

## Technical Update • March 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](http://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](mailto:clientservices@ccf.org).

Test Update Page #	Summary of Changes by Test Name	Summary of Changes											
		Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT
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7	Alzheimer's Disease Biomarker Panel, Cerebrospinal Fluid												
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8	Platelet Autoantibodies												
5	Platelet Neutralization												
5	Post DDAVP Monitoring												
5	Pre DDAVP Monitoring												
5	Sequential Screen Second Trimester												
5	Supersaturation Profile, 24 Hour Urine												
8	Trichomonas Prep												
5-6	Trichomonas vaginalis, NAAT												
6	von Willebrand Diagnostic Interpretive Panel (Limited)												
6	VWF GPIbM Activity												

## Test Changes

Test Name	Order Code	Change	Effective Date
C-Peptide	CPEPT	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Special Information:</b> Specimen collection should occur preferably from patients fasting for at least 8 hours and at minimum 8 hours after administration of multivitamins or dietary supplements, especially containing biotin (Vitamin B7).</p> <p><b>Clinical Limitation:</b> For diagnostic purposes, the results obtained from this assay should always be used in combination with the clinical examination, patient medical history, and other findings.</p> <p><b>Clinical Information:</b> The assay is intended for use as an aid in the diagnosis and treatment of patients with abnormal insulin secretion.</p> <p><b>Specimen Requirement:</b> 1 mL serum from serum separator (Gold) tube; <b>Minimum 0.5 mL</b>; Refrigerated</p> <p><b>Stability:</b>            Ambient: <b>24 hours</b>            Refrigerated: <b>7 days</b>            Frozen: <b>30 days</b></p> <p><b>Methodology:</b> <b>Electro Chemiluminescence Immunoassay (ECLIA)</b></p> <p><b>Reference Range:</b> <b>1.1–4.4 ng/mL</b></p> <p><b>Days Performed:</b> <b>Mon–Fri</b></p> <p><b>Reported:</b> <b>1–3 days</b></p>	4/18/24
Collagen Type II Antibody	CIAB	<p><b>Special Information:</b> <b>This test is New York State approved.</b></p> <p><b>Specimen Requirement:</b> 3 mL serum from serum separator (Gold) tube; Minimum <b>1 mL</b>; <b>Refrigerated</b> *OR* 3 mL serum from no additive (Red) tube; Minimum <b>1 mL</b>; <b>Refrigerated</b></p> <p><b>Stability:</b>            Ambient: <b>7 days</b>            Refrigerated: <b>7 days</b>            Frozen: <b>1 year</b></p> <p><b>Reported:</b> <b>5–19 days</b></p>	4/16/24

## Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Estriol, Serum	ESTRIO	<p><b>Clinical Information:</b> Screening test for fetal aneuploidy in conjunction with other biomarkers and ultrasonography. Indicator of fetal well-being and placental function.</p> <p><b>Stability:</b>                      Ambient: After separation from cells: <b>72 hours</b>                      Refrigerated: After separation from cells: <b>2 weeks</b>                      Frozen: After separation from cells: <b>1 year</b> (Avoid repeated freeze/thaw cycles)</p> <p><b>Reference Range:</b>                      Gestational age 25 weeks: <b>2.1–7.4</b> ng/mL                      Gestational age 26 weeks: <b>2.2–8.0</b> ng/mL                      Gestational age 27–29 weeks: <b>2.3–10.0</b> ng/mL                      Gestational age 30–31 weeks: <b>2.7–11.7</b> ng/mL                      Gestational age 32–37 weeks: <b>2.9–18.4</b> ng/mL                      Nonpregnant female: <b>&lt; 0.20</b> ng/mL                      Male: <b>&lt; 0.22</b> ng/mL</p>	2/5/24
Growth Hormone Suppression	GHSUP	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Includes:</b>                      Growth Hormone Basal                      Growth Hormone 30 min                      Growth Hormone 60 min  <b>Growth Hormone 90 min</b>                      Growth Hormone 120 min                      Glucose Basal                      Glucose 30 min                      Glucose 60 min  <b>Glucose 90 min</b>                      Glucose 120 min</p> <p><b>Special Information:</b> Patient Preparation: "Patient should be fasting at least 10 hours prior to the test. Collect a baseline specimen, then administer 75 grams of dextrose within 5 minutes. Collect specimens at 30, 60, 90, and 120 minutes post dextrose administration."</p> <p><b>Specimen Requirement:</b> 1 mL plasma from potassium oxalate/sodium fluoride (Gray) tube; Refrigerated AND 1 mL serum from serum separator (Gold) tube; Refrigerated; <b>Patient should be fasting at least 10 hours prior to the test. Collect a baseline specimen, then administer 75 grams of dextrose within 5 minutes. Collect specimens at 30, 60, 90, and 120 minutes post dextrose administration.</b></p> <p><b>Stability:</b>                      Ambient: SST (Gold) and Potassium oxalate/sodium fluoride (Gray): 24 hours                      Refrigerated: SST (Gold): 7 days Potassium oxalate/sodium fluoride (Gray): 24 hours                      Frozen: SST (Gold): 14 days Potassium oxalate/sodium fluoride (Gray)                      Unacceptable</p>	4/18/24
Hepatitis Be Antigen	HBEAG	<p><b>Specimen Requirement:</b> 1 mL serum from serum separator (Gold) tube; Refrigerated *OR* 1 mL serum from red plain tube; Refrigerated *OR* 1 mL plasma from EDTA (Lavender) tube; Refrigerated; Separate plasma from cells within 2 hours of collection. *OR* <b>1 mL plasma from lithium heparin plasma separator (Light Green) tube; Refrigerated</b></p>	2/13/24
Herpes Simplex Virus (HSV-1 & HSV-2), Qualitative PCR, CSF	HSPCRC	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Name:</b> Previously Herpes Simplex Virus by PCR, CSF</p> <p><b>Clinical Limitation:</b> Negative results do not preclude HSV-1 or HSV-2 infection and should not be used as the sole basis for treatment or other patient management decisions, especially if performed very early in the course of illness. For encephalitis patients with a negative herpes simplex PCR result, consideration should be given to repeating the test 3–7 days later for patients demonstrating a compatible clinical syndrome or temporal lobe localization on neuroimaging. As with other tests, false-positive results may occur. Repeat testing or testing with a different device may be indicated in some settings. A positive result by this test cannot rule out infections caused by other viral or bacterial pathogens. Viral nucleic acids may persist in vivo independent of virus viability. Detection of target analyte(s) does not imply that the corresponding viruses are infectious or are the causative agent for clinical symptoms.</p> <p><i>(continued on page 4)</i></p>	4/18/24

## Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Herpes Simplex Virus (HSV-1 & HSV-2), Qualitative PCR, CSF <i>(continued from page 4)</i>		<p><b>Clinical Information:</b> Herpes simplex viruses (HSV-1 and HSV-2) are enveloped DNA viruses that are members of the alpha-herpesviridae subfamily. HSV causes about 5–10% of all encephalitis cases, and is one of the most common causes of identified sporadic encephalitis globally. HSV-1 encephalitis is more common in adults; and HSV-2 encephalitis is more common in neonates. Clinical features involved with HSV encephalitis include fever, hemicranial headache, language and behavioral abnormalities, memory impairment, and seizures. HSV can also be associated with meningitis. Nucleic acid amplification testing of CSF specimens has greatly increased the ability to diagnose infections of the CNS, especially viral infections caused by the herpesviruses.</p> <p>The FDA-cleared DiaSorin Molecular Simplexa HSV 1 &amp; 2 Direct is a multiplex qualitative real-time PCR assay that targets HSV-1 and HSV-2 DNA polymerase genes, and is intended for use as an aid in the diagnosis of HSV-1 and HSV-2 infections of the CNS. For encephalitis patients with a negative herpes simplex PCR result, consideration should be given to repeating the test 3–7 days later for patients demonstrating a compatible clinical syndrome or temporal lobe localization on neuroimaging. This standalone HSV-1 and HSV-2 PCR test has been shown to have greater analytic sensitivity for HSV detection as compared to large multiplex panels, and should be considered for patients with high pre-test probability of HSV encephalitis.</p> <p><b>Specimen Requirement:</b> 0.5 mL cerebrospinal fluid (CSF) in sterile container; Minimum 0.2 mL; Refrigerated; Collect CSF using standard protocol. CSF from any tube of collection (Tubes 1-4) may be used for this assay. Make a dedicated aliquot into a sterile tube using sterile technique in a biosafety cabinet. Residual specimen from non-Microbiology laboratories is NOT acceptable.</p> <p><b>Stability:</b> Refrigerated: 7 days at 2-8C Frozen: 1 month at -70C</p> <p><b>Methodology:</b> Qualitative Real-Time PCR</p>	
Histoplasma Antigen Quantitative by EIA, Serum	SHISTO	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Name:</b> Previously Histoplasma capsulatum Antigen</p> <p><b>Clinical Information:</b> The quantitative range of this assay is 0.19-60.0 ng/mL. Antigen concentrations less than 0.19ng/mL ;greater than 60.0 ng/mL fall outside the linear range of the assay and cannot be accurately quantified.</p> <p>This EIA test should be used in conjunction with other diagnostic procedures, including microbiological culture, histological examination of biopsy samples, serology and/or radiographic evidence, to aid in the diagnosis of histoplasmosis.</p> <p>Cross-reactivity with Blastomyces dermatiditis, Coccidioides immitis, and possibly Talaromyces marneffeii have been observed with this EIA. Other clinically and geographically relevant endemic mycoses should be considered in the case of a positive test result.</p> <p><b>Specimen Requirement:</b> 2 mL serum from serum separator (Gold) tube; Refrigerated *OR* 2 mL serum from no additive (Red) tube; Refrigerated</p> <p><b>Stability:</b> Ambient: <b>Unacceptable</b> Refrigerated: 2 weeks Frozen: <b>1 month</b></p> <p><b>Reference Range:</b> Histoplasma Antigen, Serum: Not detected <b>Histoplasma Antigen, Serum Interp: Refer to report</b></p> <p><b>Days Performed:</b> Mon, Wed, Fri</p> <p><b>Reported:</b> 2–5 days</p>	4/25/24
Lupus Anticoagulant Diagnostic Interpretive Panel	LUPUSP	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Reference Range:</b> Refer to individual components <i>New components and reference ranges will be added</i></p>	4/16/24

## Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Parvo B19 PCR	PARPLS	<p><b>Special Information: This test is New York state approved.</b></p> <p><b>Clinical Information: Qualitative nucleic acid amplification testing for parvovirus B19.</b></p> <p><b>Specimen Requirement:</b> 1 mL plasma from EDTA (Lavender) tube; Frozen; <b>Separate plasma from cells and transfer to standard aliquot tube.</b> *OR* 1 mL serum from serum separator (Gold) tube; Frozen; <b>Separate serum from cells and transfer to standard aliquot tube.</b> *OR* 1 mL cerebrospinal fluid (CSF) in sterile container; Frozen *OR* 1 mL amniotic fluid in sterile container; Frozen *OR* <b>1 mL bone marrow in EDTA (Lavender) tube; Refrigerated</b></p> <p><b>Stability:</b>            Ambient: <b>24 hours; Bone marrow: 1 week</b>            Refrigerated: <b>5 days; Bone marrow: 1 week</b>            Frozen: 6 months; <b>Bone marrow: 1 week</b></p> <p><b>Methodology: Qualitative Polymerase Chain Reaction</b></p>	effective immediately
Platelet Neutralization	PLTNEU	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Specimen Requirement:</b> 2 mL plasma from sodium citrate (Light Blue) tube; <b>Centrifuge, aliquot and freeze ASAP. Discontinue heparin or direct thrombin inhibitor therapy 48 hours prior to collection.</b></p> <p><b>Reference Range:</b>  <b>Platelet Neutralization Delta: &lt;1.9 sec</b>  <b>PTT LA Screen: 30.2-43.0 sec</b>  <b>PTT LA Mix: 31.5-38.3 sec</b></p>	4/16/24
Post DDAVP Monitoring	DDAPOP	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Specimen Requirement:</b> 4 mL plasma from sodium citrate (Light Blue) tube; Centrifuge samples; Aliquot plasma into a separate tube and label with Epic Beaker labels. Specimens should be frozen (-20C or colder).</p>	4/16/24
Pre DDAVP Monitoring	DDAPRP	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Specimen Requirement:</b> 4 mL plasma from sodium citrate (Light Blue) tube; Centrifuge samples; Aliquot plasma into a separate tube and label with Epic Beaker labels. Specimens should be frozen (-20C or colder).</p>	4/16/24
Sequential Screen Second Trimester	SEQ2	<p><b>Special Information: Specimen MUST be drawn between 15.0–21.9 weeks gestation. Draw 2 tubes to ensure adequate serum volume.</b></p> <p><b>Specimen Requirement:</b> 5 mL serum from serum separator (Gold) tube; Ambient; Specimen MUST be drawn between 15.0–21.9 weeks gestation. <b>Draw 2 tubes to ensure adequate serum volume.</b></p>	effective immediately
Supersaturation Profile, 24 Hour Urine	SSAT24	<p><b>Stability:</b>            Ambient: <b>3 days</b>            Refrigerated: 14 days            Frozen: <b>14 days</b></p> <p><b>Days Performed: Sun–Sat</b></p>	effective immediately
Trichomonas vaginalis, NAAT		<p><b>Clinical Information:</b> Trichomonas vaginalis is a protozoan parasite that is a common cause of vaginitis and the most common nonviral sexually transmitted infection worldwide. The majority of persons who have trichomoniasis (70%–85%) either have minimal or no genital symptoms, and untreated infections might last from months to years, and have been associated with reproductive morbidity. Symptomatic patients can present with vaginitis, vaginal discharge, cervicitis, urethritis, and/or other genitourinary symptoms. The CDC recommends diagnostic testing for T. vaginalis in patients seeking care for vaginal discharge, as well as considering asymptomatic screening in certain high risk groups. T. vaginalis can be diagnosed via wet mount, culture, rapid antigen testing, and nucleic acid amplification testing (NAAT), with the latter having the highest sensitivity. The Aptima Trichomonas vaginalis Assay is an in vitro FDA-cleared qualitative nucleic acid amplification test (NAAT) for the detection of ribosomal RNA (rRNA) from Trichomonas vaginalis to aid in the diagnosis of trichomoniasis using the Panther System. The assay uses target capture, transcription-mediated amplification (TMA), and hybridization protection assay (HPA) technologies. The assay may be used to test the following specimens from symptomatic or asymptomatic <b>individuals:</b> clinician-collected endocervical swabs, clinician-collected <b>and patient-collected vaginal swabs (in a clinical setting), female and male urine</b>, and specimens collected in PreservCyt Solution.</p> <p><i>(continued on page 6)</i></p>	

## Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Trichomonas vaginalis, NAAT <i>(continued from page 5)</i>	TRVAMP	<p><b>Specimen Requirement (continued):</b> *OR* One cervical Cytyc PreservCyt solution (Thin Prep); Ambient; PreservCyt Solution (ThinPrep) is an acceptable specimen when added onto a ThinPrep Pap Test and no dedicated vaginal or endocervical swab specimens are available. It is not recommended due to lower test sensitivity for gonorrhea and chlamydia detection (often ordered on the same swab) compared to other specimen types. Due to this reason, it is not available as a selectable specimen source/type during order entry, only as a laboratory add-on. In order to place an order on this specimen type, you must place a call to lab client services. If consulted prior to specimen collection, lab client services should advise the provider to collect a separate dedicated Vaginal Multitest Swab for optimal test performance characteristics. If consulted after specimen collection, lab client services should assist the provider in placing an add on order with "Fluid, Cervix" as the specimen source, and have cytology perform the aliquot as below prior to cytology testing. Prior to cytology testing and within 30 days of collection, cytology will transfer a 1 mL aliquot into an APTIMA Specimen Transfer Tube. The specimen must have been stored at 2-30C.</p> <p><b>Specimen Requirement:</b> 2 mL first-catch urine in APTIMA Urine specimen collection kit; Ambient; The patient should not have urinated for at least 1 hour prior to specimen collection. The patient should collect first portion of random voided urine (first part of stream) into a sterile, plastic, preservative-free container. Transfer 2 mL of urine into the Aptima urine specimen transport tube using the disposable pipette provided within 24 hours of collection. Close the tube tightly. Work with one specimen at a time. The correct volume of urine has been added when the fluid level is between the black fill lines (window) on the urine transport tube. Do not overfill or underfill the APTIMA Urine transport tube. *OR* one vaginal Aptima Multitest Collection Kit; Ambient; Vaginal Multitest (orange tube pink swab): A vaginal swab is the recommended specimen for female patients due to this being a <b>specimen type ideal for sharing with other testing</b>. Carefully insert the swab into the vagina about 2 inches past the introitus and gently rotate the swab for 10-30 seconds. Make sure the swab touches the vaginal walls so that moisture is absorbed by the swab. Place swab into Aptima transport tube. Snap off swab at the score line, and close the tube tightly. *OR* 2 mL first-catch urine in sterile container; Ambient; The patient should not have urinated for at least 1 hour prior to specimen collection. The patient should collect first portion of random voided urine (first part of stream) into a sterile, plastic, preservative-free container. *OR* One endocervical APTIMA Collection Unisex swab; Ambient; Endocervical Unisex (white tube blue swab): Remove excess mucus from cervical os and surrounding mucosa using the white cleaning swab, then DISCARD. Insert blue swab into the endocervical canal and gently rotate clockwise for 10-30 seconds. Place swab into Aptima transport tube. Snap off swab at the score line, and close the tube tightly.</p>	4/16/24
von Willebrand Diagnostic Interpretive Panel (Limited)	VWFPR	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Includes:</b>            Prothrombin Time            APTT            Ristocetin Cofactor            Collagen Binding Assay            Factor VIII assay            von Willebrand Factor Antigen            CBA/VWF Ratio            Ristocetin Cofactor/VWF Ratio            FVIII/VWF Ratio            von Willebrand Multimer  <b>VWF:GPIbM Activity</b></p>	4/16/24
VWF GPIbM Activity	VGPiBM	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Clinical Information:</b> <i>clinical information has been removed</i></p> <p><b>Specimen Requirement:</b> 0.5 mL plasma from sodium citrate (Light Blue) tube; <b>Centrifuge samples; Aliquot plasma into a separate tube and label with Epic Beaker labels. Specimens should be frozen (-20C or colder) ASAP.</b></p> <p><b>Days Performed:</b> Varies, Mon–Fri 8 hours</p> <p><b>Reported:</b> 1–3 days</p>	4/16/24

# New Tests

Test Name	Order Code	Change	Effective Date
Alzheimer's Disease Biomarker Panel, Cerebrospinal Fluid	ALZCSF	<p><b>Special Information:</b> Low-binding polypropylene tubes (Sarstedt, Ref 63.614.625) MUST be used for this test. CSF samples that are collected or transported to the testing laboratory in any other tube are not acceptable and will be rejected. CSF samples that are underfilled will be rejected. Samples that are visibly hemolyzed are not acceptable.</p> <p><b>Clinical Limitation:</b> A positive pTau181/Abeta42 or tTau/Abeta42 ratio result in CSF does not establish a diagnosis of Alzheimer's disease (AD) and should always be interpreted in conjunction with clinical information. The performance of the test for African-American, Asian, and other races had high uncertainty due to the limited number of patients studied. Results should not be used for predicting development of dementia or other neurologic conditions or for monitoring responses to therapies.</p> <p><b>Clinical Information:</b> This test is intended for adult patients aged 55 years and older being evaluated for Alzheimer's disease (AD) and other causes of cognitive impairment.</p> <p><b>Specimen Requirement:</b> 2.5 mL cerebrospinal fluid (CSF); Minimum 2.5 mL; Refrigerated; Collection and transport MUST be done in the approved polypropylene CSF tube (Sarstedt CSF False Bottom Tube, Ref 63.614.625). Other tubes for collection and transport are not acceptable. Do NOT transfer or aliquot the CSF sample. NOTE: Do not use the first 2 mL of CSF collection for this test.</p> <p><b>Stability:</b>            Ambient: 5 days            Refrigerated: 14 days            Frozen: 8 weeks NOTE: Do NOT freeze at &lt; -60 C.</p> <p><b>Methodology:</b> Electro Chemiluminescence Immunoassay (ECLIA)</p> <p><b>Reference Range:</b>            Abeta42: &gt;= 564.2 pg/mL            Total-Tau: &lt;= 375.4 pg/mL            Phospho-Tau (181P) / Abeta42 ratio: &lt;= 0.023            Total-Tau / Abeta42 ratio: &lt;= 0.28            Phospho-Tau (181P): &lt;= 31.3 pg/mL</p> <p><b>Days Performed:</b> 1 day per week</p> <p><b>Reported:</b> 1–8 days</p>	4/18/24
Histoplasma Galactomannan EIA, CSF	HISCSF	<p><b>Special Information:</b> Ship on dry ice for overnight delivery Monday through Friday. This test is New York State approved.</p> <p><b>Clinical Limitation:</b> The clarus Histoplasma Galactomannan EIA was found to be cross-reactive with Paracoccidioides, Blastomyces, and some Candida specimens. Positive tests should be confirmed in areas or patient groups where these organisms are endemic or a risk.</p> <p><b>Clinical Information:</b> The clarus Histoplasma Galactomannan EIA is not intended for monitoring therapy. Testing should not be performed as a screening procedure for the general population. The predictive value of a positive or negative result depends on the pretest likelihood of histoplasmosis disease being present. Testing should only be done when clinical evidence suggests the diagnosis of histoplasmosis. Results between different Histoplasma capsulatum assays cannot be compared.</p> <p><b>Specimen Requirement:</b> 2 mL cerebrospinal fluid (CSF) in sterile container; Minimum 0.5 mL; Place specimen on ice after draw. Transport Frozen</p> <p><b>Stability:</b>            Ambient: Unacceptable            Refrigerated: 24 hours            Frozen: Acceptable</p> <p><b>Methodology:</b> Immunoenzymatic Assay</p> <p><b>Reference Range:</b>            Negative: &lt;0.2 ng/mL            Positive but below the limit of quantitation: ≥0.2 but &lt;0.8 ng/mL            Positive: ≥0.8 ng/mL</p> <p><b>Days Performed:</b> Mon–Sat</p> <p><b>Reported:</b> 1–4 days</p> <p><b>CPT:</b> 87385</p>	4/25/24
Neurofilament light (NfL)	NFLLCF	<p><b>Note:</b> New test was announced in the February update, but financial information was not available at that time</p> <p><b>CPT:</b> 83520</p>	effective immediately

## New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Platelet Autoantibodies	PLTAAB	<p><b>Special Information:</b> Sample must be received within 4 days of collection. Ship with an ice pack. Protect whole blood from freezing by wrapping in paper towels. This test is New York State approved.</p> <p><b>Clinical Information:</b> This assay detects direct and indirect glycoprotein-specific antibodies in eluates prepared from washed patient platelets. Autoantibodies to platelet glycoproteins are considered to represent a major mechanism of immune thrombocytopenia (ITP). A diagnosis of ITP is usually reached by excluding nonimmune causes of thrombocytopenia such as sepsis, fever, acute leukemia, and drug-induced thrombocytopenia. The majority of platelet autoantibodies react with platelet specific glycoproteins. Autoantibodies present at reduced levels, as in ITP responsive to therapy, may be missed in this assay. This assay detects only antibodies reactive with platelet GPIIb/IIIa, GPIb/IX and GPIa/IIa. Human anti-mouse antibodies may be detected, causing false positive results.</p> <p><b>Specimen Requirement:</b> If platelet count is greater than 100,000:10 mL whole blood in acid citrate dextrose (ACD) A or B (Yellow) tube; Refrigerated; Do not collect within four days of platelet transfusion. Collect Saturday–Wednesday only. *OR* If platelet count is less than 100,000: 40 mL whole blood in acid citrate dextrose (ACD) A or B (Yellow) tube; Refrigerated; Do not collect within four days of platelet transfusion. Collect Saturday–Wednesday only.</p> <p><b>Stability:</b>            Ambient: Unacceptable            Refrigerated: 4 days            Frozen: Unacceptable</p> <p><b>Methodology:</b> Enzyme-Linked Immunosorbent Assay (ELISA)</p> <p><b>Days Performed:</b> Mon–Sat</p> <p><b>Reported:</b> 4–5 days</p>	3/21/24

## Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
ADmark Phospho-Tau CSF	PHOTAU	Test will no longer be orderable. Recommended replacement test is Alzheimer's Disease Biomarker Panel, Cerebrospinal Fluid (ALZCSF).	4/18/24
Chromosome Analysis, Amniotic Fluid	FAMCYT	Test will no longer be orderable.	3/12/24
Chromosome Analysis, Chorionic Villus or Amniotic Fluid	CVCYTO	Test will no longer be orderable.	3/12/24
Edoxaban	EDOXBN	Test will no longer be orderable. There is no recommended replacement.	4/16/24
Maternal Cell Contamination	MATRNL	Test will no longer be orderable.	3/12/24
Platelet Antibody Detection	PLTDET	Test will no longer be orderable. Recommended replacement test is Platelet Autoantibodies (PLTAAB).	effective immediately
Trichomonas Prep	TRICHO	Test will no longer be orderable. Recommended replacement test is Trichomonas vaginalis, NAAT (TRVAMP).	4/16/24