Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • May 2019

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
27	5-Fluorouracil Toxicity, Chemo Response, 5 Mut					■								
27	14-3-3 Protein, CSF					■								
27	ACADM PCR, Complete, Tier 2					■								
4	Acetaminophen									■				
27	Acetylcholinesterase and Fetal Hemoglobin, Amniotic Fluid					■								
20	Allergen, Food, Orris Root IgE				■									
20	Allergen, Fungi and Molds, Chaetomium globosum IgE				■									
20	Allergen, Occupational, Tobacco				■									
4	Amikacin, Post Dose									■				
4	Amikacin, Pre Dose									■				
4	Amikacin, Random									■				
4	Amino Acids, Urine w/ Basic Interpretation							■						
5	Amino Acids, Urine w/ No Interpretation							■						
5	Arsenic, Fractionated Urine										■			
5	Bilirubin, Urine						■					■		
5	Cadmium, Urine										■			
5	CALR (Calreticulin) Exon 9 Mutation Blood							■						
5	Campylobacter Antigen					■	■		■			■	■	
6	Chromium, Urine										■			
6	Clobazam												■	
6	Cobalt, Blood					■	■					■		

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	Cobalt, Serum or Plasma						■	■				■		
7	Complement Deficiency Assay						■	■			■	■		
21	CYP2C19 (Cytochrome P450 2C19)			■										
22–23	CYP2D6 (Cytochrome P450 2D6)			■										
27	Cytochrome P450 2D6 (CYP2D6) Geno				■									
27	Cyto P450 2C19 - 9 Variants				■									
7	Disopyramide (Norpace)						■	■	■					
7–9	Drug Detection Panel, TOF-MS, Umbilical Cord Tissue						■	■	■		■			
9	Drug Detection Panel, Umbilical Cord Tissue, with Marijuana Metabolite						■	■	■		■	■		
10	Ethosuximide						■	■	■			■		
27	Fats, Urine				■									
27	Ganglioside Antibody Panel				■									
27	Gaucher Disease Mutation, Fluid				■									
10	Gaucher Disease Mutation, Whole Blood						■	■				■		
10	Gentamicin, Post Dose										■			
10	Gentamicin, Random										■			
10	Heavy Metals, Urine											■		
10	Heavy Metals with Cadmium, Ur											■		
10	Hemoglobin Electrophoresis							■			■			
10	Hemoglobin Evaluation Cascade							■			■			
10	Hemoglobin S and F Monitoring										■			
11	Hemoglobin, Urine						■					■		
11	HemoQuant, Fecal						■					■		
11	Hepatitis Be Antigen						■							
23	Hepatitis B Virus (HBV) Drug Resistance, Genotype and BCP/Precore Mutations by Sequencing			■										
11	Histamine						■	■		■		■	■	
12	Histamine, Plasma						■	■					■	
12	Histamine, Urine						■						■	
12	HIV-1 Integrase Genotype						■	■	■			■	■	
23–24	Iron, Liver			■										
27	Iron, Tissue				■									
12	Lead, Urine 24 Hour											■		
24	Lipoprotein Fractionation NMR with Lipids			■										
25	Lipoprotein Fractionation NMR without Lipids			■										
12	Lp-PLA2 Activity											■		
13, 27	Lung Cancer Hot Spot Panel v2 NGS 2 gene	■											■	■
13	Manganese, Urine											■		
13	Marijuana Metabolite, Umbilical Cord Tissue, Qualitative						■	■				■		
13	Maternal Cell Contamination, Integrated Genetics											■		

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
13	Mercury, Urine 24 Hour										■			
13, 27	MET Gene Analysis	■											■	■
13	Methotrexate						■					■		
14	MRSA Culture Screen					■	■							
14	MRSA/Staph aureus Culture Screen						■							
14	Nicotine & Metabolites, Urine					■								
27	NMR LipoProfile				■									
27	NMR LipoProfile without Lipid Panel				■									
14–15	Organic Acids Ur, Quant w/ Basic Interpretation							■		■				
15	Organic Acids Ur, Quant w/ No Interpretation							■		■				
16	Oxcarbazepine										■			
25	Pan-Solid Tumor NGS Panel			■										
16	Parenteral Nutrition Package						■							
25	Products of Conception Chromosome Analysis with Reflex SNP Array			■										
16	Protein, Urine Qualitative						■					■		
16	Prothrombin Time and PTT Elevation Diagnostic Panel							■		■				
16	PTH, Intact					■	■					■		
16	PTT Elevation Diagnostic Panel							■		■				
17	PTT Incubated Mixing Study							■		■				
17	Selenium, Plasma or Serum					■	■				■			
18	Specific Gravity, Urine						■					■		
18	Thallium, Urine										■			
18	Tobramycin, Post Dose									■				
18	Tobramycin, Random									■				
18	Trypsinogen									■	■			
18	Tryptase									■				
18	Urinalysis with Microscopic						■					■		
18	Urobilinogen Screen, Urine						■					■		
18	Varicella Zoster by PCR						■							
19	Vitamin B5 (Pantothenic Acid) Bioassay					■	■			■	■	■		
26	Warfarin Sensitivity (CYP2C8, CYP2C9, CYP4F2, VKORC1) Genotyping			■										
27	Warfarin Sensitivity Genotyping				■									

Test Changes

Test Name	Order Code	Change	Effective Date
Acetaminophen	ACETM	**Reference Range:** 0–99 Years: 10–30 µg/mL **Urgent Range:** 0–99 Years: > **150 µg/mL** (4 hours post ingestion)	7/9/19
Amikacin, Post Dose	AMIKPO	**Reference Range:** 0–99 Years: Peak: **15.0–40.0 µg/mL** **Urgent Range:** 0–99 Years: > **40.0 µg/mL**	7/9/19
Amikacin, Pre Dose	AMIKPR	**Reference Range:** 0–99 Years: Pre: 5.0–**8.0 µg/mL** **Urgent Range:** 0–99 Years: > **8.0 µg/mL**	7/9/19
Amikacin, Random	AMIKRA	**Reference Range:** 0–99 Years: Random: 5.0–**40.0 µg/mL** **Urgent Range:** 0–99 Years: > **40.0 µg/mL**	7/9/19
Amino Acids, Urine w/ Basic Interpretation	UAABI	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** Leucine Taurine Aspartic Acid Hydroxyproline Threonine Serine Proline Citrulline Valine Cystine Methionine Isoleucine Tyrosine Ornithine Lysine Histidine Arginine Glutamic Acid Alpha Aminoadipic Acid Sarcosine Asparagine Glutamine Glycine Alanine Phenylalanine Hydroxylysine Basic Interpretation **Urine, Creatinine**	7/2/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Amino Acids, Urine w/ No Interpretation	UAANI	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** Leucine Taurine Aspartic Acid Hydroxyproline Threonine Serine Proline Citrulline Valine Cystine Methionine Isoleucine Tyrosine Ornithine Lysine Histidine Arginine Glutamic Acid Alpha Aminoadipic Acid Sarcosine Asparagine Glutamine Glycine Alanine Phenylalanine Hydroxylysine Amino Acid, Urine Note **Urine, Creatinine**	7/2/19
Arsenic, Fractionated Urine	UASFR	**Days Performed:** Sunday, Tuesday, Thursday, Saturday **Reported:** 2–**11** days	5/20/19
Bilirubin, Urine	UBIL	**Specimen Requirement: 10 mL** random urine in a clean container; Minimum: **5 mL;** Refrigerated *OR* **7 mL** random urine in a **BD Urine Preservative tube (yellow);** Minimum: **7 mL; Ambient** **Stability:** Ambient: **Clean container–2 hours; BD Urine Preservative tube (yellow)–72 hours** Refrigerated: **Clean container–24 hours; BD Urine Preservative tube (yellow)–72 hours**	7/2/19
Cadmium, Urine	URCAD	**Days Performed:** Sunday–Saturday **Reported:** 2–**6** days	5/20/19
CALR (Calreticulin) Exon 9 Mutation Blood	CALR	**For Interfaced Clients Only: Test build may need to be modified**	7/2/19
Campylobacter Antigen	CAMPAG	**Special Information: Specimens in any transport media other than indicated will be rejected.** **Specimen Requirement:** 5 g stool in a **clean container (No preservatives);** Minimum: 1 g; Refrigerated *OR* 5 g stool placed in enteric transport media (Cary-Blair) within 1 hour of collection; Minimum: 1 g; Refrigerated **Stability:** Ambient: **Unpreserved stool:** Unacceptable; **Cary-Blair/C&S media: 4 days** Refrigerated: **Unpreserved stool:** 4 days; **Cary-Blair/C&S media: 4 days** Frozen: **Unpreserved stool: 1 week; Cary-Blair/C&S media: Unacceptable** **Methodology: Enzyme Immunoassay (EIA)** **CPT: 87449 x 1**	5/20/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Chromium, Urine	UCHRO	**Days Performed:** Sunday–Saturday **Reported:** 2–**6** days	5/20/19
Clobazam	CLOBAZ	**CPT: 80339 x 1**	Effective immediately
Cobalt, Blood	COBALB	**Special Information: Specimens collected and/or transported in containers other than specified will be rejected. Clotted specimens are unacceptable.** **Clinical Information:** Blood cobalt levels can be used in the assessment of occupational exposure or toxic ingestion. Symptoms associated with cobalt toxicity vary based on route of exposure and may include cardiomyopathy, allergic dermatitis, pulmonary fibrosis, cough, and dyspnea. **Blood** is the preferred specimen type for evaluating metal ion release from metal-on-metal joint arthroplasty. **Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood cobalt,** confirmation with a second specimen collected in a **certified metal-free tube is recommended.** **Specimen Requirement: 6 mL** whole blood in an EDTA (royal blue) tube; Minimum: 0.5 mL; Diet, medication and nutritional supplements may introduce interfering substances; Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over the counter medications (upon the advice of their physician); **Transport specimen in original collection tube;** Ambient **Stability:** Ambient: **Indefinitely** Refrigerated: **Indefinitely** Frozen: **Unacceptable**	5/20/19
Cobalt, Serum or Plasma	COBALT	**Special Information:** Patient Prep: Diet, medication and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals and non-essential over-the-counter medications (upon the advice of their physician). **Specimens collected and/or transported in containers other than specified will be rejected.** This test is New York DOH approved. **Clinical Information:** Occupational exposure or toxic ingestion monitoring. **Whole blood** is the preferred test for evaluating metal ion release from metal-on-metal joint arthroplasty. **Serum** levels may be increased in asymptomatic patients with metal-on-metal prosthetics and should be considered in the context of the overall clinical scenario. Symptoms associated with cobalt toxicity vary based on route of exposure, and may include cardiomyopathy, allergic dermatitis, pulmonary fibrosis, cough and dyspnea. **Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma cobalt,** confirmation with a second specimen collected in a **certified metal-free tube is recommended.** **Specimen Requirement:** 2 mL serum from a plain no additive (navy blue) tube; Minimum: 0.5 mL; **Patient Prep: Diet, medication and nutritional supplements may introduce interfering substances; Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals and non-essential over-the-counter medications (upon the advice of their physician);** 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); Ambient *OR* 2 mL plasma from an EDTA **(royal blue)** tube; Minimum: 0.5 mL; **Patient Prep: Diet, medication and nutritional supplements may introduce interfering substances; Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals and non-essential over-the-counter medications (upon the advice of their physician);** Remove plasma from cells ASAP **or within 2 hours of collection** and aliquot into a trace-metal free transport tube (ARUP #43116); Ambient **Stability:** Ambient: **Indefinitely** Refrigerated: **Indefinitely** Frozen: **Indefinitely**	5/20/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Complement Deficiency Assay	COMPD	**Note:** *Changes for COMPD were previously announced in the April Technical Update. Please note the following updates.* **Special Information:** Samples must be collected in a red-top tube, without serum separator. **If frozen, samples should be kept at minus 20 °C or colder (minus 70 °C or colder is preferred).** **Specimen Requirement:** 1 mL serum from a plain no additive (red) tube; Minimum: 0.25 mL; Allow sample to clot, separate serum from cells **as soon as possible;** Centrifuge, then remove serum and freeze **at minus 20 °C or colder (minus 70 °C or colder is preferred);** Frozen **Stability:** Ambient: **4** Hours Refrigerated: **24** Hours Frozen: **7 days at minus 20 °C (acceptable); 30 days at minus 70 °C (preferred)** **Days Performed:** Monday, **Wednesday, Friday** **Reported:** 1–4 days	5/29/19
Disopyramide (Norpace)	DISOP	**For Interfaced Clients Only: Test build may need to be modified** **Special Information:** Draw specimen prior to next dose–at steady state concentration. **Unacceptable conditions: Whole blood, gel separator tubes, sodium citrate (light blue) tubes, SPS or ACD solution (yellow) tubes. This test is New York DOH approved.** **Specimen Requirement:** 1 mL serum from a plain no additive (red) tube; Minimum: 0.5 mL; Collect: Pre-dose **(trough) draw–At a steady state concentration;** Do not use serum separator tubes; Separate from cells **ASAP or** within 2 hours of collection **and transfer into standard aliquot tube;** Refrigerated *OR* 1 mL plasma from an EDTA (lavender) tube; Minimum: 0.5 mL; Collect: Pre-dose **(trough) draw–At a steady state concentration;** Do not use plasma separator tubes; Separate from cells **ASAP or** within 2 hours of collection **and transfer into standard aliquot tube;** Refrigerated	5/20/19
Drug Detection Panel, TOF-MS, Umbilical Cord Tissue	DRGTOF	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** Buprenorphine Norbuprenorphine Codeine Dihydrocodeine Fentanyl Hydrocodone Norhydrocodone Hydromorphone Meperidine Methadone Methadone metabolite 6-Acetylmorphine Morphine Naloxone Oxycodone Noroxycodone Oxymorphone Noroxymorphone Propoxyphene Tapentadol Tramadol N-desmethyltramadol O-desmethyltramadol Amphetamine Benzoylecgonine m-OH-Benzoylecgonine Cocaethylene Cocaine MDMA-Ecstasy Methamphetamine Phentermine *(continued on page 8)*	5/20/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Drug Detection Panel, TOF-MS, Umbilical Cord Tissue *(continued from page 7)*		Alprazolam Alpha-OH-Alprazolam Butalbital Clonazepam 7-Aminoclonazepam Diazepam Lorazepam Midazolam Alpha-OH-Midazolam Nordiazepam Oxazepam Phenobarbital Temazepam Zolpidem Phencyclidine–PCP **Gabapentin** *(Note: Buprenorphine-G will be removed)* **Special Information:** Cords soaking in blood or other fluids are unacceptable. Formalin-fixed specimens or tissue that is obviously decomposed will not be accepted. This test is New York DOH approved. **Clinical Information:** Detection of drugs in umbilical cord tissue is intended to reflect maternal drug use during **approximately the last trimester of a full-term** pregnancy. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory. **Specimen Requirement:** At least **8 inches** of umbilical cord **(approximately the width of a sheet of paper)** in a clean container; Minimum: 6 inches (Absolute minimum); Drain and discard any blood; Rinse the exterior of the cord segment with normal saline or water; Pat the cord dry and transport at least **8 inches** of umbilical cord in a routine urine collection cup or use the Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548); **Refrigerated** **Reference Range:** Buprenorphine: cutoff 1 ng/g Norbuprenorphine: cutoff 0.5 ng/g Codeine: cutoff 0.5 ng/g Dihydrocodeine: cutoff 1 ng/g Fentanyl: cutoff 0.5 ng/g Hydrocodone: cutoff 0.5 ng/g Norhydrocodone: cutoff 1 ng/g Hydromorphone: cutoff 0.5 ng/g Meperidine: cutoff 2 ng/g Methadone: cutoff 2 ng/g EDDP (Methadone metabolite): cutoff 1 ng/g 6-Acetylmorphine: cutoff 1 ng/g Morphine: cutoff 0.5 ng/g Naloxone: cutoff 1 ng/g Oxycodone: cutoff 0.5 ng/g Noroxycodone: cutoff 1 ng/g Oxymorphone: cutoff 0.5 ng/g Noroxymorphone: cutoff 0.5 ng/g Propoxyphene: cutoff 1 ng/g Tapentadol: cutoff 2 ng/g Tramadol: cutoff 2 ng/g N-desmethyltramadol: cutoff 2 ng/g O-desmethyltramadol: cutoff 2 ng/g Amphetamine: cutoff 5 ng/g *(continued on page 9)*	

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Drug Detection Panel, TOF-MS, Umbilical Cord Tissue *(continued from page 8)*		Benzoylecgonine: cutoff 0.5 ng/g m-OH-Benzoylecgonine: cutoff 1 ng/g Cocaethylene: cutoff 1 ng/g Cocaine: cutoff 0.5 ng/g MDMA-Ecstasy: cutoff 5 ng/g Methamphetamine: cutoff 5 ng/g Phentermine: cutoff 8 ng/g Alprazolam: cutoff 0.5 ng/g Alpha-OH-Alprazolam: cutoff 0.5 ng/g Butalbital: cutoff 25 ng/g Clonazepam: cutoff 1 ng/g 7-Aminoclonazepam: cutoff 1 ng/g Diazepam: cutoff 1 ng/g Lorazepam: cutoff 5 ng/g Midazolam: cutoff 1 ng/g Alpha-OH-Midazolam: cutoff 2 ng/g Nordiazepam: cutoff 1 ng/g Oxazepam: cutoff 2 ng/g Phenobarbital: cutoff 75 ng/g Temazepam: cutoff 1 ng/g Zolpidem: cutoff 0.5 ng/g Phencyclidine–PCP: cutoff 1 ng/g **Gabapentin: cutoff 10 ng/g**	
Drug Detection Panel, Umbilical Cord Tissue, with Marijuana Metabolite	DTOFMP	**For Interfaced Clients Only: Test build may need to be modified** **Note:** *Refer to Drug Detection Panel, TOF-MS, Umbilical Cord Tissue (DRGTOF).* **Special Information:** Cords soaking in blood or other fluids will be rejected. Formalin-fixed specimens or tissue that is obviously decomposed will not be accepted. This test is New York DOH approved. **Clinical Information: Detection of drugs in umbilical cord tissue is intended to reflect** maternal drug use during approximately the last trimester of a full term **pregnancy.** The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. **Specimen Requirement:** At least **8 inches** of umbilical cord **(approximately the width of a sheet of paper)** in a clean container; Minimum: **8 inches** (Absolute minimum); Drain and discard any blood; Rinse the exterior of the cord segment with normal saline or water; Pat the cord dry and transport at least **8 inches** of umbilical cord in a routine urine collection cup or use the Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548); NOTE: Only a single sample is required; **Refrigerated** **Stability:** Ambient: **1 week** Refrigerated: **3** weeks Frozen: 1 year **Reference Range:** *Refer to Drug Detection Panel, TOF-MS, Umbilical Cord Tissue (DRGTOF).*	5/20/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Ethosuximide	ETHOS	**For Interfaced Clients Only: Test build may need to be modified** **Special Information: Timing of specimen collection:** Pre-dose (trough) draw–At steady state concentration. **Unacceptable conditions: Whole blood, gel separator tubes, citrate (light blue) tubes, SPS or ACD solution (yellow) tubes. This test is New York DOH approved.** **Clinical Information: Used to optimize drug therapy and monitor patient adherence.** **Specimen Requirement:** 1 mL serum from a plain no additive (red) tube; Minimum: 0.5 mL; **Timing of specimen collection: Pre-dose (trough) draw–At steady state concentration;** Do not use serum separator tubes; **Separate from cells** ASAP or within 2 hours of collection **and transfer into standard aliquot tube;** Refrigerated *OR* 1 mL plasma from an EDTA (lavender) tube; Minimum: 0.5 mL; **Timing of specimen collection: Pre-dose (trough) draw–At steady state concentration;** Do not use plasma separator tubes; Separate from cells ASAP or within 2 hours of collection **and transfer into standard aliquot tube;** Refrigerated **Days Performed: Sunday**–Saturday **Reported:** 2–6 days	5/20/19
Gaucher Disease Mutation, Whole Blood	GAUCHR	**Special Information: Frozen specimens will be rejected. Hemolyzed specimens are unacceptable. Samples with insufficient quantities or in improper containers will be rejected.** **Specimen Requirement:** 10 mL whole blood in an ACD A (yellow) tube; Minimum: **10 mL;** Ambient *OR* 10 mL whole blood in an EDTA (lavender) tube; Minimum: **10 mL;** Ambient **Stability:** Ambient: **21** days, preferred Refrigerated: **21** days Frozen: Unacceptable **Days Performed:** Tuesday **Reported: 8–15** days	7/2/19
Gentamicin, Post Dose	GENTPO	**Reference Range:** 0–99 Years: 4.0–**20.0 µg/mL** **Urgent Range:** 0–99 Years: **> 20.0 µg/mL**	7/9/19
Gentamicin, Random	GENTRA	**Reference Range:** 0–99 Years: **1.0–20.0 µg/mL** **Urgent Range:** 0–99 Years: **> 20.0 µg/mL**	7/9/19
Heavy Metals, Urine	UTXM3	**Days Performed:** Sunday–Saturday **Reported:** 2–**6** days	5/20/19
Heavy Metals with Cadmium, Ur	UTXM4	**Days Performed:** Sunday–Saturday **Reported:** 2–**6** days	5/20/19
Hemoglobin Electrophoresis	HBELSA	**For Interfaced Clients Only: Test build may need to be modified** **Reference Range:** Hemoglobin A2: **2.0–3.1%** Hemoglobin Fetal: **0.0–0.9%** *(Note: Hb A Percent = **96.2–98.0%**)*	7/2/19
Hemoglobin Evaluation Cascade	HBEVAL	**For Interfaced Clients Only: Test build may need to be modified** **Reference Range:** Hemoglobin Fetal: **0.0–0.9%** Hemoglobin A2 Percent (0–99 Years): **2.0–3.1%** *(Note: Hb A Percent = **96.2–98.0%**)*	7/2/19
Hemoglobin S and F Monitoring	HBSFMO	**Reference Range:** Hemoglobin Fetal: **0.0–0.9%** *(Note: Hb S Percent = **0.0%**)*	7/2/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Hemoglobin, Urine	UHGB	**Specimen Requirement: 10 mL** random urine in a clean container; Minimum: **5 mL;** Refrigerated *OR* 7 mL random urine in a BD Urine Preservative tube (yellow); Minimum: 7 mL; Ambient **Stability:** Ambient: Clean container–2 hours; BD Urine Preservative tube (yellow)–72 hours Refrigerated: **Clean container**–24 hours; **BD Urine Preservative tube (yellow)–72 hours**	7/2/19
HemoQuant, Fecal	HEMOQN	**Special Information: Collect random specimen from a single defecation.** Patient should not ingest red meat or aspirin for at least 72 hours prior to collection. **Clinical Information: The HemoQuant test is the most reliable, noninvasive test currently available for detecting bleeding of the esophago-GI tract. Unlike other tests for blood in feces, this test detects both intact heme and porphyrins from partly degraded heme. Additionally, test results are not complicated by either the water content of the specimen or the presence of reducing or oxidizing substances. Additionally, HemoQuant testing is sensitive to both proximal and distal sources of occult GI bleeding. Elevated levels are an indicator of the presence of blood in the feces, either from benign or malignant causes. This test is not specific for bowel cancer. Cautions: Heme from ingested red meat will increase HemoQuant test values. Patients should be advised to avoid eating red meat for 3 days before collecting specimens. Fish and poultry may be substituted. The elevated porphyrins of intoxication porphyria, erythrocytic protoporphyria, and variegate porphyria may raise HemoQuant values in the absence of gut bleeding. Recent studies indicate that cancerous lesions in their early stages often do not bleed or bleed only intermittently.** **Stability:** Ambient: **7 days** Refrigerated: **7 days, preferred** Frozen: **Acceptable** **Days Performed: Monday–Saturday** **Reported: 2–3** days	5/20/19
Hepatitis Be Antigen	HBEAG	**Clinical Information: HBeAg test should only be done in patients with positive HBsAg result and be used as an aid to determine the level of infectiousness and for monitoring chronic Hepatitis B activity over time as an important prognostic test. HBeAg may test negative in HBV-infected individuals with precore or basal core promoter mutations. Anti-HBe antibody test should be considered in conjunction with HBeAg test.**	5/1/19
Histamine	BHISTA	**Special Information: Critical frozen. Separate specimens must be submitted when multiple tests are ordered. This test is New York DOH approved.** **Clinical Information: Aid in evaluation of patient with allergic signs and symptoms (e.g., anaphylaxis). May assist in the diagnosis and monitoring of mast-cell activation disorders.** **Specimen Requirement:** 1 mL whole blood in a sodium or lithium heparin (green) tube: Minimum: 0.5 mL; **Transfer 1 mL well-mixed whole blood to a standard aliquot tube** and freeze; **Separate specimens must be submitted when multiple tests are ordered; Critical Frozen** **Stability:** Ambient: **Unacceptable** Refrigerated: **Unacceptable** Frozen: 6 months **Methodology:** Enzyme-**Linked Immunosorbent Assay (ELISA)** **Days Performed:** Monday, Thursday **Reported:** 2–**6** days	5/20/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Histamine, Plasma	PHISTA	**Special Information: Critical Frozen. Separate specimens must be submitted when multiple tests are ordered.** Unacceptable conditions: **Lipemic** or hemolyzed specimens. **This test is New York DOH approved.** **Clinical Information: Aid in evaluation of patient with allergic signs and symptoms (e.g., anaphylaxis). May assist in the diagnosis and monitoring of mast-cell activation disorders.** **Specimen Requirement:** 1 mL plasma from an EDTA (lavender) tube; Minimum: 0.5 mL; Collect in a pre-chilled tube and on ice; Centrifuge refrigerated and separate upper two-thirds of plasma within 20 minutes and freeze immediately **in a standard aliquot tube; Separate specimens must be submitted when multiple tests are ordered; Critical Frozen** **Stability:** Ambient: After separation from cells: **Unacceptable** Refrigerated: After separation from cells: 6 hours Frozen: After separation from cells: 6 months	5/20/19
Histamine, Urine	UHISTA	**Special Information:** Critical Frozen. Indicate total volume and collection time interval on transport tube and requisition. If a 24-hour urine is submitted, the excretion will be calculated. If a random urine is submitted, the result will be reported as 'Not applicable.' MUST send frozen. This test is New York DOH approved. **Stability:** Ambient: Unacceptable Refrigerated: **6 hours** Frozen: 6 months	5/20/19
HIV-1 Integrase Genotype	HIVIGT	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** Value of Viral Load Date Viral Load Collected Raltegravir Resistance Elvitegravir Resistance Dolutegravir Resistance **Bictegravir Resistance** **Special Information: Unacceptable conditions: Plasma received frozen in the plasma preparation tube (PPT), serum, whole blood greater than 24 hours old, frozen whole blood** **Specimen Requirement:** 2 mL plasma from an EDTA (lavender) tube; Minimum: 0.6 mL; **Freshly drawn whole blood specimens may be stored at 2–25 °C for up to 24 hours prior to centrifugation;** Separate plasma from cells into a separate tube within **24 hours** of collection; Frozen *OR* 2 mL plasma from an EDTA (white) plasma preparation tube (PPT); Minimum: 0.6 mL; **Freshly drawn whole blood specimens may be stored at 2–25 °C for up to 24 hours prior to centrifugation;** Separate plasma from cells into a separate tube within **24 hours** of collection; Frozen *OR* 2 mL **cerebrospinal fluid (CSF) in a sterile container;** Minimum: 0.6 mL; **Transfer CSF to a sterile, leak-proof container;** Frozen **Stability:** Ambient: After separation from cells: 24 hours Refrigerated: After separation from cells: **6** days Frozen: After separation from cells: **42** days **Days Performed:** Monday–**Saturday** **Reported:** 5–**9** days	6/24/19
Lead, Urine 24 Hour	ULEADQ	**Days Performed:** Sunday–Saturday **Reported:** 2–**6** days	5/20/19
Lp-PLA2 Activity	PLAA2	**Stability:** Ambient: **21** days Refrigerated: **180** days Frozen: **180** days at minus 20 °C; **180** days at minus 70 °C	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Lung Cancer Hot Spot Panel v2 NGS 2 gene	**LNG2GN**	**For Interfaced Clients Only: Test build may need to be modified** **Note:** *This test will have a new order code.* **CPT:** 81235 x 1, 81275 x 1, 81276 x 1	7/9/19
Manganese, Urine	UMANG	**Days Performed:** Sunday–Saturday **Reported:** 2–**6** days	5/20/19
Marijuana Metabolite, Umbilical Cord Tissue, Qualitative	DRGTHC	**Special Information:** Cords soaking in **blood or** other **fluid** will be rejected. **Formalin-fixed specimens are unacceptable. Tissue that is obviously decomposed will be rejected.** This test is New York DOH approved. **Clinical Information: This test is designed to detect and document exposure that occurred during approximately the last trimester of a full term pregnancy, to a common cannabis (marijuana) metabolite.** Other drug exposures can be detected by alternative testing. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in umbilical cord tissue depends on the extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in umbilical cord tissue, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in umbilical cord tissue does not insinuate impairment and may not affect outcomes for the infant. **Specimen Requirement:** At least **8 inches** of umbilical cord **(approximately the width of a sheet of paper)** in a clean container; Minimum: 6 inches; Drain and discard any blood; Rinse the exterior of the cord segment with normal saline or water; Pat the cord dry and transport at least **8 inches** of umbilical cord in a routine urine collection cup or use the Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548); **Refrigerated** **Stability:** Ambient: **1 week** Refrigerated: **3** weeks Frozen: 1 year	5/20/19
Maternal Cell Contamination, Integrated Genetics	MATRNL	**Stability:** Ambient: **21** days Refrigerated: **21** days Frozen: Unacceptable **Days Performed:** Monday–Saturday **Reported: 8**–11 days	Effective immediately
Mercury, Urine 24 Hour	UMERC3	**Days Performed:** Sunday–Saturday **Reported:** 2–**6** days	5/20/19
MET Gene Analysis	**METGN**	**For Interfaced Clients Only: Test build may need to be modified** **Note:** *This test will have a new order code.* **CPT:** 81479 x 1	7/9/19
Methotrexate	MTX	**Specimen Requirement:** 1 mL plasma from a sodium or lithium heparin (green) tube; Minimum: 0.5 mL; **Do not collect in a gel separator tube; Centrifuge and transfer plasma to a CCL tube and refrigerate; Centrifuge, aliquot and refrigerate** *OR* 1 mL serum from a **plain no additive (red) tube;** Minimum: 0.5 mL; **Do not collect in a gel separator tube; Centrifuge and transfer serum to a CCL tube and refrigerate; Centrifuge, aliquot and refrigerate** **Stability:** Ambient: **After separation from cells: 7 days capped** Refrigerated: After separation from cells: **14 days capped** Frozen: After separation from cells: 14 days **capped**	7/11/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
MRSA Culture Screen	MRSASC	**Special Information: Methicillin resistant Staphylococcus aureus (MRSA) and methicillin susceptible Staphylococcus aureus (MSSA) screening is also available by polymerase chain reaction (PCR), Staph aureus PCR (SAPCR) for faster turnaround time, but is limited to nares specimens. An alternative culture order is MRSA/Staph aureus Culture Screen (SANSAL) which detects colonization with MRSA and MSSA.** **Clinical Limitation: This test should not be used to diagnose and treat infections.** **Clinical Information: This test detects colonization with methicillin resistant Staphylococcus aureus (MRSA) by culture. An overnight broth enrichment step is included. Insert a sterile swab into the nose until resistance is met at the level of the turbinates (approximately 1–2 cm into one nostril). Rotate the swab against the nasal mucosa for 3 seconds. Apply slight pressure with a finger on the outside of the nose to ensure good contact between swab and inside of nose. Using the same swab, repeat for the other nostril. Samples from other anatomic sites may be submitted.** **Specimen Requirement:** One swab(s) from any site is accepted; **Collect with dual swab BD CultureSwab collection device with Stuart's Transport Medium;** Ambient	6/16/19
MRSA/Staph aureus Culture Screen	SANSAL	**Specimen Requirement: One** swab(s); Specify site; **Collect specimen with dual swab BD CultureSwab collection device** with Stuart's Transport Medium; Ambient	6/16/19
Nicotine & Metabolites, Urine	UNICOT	**(Note:** *The directory has been updated to show that 3-OH-COTININE is included. This is not a build change.)* **Includes:** Nicotine Cotinine Anabasine Nornicotine **3-OH-COTININE**	Effective immediately
Organic Acids Ur, Quant w/ Basic Interpretation	UORABI	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** Lactate, Urine 2HydroxyButyrate, Ur Oxalic Acid, Urine 3HydroxyButyrate, Ur 2OH-IsoValerate, Ur AcetoAcetate, Urine 3OH2MethButyrate, Ur Malonate, Urine 3-HydroxyIsoValerate MethylMalonate, Urine Benzoic Acid, Urine EthylMalonate, Urine Succinate, Urine MethylSuccinate, Ur Uracil, Urine Fumarate, Urine IsoButyrylGlycine,U 2MEButyrylGlycine,Ur Malate, Urine Adipic Acid, Urine 5-Oxo-Proline, Urine 3MECrotonylGlycine,U 3HydroxyGlutaricAcid 2HydroxyGlutaricAcid a-KetoGlutarate, Ur HexanoylGlycine, Ur 4OHPhenylAcetate, Ur N-AcetylAsparticAcid Suberic Acid, Urine SuccinylAcetone, Ur 2-OxoAdipic Acid, Ur Aconitate, Urine	7/2/19

(continued on page 15)

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Organic Acids Ur, Quant w/ Basic Interpretation *(continued from page 14)*		IsoCitric Acid, Urine MethylCitrate, Urine Sebacic Acid, Urine 4OHPhenylLactate, Ur N-AcetylTyrosine, Ur SuberylGlycine, Ur Pyruvate, Urine Glutarate, Urine 3MethylGlutarate, Ur ButyrylGlycine, Ur 3-Methylglutaconate **Urine, Creatinine** **Note:** *The following reference ranges will be applied to the UORABI panel:* **Urine, Creatinine** **Male (18–99 Years): 46.8–314.5 mg/dL** **Female (18–99 Years): 42.2–237.9 mg/dL**	
Organic Acids Ur, Quant w/ No Interpretation	UORANI	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** Lactate, Urine 2HydroxyButyrate, Ur Oxalic Acid, Urine 3HydroxyButyrate, Ur AcetoAcetate, Urine 3OH2MethButyrate, Ur Malonate, Urine 3-HydroxyIsoValerate MethylMalonate, Urine Benzoic Acid, Urine EthylMalonate, Urine Succinate, Urine MethylSuccinate, Ur Uracil, Urine Fumarate, Urine IsoButyrylGlycine, U Glutarate, Urine 3MethylGlutarate, Ur ButyrylGlycine, Ur 2MEButyrylGlycine,Ur Malate, Urine Adipic Acid, Urine 5-Oxo-Proline, Urine 3MECrotonylGlycine,Ur 3HydroxyGlutaric Acid,U 2HydroxyGlutaricAcid,U a-KetoGlutarate, Ur HexanoylGlycine, Ur 4OHPhenylAcetate, Ur N-AcetylAsparticAcid, Ur Suberic Acid, Urine SuccinylAcetone, Ur 2-OxoAdipic Acid, Ur Aconitate, Urine IsoCitric Acid, Urine MethylCitrate, Urine Sebacic Acid, Urine 4OHPhenylLactate, Ur N-AcetylTyrosine, Ur SuberylGlycine, Ur Pyruvate, Urine 2OH-Isovalerate, Ur 3-Methylglutaconate **Urine, Creatinine** **Note:** *The following reference ranges will be applied to the UORANI panel:* **Urine, Creatinine** **Male (18–99 Years): 46.8–314.5 mg/dL** **Female (18–99 Years): 42.2–237.9 mg/dL**	7/2/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Oxcarbazepine	OXCARB	**Days Performed: Monday–Friday** **Reported:** 1–3 days	5/7/19
Parenteral Nutrition Package	TPNTE	**Specimen Requirement:** 7 mL **plasma** from an EDTA **(royal blue)** tube; Minimum: 5 mL; Refrigerated *AND* 7 mL whole blood in an EDTA (royal blue) tube; Minimum: 5 mL; Refrigerated	Effective immediately
Protein, Urine Qualitative	UPROT	**Specimen Requirement: 10 mL** random urine in a clean container; Minimum: 5 mL; Refrigerated *OR* **7 mL** random urine in a **BD Urine Preservative tube (yellow);** Minimum: **7 mL; Ambient** **Stability:** Ambient: **Clean container–2 hours; BD Urine Preservative tube (yellow)–72 hours** Refrigerated: **Clean container–24 hours; BD Urine Preservative tube (yellow)–72 hours**	7/2/19
Prothrombin Time and PTT Elevation Diagnostic Panel	PTPTTE	**For Interfaced Clients Only: Test build may need to be modified** (*Note: Heparin Anti Xa will be removed and replaced with Anti Xa Inhib Assay)* **Reference Range:** Prothrombin Time and PTT Elevation Diagnostic Panel: Refer to individual components	7/2/19
PTH, Intact	PTHI	**Special Information:** Note that **serum** specimens need to be spun immediately after the specimen clots. Patients taking a biotin dose of up to 5 mg/day should refrain from taking biotin for 4 hours prior to sample collection. Patients taking a biotin dose of 5 to 10 mg/day should refrain from taking biotin for 8 hours prior to sample collection. Patients taking a biotin dose > 10 mg/day should consult with their physician or the laboratory prior to having a sample taken. Clinicians should consider biotin interference as a source of error, when clinically suspicious of the laboratory result. **Specimen Requirement:** 1 mL **plasma from an EDTA (lavender) tube;** Minimum: **0.5 mL; Centrifuge and transfer plasma** into a CCL aliquot tube **and refrigerate;** Centrifuge and refrigerate *OR* 1 mL serum from a serum separator (gold) tube; Minimum: **0.5 mL;** Submit in original tube or aliquot specimen into CCL aliquot tube; Centrifuge and refrigerate **Stability:** Ambient: **Plasma: 2 days after separation from cells;** Serum: 8 hours after separation from cells Refrigerated: **Plasma: 3 days after separation from cells;** Serum: 2 days after separation from cells Frozen: **Plasma: 6 months after separation from cells;** Serum: 6 months after separation from cells	7/2/19
PTT Elevation Diagnostic Panel	PTTEPL	**For Interfaced Clients Only: Test build may need to be modified** (*Note: Heparin Anti Xa will be removed and replaced with Anti Xa Inhib Assay)* **Reference Range:** PTT Elevation Diagnostic Panel: Refer to individual components	7/2/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
PTT Incubated Mixing Study	PTTIM	**For Interfaced Clients Only: Test build may need to be modified** *(Note: Heparin Anti Xa will be removed and replaced with Anti Xa Inhib Assay)* **Includes:** PT Screen **Anti Xa Inhib Assay** APTT Screen Immediate PTT 1:1 Mix Incubated PTT 1:1 Mix Thrombin Time **Reference Range:** PT Screen 0–1 Days: 7.9–14.8 sec 2–5 Days: 7.4–14.2 sec 6–30 Days: 7.2–13.3 sec 1–3 Months: 7.2–13.2 sec 4–11 Months: 8.3–12.9 sec 1–99 Years: < 13.1 sec **Anti Xa Inhib Assay: Refer to report** APTT Screen 0–1 Days: 28.7–45.1 sec 2–5 Days: 23.3–49.4 sec 6–30 Days: 23.5–45.6 sec 1–3 Months: 22.1–41.4 sec 4–11 Months: 25.8–35.5 sec 1–99 Years: 24.4–33.4 sec Immediate PTT 1:1 Mix 0–99 Years: < 33.2 sec Incubated PTT 1:1 Mix 0–99 Years: < 35.0 sec Thrombin Time 0–1 Days: < 17.4 sec 2–5 Days: < 17.9 sec 6–30 Days: < 17.9 sec 1–3 Months: < 18.2 sec 4–11 Months: < 19.1 sec 1–99 Years: < 18.6 sec	7/2/19
Selenium, Plasma or Serum	PSELEN	**Special Information:** Patient Prep: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician). **Separator tubes will be rejected. Specimens that are not separated from the red cells or clot within 6 hours are unacceptable.** **Specimen Requirement:** 2 mL plasma from an EDTA **(royal blue)** tube; Minimum: 0.5 mL; Do not use plasma separator tubes; Diet, medication, and nutritional supplements may introduce interfering substances; Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician); Separate plasma from cells ASAP or within 6 hours of collection, and aliquot into trace metal free transport tubes (ARUP #43116); Ambient *OR* 2 mL serum from a plain no additive (navy blue) tube; Minimum: 0.5 mL; Do not use serum separator tubes; Diet, medication, and nutritional supplements may introduce interfering substances; Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, and non-essential over-the-counter medications (upon the advice of their physician); Separate serum from cells ASAP or within 6 hours of collection, and aliquot into trace metal free transport tubes (ARUP #43116); Ambient **Days Performed:** Sunday–Saturday **Reported:** 2–**4** days	5/20/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Specific Gravity, Urine	USPG	**Specimen Requirement: 10 mL** random urine in a clean container; Minimum: **5 mL;** Refrigerated *OR* **7 mL** random urine in a **BD Urine Preservative tube (yellow);** Minimum: **7 mL; Ambient** **Stability:** Ambient: **Clean container–2 hours; BD Urine Preservative tube (yellow)–72 hours** Refrigerated: **Clean container–24 hours; BD Urine Preservative tube (yellow)–72 hours**	7/2/19
Thallium, Urine	UTHAL	**Days Performed:** Sunday–Saturday **Reported:** 2–**6** days	5/20/19
Tobramycin, Post Dose	TOBRPO	**Reference Range:** 0–99 Years: 4.0–**20.0 µg/mL** **Urgent Range:** 0–99 Years: **> 20.0 µg/mL**	7/9/19
Tobramycin, Random	TOBRRA	**Reference Range:** 0–99 Years: **1.0–20.0 µg/mL** **Urgent Range:** 0–99 Years: **> 20.0 µg/mL**	7/9/19
Trypsinogen	TRYPSI	**Reference Range:** **0–17 Years: Not established** **18 Years and older: 180.5–885.3 ng/mL** **Days Performed:** Tuesday, **Friday** **Reported: 2–6** days	Effective immediately
Tryptase	TRYPT	**Reference Range: < 8.4 µg/L**	5/29/19
Urinalysis with Microscopic	UAWMIC	**Specimen Requirement:** 10 mL random urine in a clean container; Minimum: 5 mL; Refrigerated *OR* **7 mL** random urine in a **BD Urine Preservative tube (yellow);** Minimum: **7 mL; Ambient** **Stability:** Ambient: **Clean container**–2 hours; **BD Urine Preservative tube (yellow)–72 hours** Refrigerated: **Clean container**–24 hours; **BD Urine Preservative tube (yellow)–72 hours**	7/2/19
Urobilinogen Screen, Urine	UUROB	**Specimen Requirement: 10 mL** random urine in a clean container; Minimum: **5 mL;** Refrigerated *OR* **7 mL** random urine in a **BD Urine Preservative tube (yellow);** Minimum: **7 mL; Ambient** **Stability:** Ambient: Clean container–2 hours; BD Urine Preservative tube (yellow)–72 hours Refrigerated: **Clean container**–24 hours; **BD Urine Preservative tube (yellow)–72 hours**	7/2/19
Varicella Zoster by PCR	VZPCR	**Specimen Requirement:** 1 mL cerebrospinal fluid (CSF) in a sterile container; Minimum: 0.5 mL; Specimen source is required; Frozen *OR* 1 mL plasma from an EDTA (lavender) tube; Minimum: 0.5 mL; Specimen source is required; Frozen *OR* 1 mL serum from a serum separator (gold) tube; Minimum: 0.5 mL; Specimen source is required; Frozen *OR* Tissue in a sterile container; Snap frozen; Specimen source is required; Frozen *OR* 1 mL ocular fluid in a sterile container; Minimum: 0.5 mL; Specimen source is required; Frozen *OR* 1 mL **vesicle fluid swab in M4 or Universal Transport Media (UTM);** Minimum: 0.5 mL; Specimen source is required; **May also use viral transport media (VTM) (ARUP supply #12884);** Frozen	5/7/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Vitamin B5 (Pantothenic Acid) Bioassay	VITB5	**Special Information: Critical: MUST protect from light.** Specimens not protected from light will be rejected. Grossly hemolyzed or lipemic specimens are unacceptable. **If possible, specimens from New York clients will be sent out to a New York DOH approved laboratory.** **Specimen Requirement:** 1 mL serum from a serum separator (gold) tube; Minimum: 0.5 mL; **MUST** protect specimen from light; Transfer serum into an **amber transport tube;** Frozen **Stability:** Ambient: **24 hours** Refrigerated: **1 week** Frozen: **3 weeks** **Reference Range: Refer to report** **Days Performed: Varies** **Reported: 4–11** days	7/2/19

New Tests

Test Name	Order Code	Change	Effective Date
Allergen, Food, Orris Root IgE	ORRIS	**Special Information:** Hemolyzed, icteric, and lipemic specimens are unacceptable. **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.34 mL; Separate serum from cells ASAP or within 2 hours of collection; Ambient *OR* 0.5 mL serum from a plain no additive (red) tube; Minimum: 0.34 mL; Separate serum from cells ASAP or within 2 hours of collection; Ambient **Stability:** Ambient: 1 month Refrigerated: 1 month Frozen: 1 year **Methodology:** Quantitative Radioimmunoassay **Days Performed:** Varies **Reported:** 4–7 days **CPT:** 86003 x 1 **Price:** $35.00 (non-discountable)	5/21/19
Allergen, Fungi and Molds, Chaetomium globosum IgE	CHAETG	**Special Information:** Hemolyzed, icteric, or lipemic specimens are unacceptable. **Clinical Information:** Allergen results of 0.10–0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis. **Specimen Requirement:** 0.25 mL serum from a serum separator (gold) tube; Minimum: 0.25 mL; Separate serum from cells ASAP or within 2 hours of collection; Refrigerated **Stability:** Ambient: 48 hours Refrigerated: 2 weeks Frozen: 1 year **Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay **Days Performed:** Sunday–Saturday **Reported:** 2–3 days **CPT:** 86003 x 1 **Price:** $35.00 (non-discountable)	5/21/19
Allergen, Occupational, Tobacco	TOBAC	**Special Information:** Hemolyzed, icteric, or lipemic specimens are unacceptable. **Clinical Information:** Allergen results of 0.10–0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis. **Specimen Requirement:** 0.25 mL serum from a serum separator (gold) tube; Minimum: 0.25 mL; Separate serum from cells ASAP or within 2 hours of collection; Refrigerated **Stability:** Ambient: 48 hours Refrigerated: 2 weeks Frozen: 1 year **Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay **Days Performed:** Sunday–Saturday **Reported:** 2–3 days **CPT:** 86003 x 1 **Price:** $35.00 (non-discountable)	5/21/19

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
CYP2C19 (Cytochrome P450 2C19)	2C19CY	**Includes:** CYP2C19 genotype Interpretation **Special Information:** Plasma or serum will be rejected. Specimens collected in sodium heparin or lithium heparin are unacceptable. Whole blood is the preferred specimen. Saliva samples that yield inadequate DNA quality and/or quantity will be reported as inconclusive if test performance does not meet laboratory-determined criteria for reporting. **Clinical Information:** Background: Characteristics: The cytochrome P450 (CYP) isozyme 2C19 is involved in the metabolism of many drugs. Variants in the gene that codes for CYP2C19 will influence pharmacokinetics of CYP2C19 substrates, and may predict or explain non-standard dose requirements, therapeutic failure or adverse reactions. Inheritance: Autosomal co-dominant. Cause: CYP2C19 gene variants affect enzyme expression or activity. Variants tested: Negative: No variants detected is predictive of the *1 functional allele. *2 (rs4244285, c.681G>A), *3 (rs4986893, c.636G>A), *4 (rs28399504, c.1A>G), *5 (rs56337013, c.1297C>T), *6 (rs72552267, c.395G>A), *7 (rs72558186, c.819+2T>A), *8 (rs41291556, c.358T>C), *9 (rs17884712, c.431G>A), *10 (rs6413438, c.680C>T), *15 (rs17882687, c.55A>C), *17 (rs12248560, c.-806C>T), *35 (rs12769205, c.12662A>G). Clinical Sensitivity: Drug-dependent. Methodology: Polymerase chain reaction (PCR) and fluorescence monitoring. Analytical Sensitivity and Specificity: > 99% **Clinical Limitation:** Only the targeted CYP2C19 variants will be detected by this panel, and assumptions about phase and content are made to assign alleles. Publically available sources such as the www.pharmvar.org or www.pharmgkb.org provide guidance on phenotype predictions and allele frequencies. Diagnostic errors can occur due to rare sequence variations. Risk of therapeutic failure or adverse reactions with CYP2C19 substrates may be affected by genetic and non-genetic factors that are not detected by this test. This result does not replace the need for therapeutic drug or clinical monitoring. **Specimen Requirement:** 3 mL whole blood in an EDTA (lavender) tube; Minimum: 1 mL; Refrigerated *OR* 3 mL whole blood in an ACD A or B (yellow) tube; Minimum: 1 mL; Refrigerated *OR* Saliva collected using Saliva Collection Device by DNA Genotek (OCD-100, ARUP supply #49295); Ambient **Stability:** Ambient: Whole blood: 72 hours; Saliva: 2 weeks Refrigerated: Whole blood: 1 week; Saliva: Unacceptable Frozen: Whole blood: 1 month; Saliva: Unacceptable **Methodology:** Fluorescence Monitoring Polymerase Chain Reaction (PCR) **Reference Range:** Refer to report **Days Performed:** Varies **Reported:** 6–11 days **CPT:** 81225 x 1 **Price:** $355.00 (non-discountable)	5/20/19

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
CYP2D6 (Cytochrome P450 2D6)	2D6GTP	**Includes:** CYP2D6 genotype Interpretation **Special Information:** Plasma or serum will be rejected. Specimens collected in sodium heparin or lithium heparin are unacceptable. Whole blood is the preferred specimen. Saliva samples that yield inadequate DNA quality and/or quantity will be reported as inconclusive if test performance does not meet laboratory-determined criteria for reporting. **Clinical Information:** Background: Characteristics: The cytochrome P450 (CYP) isozyme 2D6 is involved in the metabolism of many drugs. Variants in the gene that codes for CYP2D6 may influence pharmacokinetics of CYP2D6 substrates, and may predict or explain non-standard dose requirement, therapeutic failure or adverse reactions. Inheritance: Autosomal co-dominant. Cause: CYP2D6 gene variants and copy number affect enzyme expression or activity. Variants tested: Negative: No variants detected is predictive of the *1 functional allele. *2 (rs16947, c.2850C>T; rs1135840, c.4180G>C), *2A (rs1080985, c.-1584C>G; rs16947, c.2850C>T; rs1135840, c.4180G>C), *3 (rs35743686, c.2549delA), *4 (rs1065852, c.100C>T; rs3892097, c.1846G>A; rs1135840, c.4180G>C), *5 (gene deletion), *6 (rs5030655, c.1707delT; rs1135840, c.4180G>C), *7 (rs5030867, c.2935A>C), *8 (rs5030865, c.1758G>T; rs16947, c.2850C>T; rs1135840, c.4180G>C), *9 (rs5030656, c.2615_2617delAAGA), *10 (rs1065852, c.100C>T; rs1135840, c.4180G>C), *11 (rs1080985, c.-1584C>G; rs201377835, c.883G>C; rs16947, c.2850C>T; rs1135840, c.4180G>C), *12 (rs5030862, c.124G>A; rs16947, c.2850C>T; rs1135840, c.4180G>C), *13 (a CYP2D7-derived exon 1 conversion), *14 (rs5030865, c.1758G>A; rs16947, c.2850C>T; rs1135840, c.4180G>C), *15 (rs774671100, c.137_138insT), *17 (rs28371706, c.1023C>T; rs16947, c.2850C>T; rs1135840, c.4180G>C), *29 (rs16947, c.2850C>T; rs59421388, c.3183G>A; rs1135840, c.4180G>C), *35 (rs769258, c.31G>A; rs16947, c.2850C>T; rs1135840, c.4180G>C), *36 (a CYP2D6*10 carrying a CYP2D7-derived exon 9 conversion), *36-*10 (a CYP2D6*36 and a CYP2D6*10 in tandem), *41 (rs16947, c.2850C>T; rs28371725, c.2988G>A; rs1135840, c.4180G>C), *45 (rs28371710, c.1716G>A; rs16947, c.2850C>T; rs1135840, c.4180G>C), *46 (rs28371696, c.77G>A; rs28371710, c.1716G>A; rs16947, c.2850C>T; rs1135840, c.4180G>C), *49 (rs1065852, c.100C>T; rs1135822, c.1611T>A; rs1135840, c.4180G>C), *53 (rs1135822, c.1611T>A), *69 (rs1065852, c.100C>T; rs16947, c.2850C>T; rs28371725, c.2988G>A; rs1135840, c.4180G>C), *114 (rs1065852, c.100C>T; rs5030865, c.1758G>A; rs16947, c.2850C>T; rs1135840, c.4180G>CDUP: complete gene duplications). Clinical Sensitivity: Drug-dependent. Methodology: Polymerase chain reaction (PCR) and fluorescence monitoring. Analytical Sensitivity and Specificity: Greater than 99% **Clinical Limitation:** Only the targeted CYP2D6 variants will be detected by this panel, and assumptions about phase and content are made to assign alleles. Publically available sources such as the www.pharmvar.org or www.pharmgkb.org provide guidance on phenotype predictions and allele frequencies. A combination of the *5 (gene deletion) and a gene duplication cannot be specifically identified. This combination is not expected to adversely affect the phenotype prediction. Diagnostic errors can occur due to rare sequence variations. Risk of therapeutic failure or adverse reactions with CYP2D6 substrates may be affected by genetic and non-genetic factors that are not detected by this test. This result does not replace the need for therapeutic drug or clinical monitoring. **Specimen Requirement:** 3 mL whole blood in an EDTA (lavender) tube; Minimum: 1 mL; Refrigerated *OR* 3 mL whole blood in an ACD A or B (yellow) tube; Minimum: 1 mL; Refrigerated *OR* Saliva collected using Saliva Collection Device by DNA Genotek (OCD-100, ARUP Supply #49295); Ambient **Stability:** Ambient: Whole blood: 72 hours; Saliva: 2 weeks Refrigerated: Whole blood: 1 week; Saliva: Unacceptable Frozen: Whole blood: 1 month; Saliva: Unacceptable *(continued on page 23)*	5/20/19

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
CYP2D6 (Cytochrome P450 2D6) *(continued from page 22)*		**Methodology:** Fluorescence Monitoring Polymerase Chain Reaction (PCR) **Reference Range:** Refer to report **Days Performed:** Varies **Reported:** 6–11 days **CPT:** 81226 x 1 **Price:** $515.00 (non-discountable)	
Hepatitis B Virus (HBV) Drug Resistance, Genotype and BCP/ Precore Mutations by Sequencing	HEPBDR	**Includes:** HBV Genotype HBV Polymerase Mutations HBV Precore Mutations HBV Basal Core Promoter (BCP) Mutations **Special Information:** Procedure should be used for patients with viral loads greater than 600 IU/mL. **Specimen Requirement:** 1 mL plasma from an EDTA (white) plasma preparation tube (PPT); Minimum: 0.3 mL; Separate from cells ASAP or within 2 hours of collection; Frozen *OR* 1 mL plasma from an EDTA (lavender) tube; Minimum: 0.3 mL; Separate from cells ASAP or within 2 hours of collection; Frozen *OR* 1 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL; Separate from cells ASAP or within 2 hours of collection; Frozen **Stability:** Ambient: 72 hours Refrigerated: 1 week Frozen: 1 month **Methodology:** Polymerase Chain Reaction/Sequencing **Days Performed:** Varies **Reported:** 10–14 days **CPT:** 87912 x 1 **Price:** $405.00 (non-discountable)	5/28/19
Iron, Liver	LIVIRO	**Special Information:** Specimens less than 0.25 mg (dry weight) are unacceptable. Specimens stored or shipped in saline will be rejected. Age is required on test request form in order to calculate iron index. This test is New York DOH approved. **Clinical Information:** Useful in confirming hepatic iron overload, particularly in individuals with hemochromatosis and no common HFE mutations. A Hepatic Iron Index (HII) is not calculated for patients < 14 years of age. Note: HII < 1.0 is consistent with normal iron accumulation; HII 1.0–1.9 is consistent with mild iron accumulation such as in heterozygous hemochromatosis or alcoholic liver disease; HII > 1.9 is consistent with iron overload such as in homozygous hemochromatosis, porphyria cutanea tarda, and cirrhotic liver disease. The HII will decrease with chelation, chronic blood loss, or phlebotomy. **Specimen Requirement:** 1 cm long liver tissue specimen; Minimum: 1 cm long; Obtain liver tissue with an 18 gauge needle; At least 1 cm long is required; Tissue can be fresh, dried or paraffin-embedded; Formalin-fixed is also acceptable; Specimens should be stored and transported in a metal-free container (e.g., royal blue with no additive); Age is required on test request form in order to calculate iron index; Refrigerated **Stability:** Ambient: Paraffin block, preserved (formalin), or dried: Indefinitely; Fresh tissue: Unacceptable Refrigerated: Paraffin block, preserved (formalin), or dried: Indefinitely; Fresh tissue: 1 week Frozen: Paraffin block, preserved (formalin), or dried: Indefinitely; Fresh tissue: Indefinitely *(continued on page 24)*	7/2/19

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Iron, Liver *(continued from page 23)*		**Methodology:** Inductively Coupled Plasma / Mass Spectrometry (ICP-MS) **Reference Range:** Hepatic Iron Concentration by Weight (HIC) Male: 200–2000 µg/g of tissue Female: 200–1600 µg/g of tissue Hepatic Iron Index (HII) Male: < 1.0 Female: < 1.0 **Days Performed:** Monday, Wednesday, Thursday, Friday, Saturday **Reported:** 3–7 days **CPT:** 83540 x 1 **Price:** $125.00 (non-discountable)	
Lipoprotein Fractionation NMR with Lipids	NMRLPD	**Includes:** LDL-P Small LDL-P LDL Size HDL-P Large HDL-P HDL Size Large VLDL-P VLDL Size LDL Cholesterol HDL Cholesterol Triglycerides Total Cholesterol non-HDL Cholesterol Chol/HDL-C TG/HDL-C **Special Information:** Patient should be fasting 12 hours prior to collection. Grossly hemolyzed or grossly lipemic specimens will be rejected. Specimens other than the preferred specimen type will also be rejected. Gel separator tubes will not be accepted. Only serum from plain no additive (red) tubes will be accepted. Improper storage/labeling or samples outside of stability limits are unacceptable. **Clinical Information:** This test is used to help assess the risk for cardiovascular disease (CVD) in patients with intermediate or high risk based on traditional or emerging risk factors, and to assess therapeutic response in patients undergoing lipid-lowering therapy. The lipid panel is used, along with other tests, during routine assessment to determine an individual's risk of CVD. Additionally, a lipid panel can be used to monitor the efficacy of lifestyle interventions or medications. **Specimen Requirement:** 4 mL serum from a plain no additive (red) tube; Minimum: 2 mL; Do not use gel separator tubes; Patient should be fasting 12 hours; Allow specimen to clot at room temperature for 30 minutes, then transfer serum to a standard aliquot tube; Refrigerated **Stability:** Ambient: Unacceptable Refrigerated: 7 days Frozen: 10 days **Methodology:** Nuclear Magnetic Resonance Spectroscopy Photometric **Days Performed:** 7 days per week **Reported:** 3–4 days **CPT:** 80061 x 1, 83704 x 1 **Price:** $95.00 (non-discountable)	7/16/19

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Lipoprotein Fractionation NMR without Lipids	NMRPRT	**Includes:** LDL-P Small LDL-P LDL Size HDL-P Large HDL-P HDL Size Large VLDL-P VLDL Size **Special Information:** Patient should be fasting 12 hours prior to collection. Grossly hemolyzed or grossly lipemic specimens will be rejected. Specimens other than the preferred specimen type will also be rejected. Gel separator tubes will not be accepted. Only serum from plain no additive (red) tubes will be accepted. Improper storage/labeling or samples outside of stability limits are unacceptable. **Clinical Information:** This test is used to help assess the risk for cardiovascular disease (CVD) in patients with intermediate or high risk based on traditional or emerging risk factors, and to assess therapeutic response in patients undergoing lipid-lowering therapy. **Specimen Requirement:** 2 mL serum from a plain no additive (red) tube; Minimum: 2 mL; Do not use gel separator tubes; Patient should be fasting 12 hours; Allow specimen to clot at room temperature for 30 minutes, then transfer serum to a standard aliquot tube; Refrigerated **Stability:** Ambient: Unacceptable Refrigerated: 7 days Frozen: 10 days **Methodology:** Nuclear Magnetic Resonance Spectroscopy **Days Performed:** 7 days per week **Reported:** 3–4 days **CPT:** 83704 x 1 **Price:** $68.00 (non-discountable)	7/16/19
Pan-Solid Tumor NGS Panel	PSTNGS	**Note:** *This test was previously announced in the February and April Technical Updates.* **Specimen Requirement:** 10 mm square formalin-fixed paraffin-embedded (FFPE) tissue block; FFPE tissue slides; Transport and store slides at ambient temperature; 10 unstained section FFPE tissue on charged, unbaked slides plus one H&E stained section with best tumor area circled by a pathologist; Ambient *OR* 10 unstained slides cut at 7 microns AND 8 unstained slides cut at 4 microns; Ambient **Price:** $3500.00 (non-discountable)	Effective immediately
Products of Conception Chromosome Analysis with Reflex SNP Array	POCHF	**Note:** *This test was previously announced in the April Technical Update.* **Special Information:** Long-standing fetal demise, delayed specimen transport and improper handling can increase the risk of tissue culture failure, which leads to no chromosome result. Upon receipt in the lab, a tissue sample will be frozen. In the event of cell culture failure, this sample will be used to isolate DNA and perform chromosomal oligonucleotide and SNP based microarray. If chromosome analysis/karyotype cannot be performed due to cell culture failure, there will be no charge for that test (CPT codes 88233, 88262, 88291). Instead, there will be charge for microarray (CPT code 81229). Rejection criteria: Specimen collected and sent in formalin.	5/21/19

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Warfarin Sensitivity (CYP2C8, CYP2C9, CYP4F2, VKORC1) Genotyping	WRFSEN	**Includes:** CYP2C8 Genotype CYP2C9 Genotype CYP4F2 Genotype VKORC1 Genotype Interpretation **Special Information:** Plasma or serum will be rejected. Specimens collected in sodium heparin or lithium heparin are unacceptable. Whole blood is the preferred specimen. Saliva samples that yield inadequate DNA quality and/or quantity will be reported as inconclusive if test performance does not meet laboratory-determined criteria for reporting. **Clinical Limitation:** Only the targeted CYP2C8, CYP2C9, CYP4F2 and VKORC1 variants will be detected by this panel, and assumptions about phase and content are made to assign alleles. Publically available sources such as the www.pharmvar.org or www.pharmgkb.org provide guidance on phenotype predictions and allele frequencies. Diagnostic errors can occur due to rare sequence variations. Risk of therapeutic failure or adverse reactions with CYP2C8 or CYP2C9 substrates may be affected by genetic and non-genetic factors that are not detected by this test. This result does not replace the need for therapeutic drug or clinical monitoring. **Clinical Information:** Background Information: Characteristics: Warfarin sensitivity can lead to a life-threatening overdose event such as excessive bleeding. Genetic variation is recognized to explain a large proportion of variability in warfarin dose requirements. This test may predict individual warfarin sensitivity and non-standard dose requirements. The cytochrome P450 (CYP) isozymes 2C8 and 2C9 are involved in the metabolism of many drugs. Variants in the genes that code for CYP2C8 and CYP2C9 may influence pharmacokinetics of substrates such as warfarin, and may predict or explain non-standard dose requirements, therapeutic failure or adverse reactions. Variants in the VKORC1 and CYP4F2 genes may predict sensitivity to warfarin. Genetic information and non-genetic factors can be used in combination with warfarin dose calculators, such as through www.WarfarinDosing.org. Inheritance: Autosomal co-dominant. Cause: CYP2C8, CYP2C9 and CYP4F2 gene variants affect enzyme expression or activity. The VKORC1*2 allele is associated with reduced expression of the warfarin target, vitamin K epoxide reductase (VKOR), and a reduced dose requirement. Variants Tested: Negative: No variants detected is predictive of the *1 functional alleles. CYP2C8*1C (rs17110453, c.-370T>G), CYP2C8*2 (rs11572103, c.805A>T), CYP2C8*3 (rs10509681, c.1196A>G), CYP2C8*4 (rs1058930, c.792C>G), CYP2C9*2 (rs1799853, c.430C>T), CYP2C9*3 (rs1057910, c.1075A>C), CYP2C9*4 (rs56165452, c.1076T>C), CYP2C9*5 (rs28371686, c.1080C>G), CYP2C9*6 (rs9332131, c.817delA), CYP2C9*8 (rs7900194, c.449G>A), CYP2C9*11 (rs28371685, c.1003C>T), CYP4F2*3 (rs2108622, c.1297G>A), VKORC1*2 (rs9923231, c.-1639G>A). CLINICAL SENSITIVITY: Genetic factors and known non-genetic factors account for approximately 50% of the variability in warfarin dose. METHODOLOGY: Polymerase chain reaction (PCR) and fluorescence monitoring. ANALYTICAL SENSITIVITY AND SPECIFICITY: Greater than 99% **Specimen Requirement:** 3 mL whole blood in an EDTA (lavender) tube; Minimum: 1 mL; Refrigerated *OR* 3 mL whole blood in an ACD A or B (yellow) tube; Minimum: 1 mL; Refrigerated *OR* Saliva collected using Saliva Collection Device by DNA Genotek (OCD-100, ARUP Supply #49295); Ambient **Stability:** Ambient: Whole blood: 72 hours; Saliva: 2 weeks Refrigerated: Whole blood: 1 week; Saliva: Unacceptable Frozen: Whole blood: 1 month; Saliva: Unacceptable **Methodology:** Fluorescence Monitoring Polymerase Chain Reaction (PCR) **Reference Range:** Refer to report **Days Performed:** Varies **Reported:** 6–11 days **CPT:** 81227 x 1, 81355 x 1	5/20/19

Fee Reductions

Test Name	Order Code	List Fee	CPT Code	Effective Date
Lung Cancer Hot Spot Panel v2 NGS 2 gene	LNG2GN	$876.00 (non-discountable)	81235, 81275, 81276	7/9/19
MET Gene Analysis	METGN	$515.00 (non-discountable)	81479	7/9/19

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
5-Fluorouracil Toxicity, Chemo Response, 5 Mut	5FLUO	This test will no longer be available. Suggest ordering Dihydropyrimidine Dehydrogenase (DPYD), 3 Variants (5FUDPD).	5/20/19
14-3-3 Protein, CSF	PR1433	This test will no longer be available.	Effective immediately
ACADM PCR, Complete, Tier 2	ACADM	This test will no longer be available.	7/2/19
Acetylcholinesterase and Fetal Hemoglobin, Amniotic Fluid	ACHFHB	This test will no longer be available.	7/9/19
Cytochrome P450 2D6 (CYP2D6) Geno	2D6GEN	This test will no longer be available. Suggest ordering CYP2D6 (Cytochrome P450 2D6) (2D6GTP).	5/20/19
Cyto P450 2C19 - 9 Variants	2C19PL	This test will no longer be available. Suggest ordering CYP2C19 (Cytochrome P450 2C19) (2C19CY).	5/20/19
Fats, Urine	UFAT	This test will no longer be available.	5/20/19
Ganglioside Antibody Panel	GM1BM	This test will no longer be available. Suggest ordering Ganglioside Antibodies (GANGAB).	Effective immediately
Gaucher Disease Mutation, Fluid	GAUCH	This test will no longer be available.	7/2/19
Iron, Tissue	IRONLV	This test will no longer be available. Suggest ordering Iron, Liver (LIVIRO).	7/2/19
NMR LipoProfile	NMRLIP	This test will no longer be available. Suggest ordering Lipoprotein Fractionation NMR with Lipids (NMRLPD).	7/16/19
NMR LipoProfile without Lipid Panel	NMRPAR	This test will no longer be available. Suggest ordering Lipoprotein Fractionation NMR without Lipids (NMRPRT).	7/16/19
Warfarin Sensitivity Genotyping	WARSEN	This test will no longer be available. Suggest ordering Warfarin Sensitivity (CYP2C8, CYP2C9, CYP4F2, VKORC1) Genotyping (WRFSEN).	5/20/19