Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • October 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
6	Allergen, Ampicilloyl (IgE)				■									
6	Allergen, Cashew Component IgE				■									
2–3, 9	Allergen, Peanut Components IgE						■	■	■		■			■	■
7	Allergen, Tree, Hackberry IgE				■									
7	Allergen, Weed, Careless Weed IgE				■									
8	Allergen, Weed, Yellow Dock (Rumex crispus) IgE				■									
3	ALL NGS Panel Bone Marrow						■							
3	ALL NGS Panel Peripheral Blood						■							
3, 9	Bone Marrow Chromosome Analysis with Reflex SNP Array												■	■
3	CA 125											■		
3, 9	Chromosome Analysis, Blood												■	■
3, 9	Chromosome Analysis, Bone Marrow												■	■
3, 9	Chromosome Analysis, Leukemic Blood												■	■
3	Chromosome Analysis, POC												■	
3	Chromosome Analysis, Solid Tumor												■	
3	Chromosome Analysis, Tissue												■	
3	Date Rape Panel										■			
9	Endocrine Hypertension (HSD11B2) Evaluation					■								
3	FSH with Tanner Stages											■		
9	Galop Autoantibody Test					■								
9	Glyburide					■								

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
4	Hematologic Neoplasm Next Generation Sequencing Panel Marrow						■							
4	Hematologic Neoplasm Next Generation Sequencing Panel Peripheral Blood						■							
4	HSV 1,2 Antibodies, IgG and IgM						■				■			
4	JAK2 V617F Mutation Detection Blood							■						
4	Legionella Urinary Ag.						■					■		
4	Lp-PLA2 Activity						■			■				
5	Organism Identification, AFB						■		■				■	
5	Pan-Solid Tumor NGS Panel						■							
5	Parvovirus B-19 Antibodies						■							
8	Testosterone, Total and Free, Serum			■										
5	Vanillylmandelic Acid, Urine 24 Hour									■				
5	Viscosity, Blood						■			■				
9	Warfarin				■									

Test Changes

Test Name	Order Code	Change	Effective Date
Allergen, Peanut Components IgE	PNUTCP	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** Ara h 1 Ara h 2 Ara h 3 Ara h 9 Ara h 8 ALGN Food Pnut Comp Interp **Ara h 6** **Note:** *rAra h 6 will be added as an alias name.* **Clinical Information: Sensitization to Ara h 6 allergen component is associated with a higher risk of systemic reaction, including anaphylaxis, compared with other peanut allergen components. Ara h 6 has a high level of homology with Ara h 2.** Allergen results of 0.10–0.34 kU/L for whole peanut are intended for specialist use as the clinical relevance is undetermined. 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:** 0.8 mL serum from a serum separator (gold) tube; Minimum: **0.6 mL** (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.8 mL is preferred); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.8 mL plasma from an EDTA (lavender) tube; Minimum: **0.6 mL** (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.8 mL is preferred); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *(continued on page 3)*	12/3/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Peanut Components IgE *(continued from page 2)*		*OR* 0.8 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Minimum: **0.6 mL** (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.8 mL is preferred); An extra 50 µL will be required for each additional allergen ordered; Refrigerated **Reference Range:** Ara h 1 Ab IgE: < 0.1 kU/L Ara h 2 Ab IgE: < 0.1 kU/L Ara h 3 Ab IgE: < 0.1 kU/L Ara h 9 Ab IgE: < 0.1 kU/L Ara h 8 Ab IgE: < 0.1 kU/L **Ara h 6 Ab IgE: < 0.1 kU/L** **CPT:** 86008 **x 6**	
ALL NGS Panel Bone Marrow	ALLMRW	**Special Information: The following genes are interrogated: ABL1, CBL, CDKN2A, EED, ETV6, EZH2, FBXW7, FLT3, IKZF1, JAK2, JAK3, KDM6A, KMT2A, KRAS, NOTCH1, NRAS, PAX5, PHF6, PTEN, RUNX1, STAT5B, SUZ12, TET2, TP53, and WT1**	11/19/19
ALL NGS Panel Peripheral Blood	ALLPBL	**Special Information: Genes interrogated on the panel: ABL1, CBL, CDKN2A, EED, ETV6, EZH2, FBXW7, FLT3, IKZF1, JAK2, JAK3, KDM6A, KMT2A, KRAS, NOTCH1, NRAS, PAX5, PHF6, PTEN, RUNX1, STAT5B, SUZ12, TET2, TP53, and WT1**	11/19/19
Bone Marrow Chromosome Analysis with Reflex SNP Array	BMCHF	**CPT:** 81406 x 1, 88237 x 1, 88262 x 1	10/3/19
CA 125	CA125	**Stability:** Ambient: **8 hours** Refrigerated: 5 days Frozen: **24 weeks**	Effective immediately
Chromosome Analysis, Blood	CHRBLD	**CPT:** 88230 x 1, 88262 x 1	10/3/19
Chromosome Analysis, Bone Marrow	CHRBMH	**CPT:** 88237 x 1, 88262 x 1	10/3/19
Chromosome Analysis, Leukemic Blood	CHRBLL	**CPT:** 88237 x 1, 88262 x 1	10/3/19
Chromosome Analysis, POC	CHRPOC	**CPT:** 88233 x 1, 88262 x 1	10/3/19
Chromosome Analysis, Solid Tumor	CHRSOL	**CPT:** 88239 x 1, 88262 x 1	10/3/19
Chromosome Analysis, Tissue	CHRTIS	**CPT:** 88233 x 1, 88262 x 1	10/3/19
Date Rape Panel	UDRPAN	**Days Performed:** Sunday–Saturday **Reported: 3–8** days	Effective immediately
FSH with Tanner Stages	FSHTAN	**Stability:** Ambient: 5 days Refrigerated: **14 days** Frozen: **Plasma–6 months; Serum–12 months**	10/1/19

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Hematologic Neoplasm Next Generation Sequencing Panel Marrow	HNMNGS	**Special Information:** Interrogated genes: ABL1, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CDKN2A, CEBPA, CSF3R, CUX1, DDX41, DNMT3A, EED, ETNK1, ETV6, EZH2, FBXW7, FLT3, GATA1, GATA2, GNAS, IDH1, IDH2, IKZF1, JAK2, JAK3, KDM6A, KIT, KMT2A, KRAS, LUC7L2 (C7orf55), MPL, MYD88, NF1, NOTCH1, NPM1, NRAS, **PAX5,** PHF6, PIGA, PPM1D, PRPF8, PTEN, PTPN11, RAD21, RIT1, RUNX1, SETBP1, SF3B1, SH2B3, SMC1A, SMC3, SRSF2, STAG2, STAT3, STAT5B, SUZ12, TET2, TP53, U2AF1, WT1, ZRSR2	11/19/19
Hematologic Neoplasm Next Generation Sequencing Panel Peripheral Blood	HNPNGS	**Special Information:** Interrogated genes: ABL1, ASXL1, BCOR, BCORL1, BRAF, CALR, CBL, CDKN2A, CEBPA, CSF3R, CUX1, DDX41, DNMT3A, EED, ETNK1, ETV6, EZH2, FBXW7, FLT3, GATA1, GATA2, GNAS, IDH1, IDH2, IKZF1, JAK2, JAK3, KDM6A, KIT, KMT2A, KRAS, LUC7L2 (C7orf55), MPL, MYD88, NF1, NOTCH1, NPM1, NRAS, **PAX5,** PHF6, PIGA, PPM1D, PRPF8, PTEN, PTPN11, RAD21, RIT1, RUNX1, SETBP1, SF3B1, SH2B3, SMC1A, SMC3, SRSF2, STAG2, STAT3, STAT5B, SUZ12, TET2, TP53, U2AF1, WT1, ZRSR2	11/19/19
HSV 1,2 Antibodies, IgG and IgM	HSVGM	**Special Information:** FOR HSVM: Avoid using hemolyzed, lipemic, or bacterially contaminated sera. FOR HSVG12: Avoid hemolyzed samples. Avoid multiple freeze-thaw cycles (3 is acceptable). Equivocal results should be followed up by obtaining a new sample for re-testing **should recent primary herpes simplex virus (HSV) infection be suspected.** **Note:** *Clinical Limitation will be removed.* **Clinical Information: HSV IgM antibody test is used as an aid in diagnosis of primary HSV infection. The test may become positive during HSV reactivation. Cannot exclude recent primary HSV infection if the specimen is collected within 7–10 days after onset of signs and symptoms. Non-specific reactivity is not uncommon with HSV IgM serology. Clinical correlation is required. HSV IgG sero-conversion may take several weeks after a primary infection. Repeat testing may be warranted if clinically indicated. Early institution of anti-virals may abrogate or delay humoral response.** **Days Performed:** Sunday–Friday **Reported:** 1–**4** days	Effective immediately
JAK2 V617F Mutation Detection Blood	JAK2	**For Interfaced Clients Only: Test build may need to be modified**	11/26/19
Legionella Urinary Ag.	LEGUAG	**Clinical Information: Legionella urinary antigen test is used as an aid in diagnosis of infection with Legionella pneumophila serogroup 1. It may be detected from a few days to several months after onset of signs and symptoms despite antibiotic therapy or disease resolution. A negative result cannot exclude Legionellosis. Clinical correlation is required.** **Stability:** Ambient: 24 hours Refrigerated: **14 days** Frozen: **14 days**	Effective immediately
Lp-PLA2 Activity	PLAA2	**Clinical Information:** Lp-PLA2 Activity levels should be interpreted in conjunction with clinical findings and other diagnostic tests. This test does not replace blood cholesterol tests or other traditional risk factors identified for coronary heart disease or ischemic stroke. **Reference Range:** **Goal (Optimum)** (0–99 Years): ≤ **123 nmol/min/mL** High Risk (0–99 Years): > **123 nmol/min/mL**	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Organism Identification, AFB	OIDAFB	**Special Information:** Indicate on test order: Original date of collection, specimen site, any pertinent preliminary identification information and telephone number including extension where report may be called if necessary. Contraindications: Lack of viability, culture mixed or contaminated. **Multiple identification procedures may be required, with the following CPT codes billed as applicable: MALDI-TOF 87118, DNA Probe 87149, and Sequencing 87153. Antimicrobial susceptibilities are performed upon request. A separate order must be placed for this utilizing the test code, AFB Susceptibility (AFBSUS).** **Note:** *The following methodology will be removed: Probe and/or sequencing and/or biochemicals* **CPT: 87116 x 1**	10/1/19
Pan-Solid Tumor NGS Panel	PSTNGS	**Clinical Information:** Interrogated Genes–Single Nucleotide Variants (SNV) & Small Insertions or Deletions (indels) [DNA]: AKT1, AKT2, AKT3, ALK, APC, AR, ARID1A, ATM, ATR, BAP1, BARD1, BCL2, BCL6, BRAF, BRCA1, BRCA2, BRIP1, BTK, CARD11, CCND1, CCND2, CCND3, CCNE1, CD79A, CD79B, CDH1, CDK12, CDK4, CDK6, CDKN2A, CEBPA, CHEK1, CHEK2, CREBBP, CSF1R, CTNNB1, DDR2, DNMT3A, EGFR, EP300, ERBB2, ERBB3, ERBB4, ERCC1, ERCC2, ERG, ESR1, EZH2, FAM175A, FANCI, FANCL, FBXW7, FGF1, FGF10, FGF14, FGF19, FGF2, FGF23, FGF3, FGF4, FGF5, FGF6, FGF7, FGF8, FGF9, FGFR1, FGFR2, FGFR3, FGFR4, FLT1, FLT3, FOXL2, GEN1, GNA11, GNAQ, GNAS, HNF1A, HRAS, IDH1, IDH2, INPP4B, JAK2, JAK3, KDR, KIT, KMT2A, KRAS, LAMP1, MAP2K1, MAP2K2, MCL1, MDM2, MDM4, MET, MLH1, MLLT3, MPL, MRE11A, MSH2, MSH3, MSH6, MTOR, MUTYH, MYC, MYCL, MYCN, MYD88, NBN, NF1, NOTCH1, NOTCH2, NOTCH3, NPM1, NRAS, NRG1, PALB2, PDGFRA, PDGFRB, PIK3CA, PIK3CB, PIK3CD, PIK3CG, PIK3R1, PMS2, PPP2R2A, PTCH1, PTEN, PTPN11, RAD51, RAD51B, RAD51C, RAD51D, RAD54L, RAF1, RB1, RET, RICTOR, ROS1, RPS6KB1, SLX4, SMAD4, SMARCB1, SMO, SRC, STK11, TERT, TET2, TFRC, TP53, TSC1,TSC2, VHL, XRCC2. Copy Number Variation (CNV) [DNA]: AKT2, ALK, AR, ATM, BRAF, BRCA1, BRCA2, CCND1, CCND3, CCNE1, CDK4, CDK6, CHEK1, CHEK2, EGFR, ERBB2, ERBB3, ERCC1, ERCC2, ESR1, FGF1, FGF10, FGF14, FGF19, FGF2, FGF23, FGF3, FGF4, FGF5, FGF6, FGF7, FGF8, FGF9, FGFR1, FGFR2, FGFR3, FGFR4, JAK2, KIT, KRAS, LAMP1, MDM2, MDM4, MET, MYC, MYCL, MYCN, NRAS, NRG1, PDGFRA, PDGFRB, PIK3CA, PIK3CB, PTEN, RAF1, RET, RICTOR, RPS6KB1, TFRC. Gene Fusions [RNA]: ABL1, AKT3, ALK, AR, AXL, BCL2, BRAF, BRCA1, BRCA2, CDK4, CSF1R, EGFR, EML4, ERBB2, ERG, ESR1, ETS1, ETV1, ETV4, ETV5, EWSR1, FGFR1, FGFR2, FGFR3, FGFR4, FLI1, FLT1, FLT3, JAK2, KDR, KIF5B, KIT, KMT2A, MET, MLLT3, MSH2, MYC, NOTCH1, NOTCH2, NOTCH3, NRG1, NTRK1, NTRK2, NTRK3, PAX3, PAX7, PDGFRA, PDGFRB, PIK3CA, PPARG, RAF1, RET, ROS1, RPS6KB1, TMPRSS2	Effective immediately
Parvovirus B-19 Antibodies	PARV	**Special Information:** Avoid using hemolyzed, icteric, lipemic or bacterially contaminated sera. **Note:** *Clinical Limitation will be removed.* **Clinical Information: Parvovirus B19 virus IgM antibody test is used as an aid in diagnosis of acute infection with Parvovirus B19 virus. Cannot exclude recent infection if the specimen is collected 7–10 days after exposure to a known source. Parvovirus B19 virus IgM antibody level may remain elevated for a few months after an acute infection. Parvovirus B19 virus IgG antibody test is used as an aid in diagnosis of recent or past infection with Parvovirus B19 virus. Cannot exclude recent infection if the specimen is collected 2–3 weeks after exposure to a known source. Parvovirus B19 virus IgG antibody level remains elevated for prolonged periods, if not for life.**	11/15/19
Vanillylmandelic Acid, Urine 24 Hour	UVMA24	**Reference Range:** **15**–99 Years: 0.0–**8.0 mg/24 hrs**	11/26/19
Viscosity, Blood	BLDVIS	**Note:** *Whole Blood Viscosity will be added as an alias name.* **Special Information: Reference ranges for whole blood viscosity vary depending on the patient's hematocrit (HCT) value. A hematocrit must be performed prior to starting the viscosity procedure.** **Reference Range: If HCT 20–29.9 Ref Range 3–4.5, If HCT 30–39.9 Ref Range 4–5.5, If HCT 40–49.9 Ref Range 5–7.0, If HCT 50–54.9 Ref Range 6.5–8.0, If HCT 55–59.9 Ref Range 7.5–10.5, If HCT 60–69.9 Ref Range 10–16**	11/26/19

New Tests

Test Name	Order Code	Change	Effective Date
Allergen, Ampicilloyl (IgE)	AMPCYL	**Includes:** Allergen, Ampicilloyl Class Allergen, Ampicilloyl IgE **Clinical Information:** Specific evaluation of allergic reactions. IgE (kU/L) Interpretation: < 0.35, Class 0–Below Detection; 0.35–0.69, Class 1–Low; 0.70–3.49, Class 2–Moderate; 3.50–17.49, Class 3–High; 17.50–49.99, Class 4–Very High; 50–99.99, Class 5–Very High; ≥ 100, Class 6–Very High **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from an EDTA (lavender) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred); An extra 50 µL will be required for each additional allergen ordered; Refrigerated **Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: 14 days **Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay **Reference Range:** Allergen, Ampicilloyl Class: 0 Allergen, Ampicilloyl IgE: < 0.35 K/µL **Days Performed:** Sunday–Saturday **Reported:** 1–2 days **CPT:** 86003 x 1 **Price:** $33.00	12/3/19
Allergen, Cashew Component IgE	CASHCP	**Includes:** Ana o 3 **Clinical Information:** The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis. **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from an EDTA (lavender) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated **Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: 14 days **Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay **Reference Range:** Ana o 3 Ab IgE: < 0.35 K/µL **Days Performed:** Sunday–Saturday **Reported:** 1–2 days **CPT:** 86008 x 1 **Price:** $41.00	12/3/19

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Tree, Hackberry IgE	HCKBRY	**Clinical Information:** Specific evaluation of allergic reactions. IgE (kU/L) Interpretation: < 0.35, Class 0–Below Detection; 0.35–0.69, Class 1–Low; 0.70–3.49, Class 2–Moderate; 3.50–17.49, Class 3–High; 17.50–49.99, Class 4–Very High; 50–99.99, Class 5–Very High; ≥ 100, Class 6–Very High **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from an EDTA (lavender) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated **Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: 14 days **Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay **Reference Range:** ALGN Hackberry IgE (0–99 Years): < 0.35 kU/L Allergen, Hackberry Class: 0 **Days Performed:** Sunday–Saturday **Reported:** 1–2 days **CPT:** 86003 x 1 **Price:** $33.00	12/3/19
Allergen, Weed, Careless Weed IgE	CRLSWD	**Clinical Information:** Specific evaluation of allergic reactions. IgE (kU/L) Interpretation: < 0.35, Class 0–Below Detection; 0.35–0.69, Class 1–Low; 0.70–3.49, Class 2–Moderate; 3.50–17.49, Class 3–High; 17.50–49.99, Class 4–Very High; 50–99.99, Class 5–Very High; ≥ 100, Class 6–Very High **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from an EDTA (lavender) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated **Stability:** Ambient: 24 hours Refrigerated: 7 days Frozen: 14 days **Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay **Reference Range:** ALGN Careless IgE (0–99 Years): < 0.35 kU/L Allergen, Careless Weed Class: 0 **Days Performed:** Sunday–Saturday **Reported:** 1–2 days **CPT:** 86003 x 1 **Price:** $33.00	12/3/19

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Weed, Yellow Dock (Rumex crispus) IgE	YELDOK	**Clinical Information:** Specific evaluation of allergic reactions. IgE (kU/L) Interpretation: < 0.35, Class 0–Below Detection; 0.35–0.69, Class 1–Low; 0.70–3.49, Class 2–Moderate; 3.50–17.49, Class 3–High; 17.50–49.99, Class 4–Very High; 50–99.99, Class 5–Very High; ≥ 100, Class 6–Very High **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from an EDTA (lavender) tube; Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Minimum: 0.3 mL (Submitting the minimum volume will not allow for repeat testing or add-ons. Required volume of 0.5 mL is preferred when possible); An extra 50 µL will be required for each additional allergen ordered; Refrigerated **Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: 14 days **Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay **Reference Range:** ALGN Yellow Dock IgE (0–99 Years): < 0.35 kU/L Allergen, Yellow Dock Class: 0 **Days Performed:** Sunday–Saturday **Reported:** 1–2 days **CPT:** 86003 x 1 **Price:** $33.00	12/3/19
Testosterone, Total and Free, Serum	TFTEST	**Note:** *This test was previously announced in the September Technical Update.* **Price:** $96.00 (non-discountable)	Effective immediately

Fee Increases

Test Name	Order Code	List Fee	CPT Code	Effective Date
Allergen, Peanut Components IgE	PNUTCP	$185.00	86008 x 6	12/3/19

Fee Reductions

Test Name	Order Code	List Fee	CPT Code	Effective Date
Bone Marrow Chromosome Analysis with Reflex SNP Array	BMCHF	$2199.00 (non-discountable)	81406, 88237, 88262	10/3/19
Chromosome Analysis, Blood	CHRBLD	$700.00 (non-discountable)	88230, 88262	10/3/19
Chromosome Analysis, Bone Marrow	CHRBMH	$749.00 (non-discountable)	88237, 88262	10/3/19
Chromosome Analysis, Leukemic Blood	CHRBLL	$770.00 (non-discountable)	88237, 88262	10/3/19

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Endocrine Hypertension (HSD11B2) Evaluation	HSD1B2	This test will no longer be available.	12/3/19
Galop Autoantibody Test	GALOP	This test will no longer be available.	12/3/19
Glyburide	GLYBUR	This test will no longer be available.	12/3/19
Warfarin	WARFAR	This test will no longer be available.	Effective immediately