopharyngeal samples collected using flocked swabs in universal transport medium (UTM) or an equivalent viral transport medium. Example accepted collection kits include Oracle #1063581/1035694, Diagnostic Hybrids #402C/403C.** Dry swabs, lower respiratory tract specimens (bronchoalveolar lavage, bronchial washings) or other upper respiratory specimens (sputum, throat swabs) will be rejected. Calcium-alginate swabs are not acceptable. **Reference Range:** Bordetella pertussis (BORDET): **Not detected** Bordetella parapertussis (BPARA): **Not detected**	effective immediately
CNS Demyelinating Disease Evaluation, Serum	CDS1SE	**Special Information: Draw 2 tubes to ensure adequate serum volume.** When the results of this assay require further evaluation of myelin oligodendrocyte glycoprotein (MOG-IgG1), the MOG-IgG1 titer will be performed at an additional cost. When the results of this assay require further evaluation of neuromyelitis optica (NMO)/Aquaporin-4-IgG, the neuromyelitis optica (NMO)/aquaporin-4-IgG titer will be performed at an additional charge. New York State approved. Grossly hemolyzed, lipemic or icteric specimens will be rejected. **Specimen Requirement:** 3 mL serum from no additive (Red) tube; Minimum 2 mL; Refrigerated; **Draw 2 tubes to ensure adequate serum volume.** *OR* 3 mL serum from serum separator (Gold) tube; MInimum 2 mL; Refrigerated; **Draw 2 tubes to ensure adequate serum volume.**	3/14/23
Copper, Free, Serum or Plasma	FRCOP	**Special Information: Draw 2 tubes to ensure adequate serum/plasma volume.** Separator tubes are unacceptable. **This test is New York DOH approved.** **Specimen Requirement:** 3 mL serum from no additive (Navy Blue) tube; Minimum 1.2 mL; Refrigerated; **Draw 2 tubes to ensure adequate serum/plasma volume.** Do not use serum separator tubes. Remove serum from cells ASAP or within 2 hours of collection and aliquot into a trace metal-free transport tube (ARUP #43116) or acid-washed transfer vial (ARUP #54350). *OR* 3 mL plasma from EDTA (Royal blue) tube; MInimum 1.2 mL; Refrigerated; **Draw 2 tubes to ensure adequate serum/plasma volume.** Do not use serum separator tubes. Remove serum from cells ASAP or within 2 hours of collection and aliquot into a trace metal-free transport tube (ARUP #43116) or acid-washed transfer vial (ARUP #54350). **Reported: 8**–12 days	3/14/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Fungal Blood Culture	HISTCL	**Special Information:** Number of Blood Cultures: Each general blood culture request will generate two sets of separately drawn blood cultures. The second blood culture can be drawn immediately after the first is drawn, provided the two blood cultures are collected separately (i.e., from different sites/arms). If the same arm must be used, collect the second culture 30 minutes after the first. A maximum of 4 blood culture sets is permitted in a 24-hour period. The alternate specimen type is a bone marrow. Ordering/Drawing a Fungal Blood Culture: Order a Fungal Blood Culture (HISTCL) to rule out Histoplasma. For blood specimens, an Isolator tube should be drawn; 10 mL optimal, 5 mL minimum. For bone marrow specimens, use a sodium or lithium heparinized syringe to draw the specimen; 4 mL optimal, 1 mL minimum. Patient Skin Preparation for Blood Draw: Select vein, swab with ChloraPrep Sepp (2% chlorhexidine gluconate with 70% alcohol applicator). Saturate the applicator tip by gently pressing it against the skin, and apply the solution in a back-and-forth motion for 30 seconds, completely wetting the area. Allow the prepped area to dry completely. Do not repalpate the vein. If the venipuncture is unsuccessful, re-prep the vein as above. Venipuncture and Inoculation: Perform venipuncture using a sterile syringe (10 mL for adults, 1-10mL for children depending on weight of the patient). Wipe the rubber stopper of the Isolator tube with a new ChloraPrep. Saturate the applicator tip by gently pressing it against the stopper, and apply the solution in concentric circles, completely wetting the stopper; allow the prepped area to dry completely. Inoculate the blood into the Isolator tube; 10 mL is optimal, minimum volume 5 mL. Invert tube several times to ensure thorough mixture. Label the Isolator tube with the collect date and time, collection site, set #1 or set #2, initials of individual drawing the blood, patient's name, and patient clinic number. Transport: Blood culture and bone marrow specimens should be transported promptly (preferably within 2 hrs) at room temperature to the lab along with the requisition. If culture is positive, identification will be performed at an additional charge. Identification CPT codes that may apply include: 87106, 87107, **87153**. Antimicrobial susceptibilities are performed when indicated, and CPT code 87186 would apply.	effective immediately
Fungal Culture (Non Dermal Sites)	FCUL	**Special Information:** Always note specimen source on the requisition. Full identification will be performed routinely on significant yeast isolates. **MALDI-TOF mass spectrometry** testing is used to confirm suspect cases of some dimorphic molds. Limited identification is performed on nonsterile sites. In-house susceptibility testing on yeast isolates is performed only upon request and only when clinically indicated. Mold susceptibilities are not performed in-house and will be sent to an outside reference lab upon request only. Note any special requests on the requisition including a request to rule out Malassezia furfur. For hair, skin and nail specimens, please use order code ACFSC and order code FHSNSM when requesting both fungal culture and smear. If culture is positive for yeast or mold, identification will be performed as mentioned above at an additional charge. Identification CPT codes that may apply include: 87106, 87107, **87153**. Antimicrobial susceptibilities are performed as mentioned above, and CPT code 87186 would apply.	effective immediately
Fungal Culture and Smear (Non Dermal)	FCULSM	**Special Information:**Test includes culture for yeasts and molds plus microscopic examination using calcofluor stain. Full identification will be performed routinely on significant yeast isolates. Limited identification is performed on nonsterile sites. In-house susceptibility testing on yeast isolates is performed only upon request and only when clinically indicated. Mold identification will be performed on significant isolates. Mold susceptibilities are not performed in-house and will be sent to an outside reference lab upon request only. Note any special requests such as rule out Malassezia furfur on the requisition. For hair, skin and nail sources, please use order code ACFSC for culture requests and order code FHSHSM when requesting both fungal culture and smear. If culture is positive for yeast or mold, identification will be performed as mentioned above at an additional charge. Identification CPT codes that may apply include: 87106, 87107, **87153**. Antimicrobial susceptibilities are performed as mentioned above, and CPT code 87186 would apply.	effective immediately
Fungal Culture and Smear Hair, Skin, Nail	FHSNSM	**Special Information:** Hair, skin, nail, and scalp are the only acceptable specimen types. For other sources, please use order code FCUL for culture or FCULSM when requesting both fungal culture and smear. Test includes culture for yeasts and molds. If culture is positive, identification will be performed on potential fungal pathogens at an additional charge. Identification CPT codes that may apply include: 87106, 87107, **87153**. Antimicrobial susceptibilities will be performed when requested and CPT code 87186 would apply.	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Fungal Culture Hair, Skin, Nails	ACFSC	**Special Information:** Hair, skin, nail and scalp are the only acceptable specimen types. For other sources, please use order code FCUL for culture only or FCULSM when requesting both fungal culture and smear. Test includes culture for yeasts and molds. If culture is positive for yeast or mold, identification will be performed on potential fungal pathogens at an additional charge. Identification CPT codes that may apply include: 87106, 87107, **87153**. Antimicrobial susceptibilities will be performed when requested, and CPT code 87186 would apply.	effective immediately
Hypercoagulation Diagnostic Interpretive Panel	HYPER	**For interface clients only–Test build may need to be modified** **Includes:** Prothrombin Time (PT) APTT Fibrinogen Cardiolipin Antibodies C-Reactive Protein APTTSC TT ANTIXA Protein C Functional PTGEN **Note:** *Homocysteine has been removed*	5/2/23
M. tuberculosis PCR with AFB Culture and Stain, respiratory (rifampin resistance detection)	MTBRIF	**Name**: Previously MTB Complex and Rifampin Resistance by PCR plus AFB Culture and Stain (respiratory)	effective immediately
Mannose Binding Lectin	MANNO	**Special Information:** Separate specimens must be submitted when multiple tests are ordered. **Non-serum, contaminated, or heat-activated specimens will be rejected.** This test is New York DOH approved. **Clinical Information: The lowest reportable result is <40. This test is useful for initial screening for suspected deficiency in the lectin complement pathway.** Mannose-binding protein is a component of the innate or natural immune system which binds to mannose residues on a variety of different microorganisms. When bound, this lectin will trigger the complement pathway resulting in opsonization. Mannose-binding protein is also an acute phase reactant produced by the liver. Patients who have abnormal levels of mannose-binding protein may have recurrent significant infections in the absence of abnormalities in the four major arms of the immune system. Abnormal mannose-binding protein concentrations have been found in patients with infectious disorders such as tuberculosis, hepatitis B, and in autoimmune disorders including recurrent spontaneous abortion and systemic lupus erythematosis. **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Minimum 0.2 mL; Frozen; Separate serum from cells **ASAP or** within 2 hours of collection. **Transfer serum to standard aliquot tube and freeze.** Separate specimens must be submitted when multiple tests are ordered. *OR* 1 mL serum from no additive (Red) tube; Minimum 0.2 mL; Frozen; Separate serum from cells **ASAP or** within 2 hours of collection. **Transfer serum to standard aliquot tube and freeze.** Separate specimens must be submitted when multiple tests are ordered. **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 7 days** Frozen: After separation from cells: **30 days** (avoid repeated freeze/thaw cycles) **Reference Range: Greater than or equal to 76 ng/mL**	effective immediately
Metformin	MTFORM	**Special Information:** Polymer gel separation tubes (SST or PST) will be rejected. **This test is New York DOH approved.** **Clinical Information: Oral hypoglycemic agent.** Reporting limit: 0.10 mcg/mL. Therapeutic range: Approximately 1–2 mcg/mL. Metformin associated lactic acidosis generally has been associated with Metformin plasma concentrations exceeding 5 mcg/mL. **Reported: 9–10** days	3/20/23
Nicotine and Cotinine, Serum	NICOT	**Stability:** Ambient: 14 days Refrigerated: 14 days Frozen: **2** months	3/2/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Organism Identification, Mold	OIDMOL	**Special Information:** Indicate on test order: Original date of collection, specimen site, any pertinent preliminary identification information and telephone number including extension where report may be called if necessary. Antibiotic susceptibility testing must be requested and ordered separately. Contraindications: lack of viability, culture mixed or contaminated. **Identification CPT code 87107 will apply. CPT code 87153 may be added if sequencing method is performed to complete the identification.**	effective immediately
Platelet Aggregation	AGGPLP	**For interface clients only–Test build may need to be modified** **Specimen Requirement:** THIS ASSAY REQUIRES MULTIPLE SPECIMEN TYPES. **30** mL whole blood in sodium citrate (Light Blue) tube; **Minimum is 18 mL consisting of 6 completely filled 2.7mL sodium citrate tubes. 10 tubes are preferred to assure all testing can be completed.** Ambient; Do not centrifuge. Specimen must be delivered to testing lab within 3 hours after collection and before 2:00 p.m. Sample must not be drawn after noon. **Draw 10 completely filled 2.7ml sodium citrate tubes of peripheral blood.** *AND* 4 mL whole blood in EDTA (Lavender) tube; Ambient **Reference Range:** ADP Aggregation (ADP): 65–93 % Max ATP Rel by ADP (ADPREL): 0.1–1.3 nM ADP 20 Max Aggreg (ADP20): 71–94 % Max ATP Rel by ADP 20 (AD20RE): 0.1–1.4 nM Arach Max Aggreg (ARACA): 75–100 % Max ATP Rel by Aracha (ARAREL): 0.4–2.0 nM Collagen Max Aggreg (COLLAG): 74–99 % Max ATP Rel by Collagen (COLREL): 0.4–1.7 nM EPIN Max Aggreg (EPIN): 70–97 % Max ATP Rel by Epineph (EPIREL): 0.2–1.6 nM Epin 100 Max Aggreg (EPI100): 70–99 % Max ATP Rel by Epineph 100 (EP100R): 0.2–1.7 nM **Thromboxane A2 uM Max Aggregation (THRMBXAG): 58–93 % Max** **ATP Release by Thromboxane A2 (THRMBXREL): 0.2–1.4 nM** **Thrombin uM ATP Release (THROMBREL): >0.5 nM** Risto 1500 Max Agg (RIST15): 76–100 % Max Risto 1200 Max Agg (RIST12): 76–100 % Max Risto 900 Max Agg (RIST9): 50–100 % Max Risto 500 Max Agg (RIST5): 0–9 % Max	5/9/23
Synthetic Cannabinoid Metabolites–Expanded, Urine (Qualitative)	K2	**Reported: 9–10** days	3/20/23
Thyroglobulin Antibody	TGAB	**For interface clients only–Test build may need to be modified** **Stability:** Ambient: **8** hours Refrigerated: 7 days Frozen: **7** days **Methodology: Immunoenzymatic Assay** **Reference Range:** **Thyroglobulin Antibody, Serum (TGABS): < 4.0** IU/mL	3/1/23
Thyroid Antibodies	XMICTG	**For interface clients only–Test build may need to be modified** **Stability:** Ambient: 8 hours Refrigerated: 7 days Frozen: **7 days** **Methodology: Immunoenzymatic Assay** **Reference Range:** Thyroid Peroxidase Antibody (MICRO): Negative: < 5.6 IU/mL **Thyroglobulin Antibody, Serum (TGABS): < 4.0** IU/mL	3/1/23

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Thyroglobulin, Serum with Reflex to IA or LC-MS/MS	THYRORF	**For interface clients only–Test build may need to be modified** **Special Information:** In this test, Thyroglobulin Antibody is analyzed by the Access Thyroglobulin Antibody assay (Beckman). If the result is negative (**<4.0** IU/mL), the Thyroglobulin tests will be performed by immunoassay using the Access Thyroglobulin assay (Beckman). If the antibody result is positive (**≥4.0** IU/mL), the Thyroglobulin tests will be performed by LC-MS/MS. Results obtained from different assay method or kits cannot be used interchangeably. **Methodology:** Chemiluminescence Immunoassay (CLIA) Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS) **Reference Range:** Thyroglobulin, Serum (THYROS): 1.6–50.0 ng/mL Thyroglobulin by LC-MS/MS, Serum (TGLCMS): 6 months to 3 years: 7.4–48.7 ng/mL 4 years to 7 years: 4.1–40.5 ng/mL 8 years to 17 years: 0.8–29.4 ng/mL 18 years and up: 1.3–31.8 ng/mL **Thyroglobulin Antibody, Serum (TGABS): < 4.0 IU/mL**	3/1/23
TP53 Somatic Mutation, Prognostic	TP53MU	Methodology: Sequencing CPT: 81352	effective immediately
Trofile Co-receptor Tropism Assay	TROFLE	**Special Information:** Order only if HIV RNA viral load, collected within the last 2 weeks, is >1000/copies/mL. The viral load and viral load collection date are required before the test will be performed. **Collect 2 tubes. Separate plasma from cells ASAP or within six hours of collection and transfer into a standard aliquot tube and freeze. Separate specimens must be submitted when multiple tests are ordered. This test is New York DOH approved.** **Specimen Requirement:** 3 mL plasma from EDTA plasma preparation (White) tube; Minimum 1 mL; Frozen; **Patient must have HIV RNA viral load >1000/copies/mL within 2 weeks prior to draw.** Collect 2 EDTA (White) tubes. **Separate plasma from cells ASAP or within six hours of collection and transfer into a standard aliquot tube and freeze. Separate specimens must be submitted when multiple tests are ordered.** *OR* 3 mL plasma from EDTA (Lavender) tube; Minimum 1 mL; Frozen; **Patient must have HIV RNA viral load >1000/copies/mL within 2 weeks prior to draw.** Collect 2 EDTA (White) tubes. **Separate plasma from cells ASAP or within six hours of collection and transfer into a standard aliquot tube and freeze. Separate specimens must be submitted when multiple tests are ordered.** **Methodology: Polymerase Chain Reaction (PCR)/Culture** **Days Performed: Sun–Sat** **Reported: 4–5 weeks**	effective immediately

New Tests

Test Name	Order Code	Change	Effective Date
Allergen, Alpha-Gal Component IgE	ALPHAG	**Note: New test was announced in the February update. Financial information was not available at that time.** **CPT:** 86003 **Price:** $33.00	effective immediately
Allergen, Mutton IgE	MUTTON	**Note: New test was announced in the February update. Financial information was not available at that time.** **CPT:** 86003 **Price:** $33.00	effective immediately
Allergens, Red Meats Panel IgE	RMEATS	**Note: New test was announced in the February update. Financial information was not available at that time.** **CPT:** 86003x3; 86008x1 **Price:** $132.00	effective immediately
Phospholipase A2 Receptor Antibody, ELISA, For Monitoring, Serum	PLA2RM	**Note: New test was announced in the February update. Financial information was not available at that time.** **CPT:** 83520 **Price:** $215.00	effective immediately
Triglycerides Body Fluid with Reflex to Chylomicron Electrophoresis	FTCHYL	**Includes:** Triglycerides, Fluid Triglycerides Fluid Source Chylomicron Screen, Body Fluid **Special Information:** Specimen source must be provided. Specimen types other than those listed and specimens too viscous to be aspirated by instrument will be rejected. **Clinical Information:** If Triglyceride concentration is 25-200 mg/dL, then Chylomicron Electrophoresis testing will be added. Additional charges apply. **Specimen Requirement:** 1 mL body fluid in sterile container; Minimum 0.5 mL; Refrigerated; Specimen source is required and must be one of the following: drain, pericardial, peritoneal/ascites, or pleural fluid. **Stability:** Ambient: 48 hours Refrigerated: 1 week Frozen: 3 months **Methodology:** Quantitative Enzymatic **Days Performed:** Thu **Reported:** 2–9 days	effective immediately

Fee Increases

Test Name	Order Code	List Fee	CPT Code	Effective Date
Kleihauer Betke Stain	HBFSTN	$52.00	85460	3/14/23

Fee Reductions

Test Name	Order Code	List Fee	CPT Code	Effective Date
Hypersensitivity Pneumonitis I	HYPNE1	$104	86331x3; 86606x2	effective immediately

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Allergen, Food, Alpha-Gal IgE	GALIGE	Test will no longer be orderable. Recommended replacement is Allergen, Alpha-Gal Component IgE (ALPHAG).	4/6/23
Chyloscreen, Body Fluid	FCHYLO	Test will no longer be orderable. FTRIG is usually sufficient for body fluid analysis. For indeterminate samples, recommended replacement test is Triglycerides Body Fluid with Reflex to Chylomicron Electrophoresis (FTCHYL).	effective immediately
TSH Binding Inhibition	TBI	Test will no longer be orderable. Recommended replacement is Thyroid Stimulating Immunoglobulin (SQTSIGIM)	4/6/23
TSH Receptor Antibody	TRAB	Test will no longer be orderable. Recommended replacement is Thyroid Stimulating Immunoglobulin (SQTSIGIM)	4/6/23
TSH Receptor Total Autoantibody	TSHRA	Test will no longer be orderable. Recommended replacement is Thyroid Stimulating Immunoglobulin (SQTSIGIM)	4/6/23