Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • February 2024

Cleveland Clinic Laboratories is dedicated to keeping you updated and informed about recent testing changes. This Technical Update is provided on a monthly basis to notify you of any changes to the tests in our catalog.

Recently changed tests are bolded, and they could include revisions to methodology, reference range, days performed, or CPT code. Deleted tests and new tests are listed separately. For your convenience, tests are listed alphabetically and order codes are provided.

To compare the new information with previous test information, refer to the online Test Directory at clevelandcliniclabs.com. Test information is updated in the online Test Directory on the Effective Date stated in the Technical Update. Please update your database as necessary.

For additional detail, contact Laboratory Customer Service at 216.444.5755 or 800.628.6816, or via email at clientservices@ccf.org.

Test Update Page #	Summary of Changes by Test Name	Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT
	17-Hydroxypregnenolone										■		
	5-HIAA, Plasma			■									
	AFB Culture Only					■	■					■	
	Alpha-Galactosidase Enzyme Activity, Serum					■	■						
	Amitriptyline/Nortriptyline										■		
	Barbiturates Confirmation, Urine								■				
	Borrelia burgdorferi VlsE1/pepC10 Antibodies, CSF, Total by ELISA With Reflex to IgM and IgG by Immunoblot (Standard Two-Tier Testing, CSF)					■							
	Chlamydia trachomatis and Neisseria gonorrhoeae, NA Amplification, Ocular specimens					■	■				■	■	
	Clomipramine										■		
	Coenzyme Q10, Reduced and Total, Plasma		■			■	■				■	■	
	Copper/Zinc					■							
	Desipramine										■		
	Doxepin/Nordoxepin										■		
	Estradiol, Males, Children or Postmenopausal Females by Tandem Mass Spectrometry					■					■		
	Estrogen, Fractionated Blood										■		
	Estrone										■		
	F-Actin (Smooth Muscle) Antibody, IgG ELISA										■		

Test Update Page #		Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT
	Flecainide										■		
	Fluphenazine										■		
	Fructosamine						■						
	Fungal Blood Culture					■	■					■	
	Gabapentin										■		
	Gastric Parietal Cell IgG Serum										■		
	Haloperidol					■					■		
	Hemoglobin A1C					■							
	Hirsutism Evaluation Panel					■					■		
	Homovanillic Acid, Urine					■					■		
	Human Metapneumovirus by PCR						■					■	
	Hydroxychloroquine, Blood			■									
	Imipramine/Desipramine										■		
	Islet antigen-2 antibody										■		
	Kratom (Mitragynine) – Screen with Reflex to Confirmation, Urine		■										
	Lactic Acid, Body Fluid					■							
	Leflunomide Metabolite					■			■		■		
	Methadone & Metabolite										■		
	Methylmalonic Acid, Urine					■					■		
	Mexiletine										■		
	Mitochondrial M2 IgG Serum										■		
	Mycophenolic Acid and Metabolite										■		
	Narcolepsy HLA-DQ Genotyping (HLA-DQB1*06:02)		■			■	■	■	■	■	■	■	■
	Neurofilament light (NfL)			■									
	Nicotine & Metabolites, Urine										■		
	Nortriptyline										■		
	Orotic Acid, Urine												■
	Pregabalin										■		
	Pregabalin, urine					■					■		
	Pregnenolone										■		
	Protriptyline					■					■		
	Reverse T3										■		
	Risperidone & Metabolite										■		
	Sequential Scn First Trimester		■				■						
	Sequential Screen Second Trimester						■						
	Serotonin, Serum						■				■		
	Serotonin, Whole Blood										■		
	Testosterone, Free, Adult Males by ED/LC-MS/MS					■					■		
	Tricyclic Antidepressant ID					■					■		

Test Update Page #		Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT
	Urine Free Cortisol by LC-MS/MS					■					■		
	Vanillylmandelic Acid (VMA) and Homovanillic Acid (HVA), Urine					■					■		
	Viscosity, Serum										■		
	Vitamin B6										■	■	
	Vitamin C					■					■	■	
	Zinc					■							

Test Changes

Test Name	Order Code	Change	Effective Date
17-Hydroxypreg-nenolone	PREG17	**Reported:** 2–**6** days	2/20/24
AFB Culture Only	AFCO	**Special Information:** An AFB stain will not be performed. Blood cultures for AFB should ideally be drawn prior to administration of antimicrobials. Patient Preparation: Wipe off venipuncture site using a 70% alcohol pad. Apply Chloraprep to the skin over the selected venipuncture site and apply using up and down and back and forth strokes for a full 30 seconds. Allow the site to dry completely for 30–60 seconds. Swab septum of Myco/F bottle using 70% alcohol. Draw **5 ml into the Myco/ F bottle**. After inoculation, clean septum with 70% alcohol. Transport to Microbiology promptly. **Glass containers may not be transported using the pneumatic tube system.** **Specimen Requirement: 1–2 mL bone marrow in Myco/F Lytic Bottle; Ambient; Draw 1-2 mL bone marrow with heparinized syringe. Transfer into Myco/F Lytic bottle.** *OR* **3–5 mL blood in Myco/F Lytic Bottle; Minimum 1 mL; Ambient; Draw blood directly into the Myco/F lytic bottle. Do not overfill.** *OR* **1**–2 mL bone marrow in sodium or lithium heparin (Green) tube; **Ambient; Draw 1-2 mL bone marrow using a heparinized syringe. Transfer to a sodium or lithium heparin tube.** *OR* **10 mL blood in sodium or lithium heparin (Green) tube; Minimum 1 mL; Ambient** **Stability:** Ambient: **<72** hrs Refrigerated: **<72 hrs** Frozen: Unacceptable	3/19/24
Alpha-Galactosidase Enzyme Activity, Serum	ALPGAL	**Special Information:** CRITICAL FROZEN. Thawed specimens are unacceptable. Separate specimens must be submitted when multiple tests are ordered. **Physician name and phone number are required.** This test is New York DOH approved. **Specimen Requirement:** 2 mL serum from serum separator (Gold) tube; Critical Frozen; CRITICAL FROZEN. Transfer 2 mL serum to a standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered. **Physician name and phone number are required.** *OR* 2 mL serum from no additive (Red) tube; Critical Frozen; CRITICAL FROZEN. Transfer 2 mL serum to a standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered. **Physician name and phone number are required.**	effective immediately
Amitriptyline/ Nortriptyline	AMINOR	**Reported:** 2–**8** days	2/20/24
Barbiturates Confirmation, Urine	UBARBC	**Methodology:** Quantitative Liquid Chromatography–Tandem Mass Spectrometry	2/20/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Borrelia burgdorferi VlsE1/pepC10 Antibodies, CSF, Total by ELISA With Reflex to IgM and IgG by Immunoblot (Standard Two-Tier Testing, CSF)	BBURGM	**Special Information:** Heat-inactivated, contaminated, hemolyzed, or xanthochromic specimens are unacceptable.	effective immediately
Chlamydia trachomatis and Neisseria gonorrhoeae, NA Amplification, Ocular specimens	CTNGAO	**Special Information:** This assay does not detect Chlamydia pneumoniae. This test is used for specimens that are not FDA approved for this assay. Acceptable non-FDA-approved specimen types are ocular swabs. Specimens must be collected using an APTIMA **Unisex or Multitest** swab collection kit. Specimen source is required. This test is New York State approved. **Clinical Information:** This report is intended for use in clinical monitoring or management of patients; it is not intended for use in medico-legal applications. In general, this assay should not be used to assess therapeutic success or failure, since nucleic acids from these organisms may persist for 3 weeks or more following antimicrobial therapy. The presence of blood is not expected to interfere with this assay. **Specimen Requirement:** One APTIMA Collection Unisex swab; Refrigerated; One APTIMA Collection Unisex Swab from ocular (corneal/conjunctiva) only sites. Indicate specimen source. *OR* **One swab in Aptima Multitest Collection Kit; Refrigerated; One Aptima Multitest Collection Kit from ocular (corneal/conjunctiva) only sites. Indicate specimen source.** **Stability:** Ambient: **30** days Refrigerated: **30** days Frozen: **Unacceptable** **Days Performed: Sun**–Sat **Reported:** 2–**5** days	2/1/24
Clomipramine	CLOM	**Reported:** 2–**8** days	2/20/24
Coenzyme Q10, Reduced and Total, Plasma	COEQ10	**Name:** *Previously Coenzyme Q10* **Special Information: Patient should fast for 8 hours prior to collection. Separate specimens must be submitted when multiple tests are ordered.** Failure to follow specimen handling guidelines may lead to false positive results. **Grossly** hemolyzed or lipemic specimens will be rejected. **This test is New York DOH approved.** **Clinical Limitation: This test is not useful for distinguishing primary CoQ10 deficiencies from acquired CoQ10 deficiencies.** **Clinical Information: This test is appropriate for the diagnosis of secondary coenzyme Q10 (CoQ10) deficiency and for some patients with primary CoQ10 deficiency who are not supplemented with CoQ10. It is also used to monitor CoQ10 status in patients with mitochondrial cytopathies, patients receiving statin therapy, or during treatment of various degenerative conditions including Parkinson and Alzheimer diseases.** **Specimen Requirement:** 0.5 mL plasma from sodium or lithium heparin (Green) tube; Place specimen on ice after draw. Transport Frozen; Patient should fast for 8 hours prior to collection. **Centrifuge, aliquot and freeze** within 3 hours **of collection. Separate specimens must be submitted when multiple tests are ordered.** **Stability:** Ambient: Unacceptable Refrigerated: **After separation from cells:** 8 hours Frozen: **After separation from cells:** 14 days **Days Performed: Mon–Fri** **Reported:** 4–**6** days	effective immediately
Copper/Zinc	CUZN	Clinical Limitation: Hemolysis can falsely elevate zinc concentrations in serum or plasma. Grossly hemolyzed samples will be rejected for zinc testing.	2/1/24
Desipramine	DESIPR	**Reported:** 2–**8** days	2/20/24
Doxepin/Nordoxepin	DOXEPN	**Reported:** 2–**8** days	2/20/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Estradiol, Males, Children or Postmenopausal Females by Tandem Mass Spectrometry	ESTMS	**Special Information:** Separate serum or plasma from cells within 2 hours of collection. **This test is New York DOH approved.** **Reported:** 2–**6** days	2/20/24
Estrogen, Fractionated Blood	ESTGEN	**Reported:** 2–**6** days	2/20/24
Estrone	EST	**Reported:** 2–**6** days	2/20/24
F-Actin (Smooth Muscle) Antibody, IgG ELISA	SMTHS	**Days Performed: Mon, Tue, Fri** **Reported:** 1–**4** days	effective immediately
Flecainide	FLEC	**Reported:** 2–**9** days	2/20/24
Fluphenazine	FLUPH	**Reported:** 2–**9** days	2/20/24
Fructosamine	FRUCTO	**Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; Refrigerated *OR* 0.5 mL plasma from green lithium heparin no gel tube; Refrigerated; **Separate plasma from cells within 2 hours of collection and** transfer to standard aliquot tube. *OR* 0.5 mL plasma from EDTA (Lavender) tube; Refrigerated; **Separate plasma from cells within 2 hours of collection and transfer to standard aliquot tube.** *OR* 0.5 mL plasma from lithium heparin plasma separator (Light Green) tube; Refrigerated *OR* **0.5 mL serum from red plain tube; Refrigerated; Allow specimen to clot completely at room temperature. Separate serum from cells within 2 hours of collection and transfer to standard aliquot tube.**	3/19/24
Fungal Blood Culture	HISTCL	**Special Information:** If culture is positive, identification will be performed at an additional charge. Identification CPT codes that may apply include: 87106, 87107, 87153. Antimicrobial susceptibilities are performed when indicated, and CPT code 87186 would apply. **Clinical Information: Fungal blood cultures should only be ordered to identify an infection due to fungi in blood or bone marrow specimens.** A single negative culture does not rule out the presence of fungal infection. Blood cultures **for fungi** should **ideally** be drawn prior to the administration of **antifungals. Identification of positive cultures will be performed utilizing current methodologies and additional charges may apply.** **Specimen Requirement: 1–2** mL bone marrow in sodium or lithium heparin **(Green) tube;** Ambient; **Draw 1-2 mL bone marrow and collect into a Sodium or Lithium heparin (Green) tube** *OR* 10 mL blood in **sodium or lithium heparin (Green) tube**; Ambient; For adult **patients**, the specimen volume is 10 mL. For pediatric patients, the specimen volume is 1–10 mL, depending on the weight of the patient. **Stability:** Ambient: **72** hours Refrigerated: **72 hours** Frozen: Unacceptable	3/19/24
Gabapentin	GABA	**Days Performed:** Mon, Wed, **Thu, Fri,** Sat **Reported:** 2–**8** days	2/20/24
Gastric Parietal Cell IgG Serum	PARIES	**Days Performed: Thu** **Reported:** 1–**8** days	effective immediately
Haloperidol	HALOP	**Special Information:** Specimen should be collected prior to next dose–at steady state concentration. **This test is New York DOH approved.** **Reported:** 2–**8** days	2/20/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Hemoglobin A1C	HBA1C	**Special Information:** The HbA1c test is not intended for analysis of samples collected from newborns. The HbA1c test should not be used to replace glucose testing in pediatric patients, pregnant women, or patients with Type 1 diabetes. In cases of rapidly evolving Type 1 diabetes, the increase of HbA1c values might be delayed compared to the acute increase in glucose concentrations. In these conditions, diabetes mellitus must be diagnosed based on plasma glucose concentration and/or the typical clinical symptoms. The HbA1c test should not be used to diagnose diabetes during pregnancy or to diagnose gestational diabetes. HbA1c reflects the average blood glucose levels over the preceding 3 months (the average life of a red blood cell), and therefore may be falsely low during pregnancy or any other condition associated with recent onset of hyperglycemia and/or decreased red cell survival. The oral glucose tolerance test (OGTT) and/or fasting blood glucose test is performed instead for gestational diabetes diagnosis and maintenance. The HbA1c test should not be used to diagnose diabetes in patients with any condition that alters the life span of the red blood cells, including recent blood loss, transfusion, significant iron deficiency, hemolytic anemia (including hereditary spherocytosis) or other hemolytic diseases, hemoglobinopathies and thalassemias, as the altered red blood cell turnover interferes with the relationship between mean blood glucose and HbA1c values. The HbA1c test should not be used to diagnose diabetes in patients with malignancies or severe chronic hepatic and renal disease. **Special Information** (continued)**:** Hemoglobin Variants: The most common heterozygous hemoglobin variants (i.e., HbAS, HbAC, HbAD, and HbAE) do not interfere with the test. In the homozygous and double-heterozygous forms of variant hemoglobins (e.g., SS, CC, SC), there is no HbA present; therefore, no HbA1c value can be determined. Other abnormal hemoglobin variants have not been evaluated on the D-100 HbA1c test. Hemoglobin F concentrations up to 30% do not interfere with the test. Any sample with HbF >5% should be suspected of having a hemoglobinopathy. ß-thalassemia trait, as indicated by increased HbA2 concentrations, does not interfere with the test. Labile A1c, as indicated by glucose concentrations up to 1200 mg/dL, does not interfere with the assay. At physiologically occurring concentrations, there is no interference from carbamylated hemoglobin or acetylated hemoglobin. For the confirmation of any particular hemoglobin variant, alternative methods are required. **Certain medications may also interfere with the ability to measure HbA1c accurately. Other measures of evaluating glycemic control should be used in patients taking dapsone.**	2/1/24
Hirsutism Evaluation Panel	HIRSUT	**Special Information:** Separate serum from cells ASAP or within 2 hours of collection. **This test is New York DOH approved.** **Days Performed:** Sun–**Sat** **Reported:** 2–**6** days	2/20/24
Homovanillic Acid, Urine	UHVA	**Special Information:** Indicate total volume on requisition. Homovanillic Acid (HVA) results are expressed as a ratio to creatinine excretion (mg/g cr). HVA mass per day (mg/d) is not reported on specimens from patients younger than 18 years of age, for random specimens, urine collection periods other than 24 hours, or for urine volumes less than 400 mL/day. No reference interval is available for results reported in mg/L. **This test is New York DOH approved.** **Reported:** 2–**6** days	2/20/24
Human Metapneumovirus by PCR	MPVPCR	**Specimen Requirement: Nasopharyngeal swab in viral transport media; Frozen; Specimen source required. Place each specimen in an individually sealed bag.** *OR* 1 mL bronch (BAL) in sterile container; Frozen; Specimen source required. **Place each specimen in an individually sealed bag.** *OR* 1 mL pleural fluid in sterile container; Frozen; Specimen source required. **Place each specimen in an individually sealed bag.** *OR* **1 mL pleural fluid in viral transport media; Frozen; Specimen source required. Place each specimen in an individually sealed bag.** *OR* **1 mL bronch (BAL) in viral transport media; Frozen; Specimen source required. Place each specimen in an individually sealed bag.** **Stability:** Ambient: **Nasopharyngeal Swab: Unacceptable; Others:** 24 hours Refrigerated: **Nasopharyngeal Swab: 4 days; Others:** 5 days Frozen: **Nasopharyngeal Swab: 1 month; Others:** 2 months	2/20/24
Imipramine/ Desipramine	IMIDES	**Reported:** 2–**8** days	2/20/24
Islet antigen-2 antibody	IA2AB	**Days Performed: Wed** **Reported:** 1–8 days	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Kratom (Mitragynine)–Screen with Reflex to Confirmation, Urine	UKRTOM	**Name:** Previously Kratom (Mitragynine)–Screen with Reflex to Confirmation/ Quantitation, Urine	effective immediately
Lactic Acid, Body Fluid	BFLACT	**Special Information:** Collect on ice. Centrifuge and separate to remove cellular material. Indicate body fluid source/type on test request form. Unacceptable conditions: **Hemolyzed samples or specimen types** other than those listed. **This test is New York DOH approved.**	2/20/24
Leflunomide Metabolite	LEFLUN	**Special Information:** Timing of specimen collection: Predose (trough). Obtain specimen 12–24 hours after last dose. **This test is New York DOH approved.** **Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)** **Days Performed:** Sun, Wed, **Fri** **Reported:** 2–**8** days	2/20/24
Methadone & Metabolite	MMTAB	**Reported:** 2–**8** days	2/20/24
Methylmalonic Acid, Urine	UMMA	**Special Information:** Indicate total volume on requisition. **This test is New York DOH approved.** **Reported:** 2–**6** days	2/20/24
Mexiletine	MEX	**Reported:** 2–**9** days	2/20/24
Mitochondrial M2 IgG Serum	MITOS	**Days Performed: Mon, Tue, Fri** **Reported:** 1–4 days	effective immediately
Mycophenolic Acid and Metabolite	MYCMET	**Reported:** 2–**5** days	2/20/24
Narcolepsy HLA-DQ Genotyping (HLA-DQB1*06:02)	NARCAB	**For interface clients only–Test build may need to be modified** **Name:** Previously Narcolepsy Associated Ag, HLA-DQB1 Typing **Includes:** **HLA-DQB1, Allele 1** **HLA-DQB1, Allele 2** **Narcolepsy HLA Interpretation** **Special Information:** Counseling and informed consent are recommended for genetic testing. **Clotted or grossly hemolyzed specimens will be rejected.** This test is New York DOH approved. **Clinical Limitation:** Rare diagnostic errors may occur due to primer site mutations. Other genetic and nongenetic factors that influence narcolepsy disease are not evaluated. **In cases where an HLA allele cannot be resolved unambiguously, the allele assignment will be reported as the most common, based on allele frequencies from the common, intermediate, and well-documented alleles catalogue version 3.0.0 (Hurley CK et al, 2020).** **Clinical Information:** May help rule out narcolepsy when clinical history and sleep studies are inconclusive. Background Information: Characteristics: Narcolepsy is a sleep disorder associated with invalidating excessive daytime sleepiness and cataplexy. Disturbed nighttime sleep, sleep paralysis, and hypnagogic hallucinations (occurring in the period between sleep and wakefulness) are common. Incidence: Narcolepsy affects approximately 1 in 2,000 individuals. Inheritance: Multifactorial. Cause: The HLA-DQB1*06:02 allele is strongly associated with narcolepsy, but by itself is not causative. Recent studies indicate HLA-DRB1*15 is not associated with narcolepsy. Mutations Tested: HLA-DQB1*06:02 allele. Clinical Sensitivity: 85-95% depending on ethnicity. Greater than 98% of affected Caucasians with cataplexy have the HLA-DQB1*06:02 allele. Clinical Specificity: < 1%; 15-25% of unaffected Caucasians have the HLA-DQB1*06:02 allele. Methodology: PCR with melting curve analysis. Analytical Sensitivity and Specificity: 99% **Specimen Requirement:** 3 mL whole blood in EDTA (Lavender) tube; Minimum 1 mL; Refrigerated *OR* 3 mL whole blood in acid citrate dextrose (ACD) A (Yellow) tube; Minimum 1 mL; Refrigerated *(continued on page 8)*	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Narcolepsy HLA-DQ Genotyping (HLA-DQB1*06:02) *(continued from page 7)*	NARCAB	**Stability:** Ambient: 72 hours Refrigerated: 1 week Frozen: **Unacceptable** **Methodology:** **Massive Parallel Sequencing** Polymerase Chain Reaction (PCR) **Sequence Specific Oligonucleotide Probe (SSOP)** **Days Performed: Mon–Fri** **Reported: 9–16** days **CPT: 81382**	effective immediately
Nicotine & Metabolites, Urine	UNICOT	**Reported:** 2–**6** days	2/20/24
Nortriptyline	NORTRP	**Reported:** 2–**8** days	2/20/24
Orotic Acid, Urine	UOROTC	**CPT:** 83921**x1; 82570x1**	2/22/24
Pregabalin	PBALIN	**Reported:** 2–**9** days	2/20/24
Pregabalin, urine	UPRGAB	**Special Information: This test is New York DOH approved.** **Reported:** 2–**8** days	2/20/24
Pregnenolone	PREG	**Reported:** 2–**6** days	2/20/24
Protriptyline	PROTRI	**Special Information:** Specimen should be collected prior to next dose–at steady state concentration. **This test is New York DOH approved.** **Reported:** 2–**8** days	2/20/24
Reverse T3	T3REV	**Reported:** 2–**6** days	2/20/24
Risperidone & Metabolite	RISPER	**Reported:** 2–**8** days	2/20/24
Sequential Scn First Trimester	SEQ1	**Name:** *Previously Sequential Screen First Trimester* **Specimen Requirement:** 3 mL serum from serum separator (Gold) tube; Ambient; Specimen MUST be drawn between 10.4–13.9 weeks gestation. A nuchal translucency (NT) measurement by a FMF or SMFM certified sonographer MUST be included with specimen. **Note:** *No additive (Red) tube is no longer an acceptable specimen.*	effective immediately
Sequential Screen Second Trimester	SEQ2	**Specimen Requirement:** 5 mL serum from serum separator (Gold) tube; Ambient; Specimen MUST be drawn between 15.0–21.9 weeks gestation. **Note:** *No additive (Red) tube is no longer an acceptable specimen.*	effective immediately
Serotonin, Serum	SERTON	**Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; Frozen; **Abstain from medications for 72 hours prior to collection.** Centrifuge and transfer serum into an amber transport tube within 1 hour of collection. Separate specimens must be submitted when multiple specimens are ordered. **Days Performed: Mon,** Wed, Thu**,** Fri, **Sat**	2/20/24
Serotonin, Whole Blood	SEROWB	**Days Performed: Mon,** Wed, Thu, **Fri, Sat**	2/20/24
Testosterone, Free, Adult Males by ED/LC-MS/MS	FTESAM	**Special Information:** Separate plasma from cells within 2 hours of collection. **This test is New York DOH approved.** **Days Performed:** Sun–**Sat** **Reported: 3–**7 days	2/20/24
Tricyclic Antidepressant ID	TAID	**Special Information:** Collect specimen prior to next dose–at steady state concentration. **This test is New York DOH approved.** **Reported:** 2–**8** days	2/20/24
Urine Free Cortisol by LC-MS/MS	UFRCRT	**Special Information:** Indicate period and volume on requisition. Acidified specimens and specimens with preservatives are unacceptable. **This test is New York DOH approved.** **Reported:** 2–**6** days	2/20/24

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Vanillylmandelic Acid (VMA) and Homovanillic Acid (HVA), Urine	UVAHA	**Special Information:** Abstain from medications 72 hours prior to collection. **This test is New York DOH approved.** **Reported:** 2–**6** days	2/20/24
Viscosity, Serum	SERVIS	Days Performed: Sun, Tue, Thu, Fri	2/20/24
Vitamin B6	VITB6	**Stability:** Ambient: After separation from cells: **3 hours** Refrigerated: After separation from cells: 1 week Frozen: After separation from cells: 2 months **Days Performed:** 2–**6** days	2/20/24
Vitamin C	VITC	**Special Information:** Thawing and refreezing of the specimen and exposure to light will result in decreased Vitamin C concentration. EDTA plasma, whole blood, body fluids, and grossly hemolyzed specimens are unacceptable. **This test is New York DOH approved.** **Stability:** Ambient: After separation from cells: Unacceptable Refrigerated: After separation from cells: Unacceptable Frozen: After separation from cells: **1 month** **Days Performed: Sun–Sat**	2/20/24
Zinc	ZINC	Clinical Limitation: Hemolysis can falsely elevate zinc concentrations in serum or plasma. Grossly hemolyzed samples will be rejected.	2/1/24

New Tests

Test Name	Order Code	Change	Effective Date
5-HIAA, Plasma	5HIAAD	**Special Information:** Separate plasma from cells within 45 minutes of collection and freeze aliquot. Patient should avoid bananas, avocados, plums, eggplant, tomatoes, plantain, pineapple, walnuts, and interfering drugs for at least 72 hours prior to collection. Separate specimens must be submitted when multiple tests are ordered. Grossly hemolyzed specimens will be rejected. **Clinical Information:** Plasma 5-hydroxy-indoleacetic acid (5HIAA or 5-HIAA) is a metabolite of serotonin that can be elevated as a result of carcinoid tumors/carcinoid syndrome. **Specimen Requirement:** 1 mL plasma from sodium heparin (Green) tube; Minimum 0.5 mL; Frozen; Separate plasma from cells within 45 minutes of collection and freeze aliquot. Patient should avoid bananas, avocados, plums, eggplant, tomatoes, plantain, pineapple, walnuts, and interfering drugs for at least 72 hours prior to collection. Separate specimens must be submitted when multiple tests are ordered. *OR* 1 mL plasma from EDTA (Lavender) tube; Minimum 0.5 mL; Frozen; Separate plasma from cells within 45 minutes of collection and freeze aliquot. Patient should avoid bananas, avocados, plums, eggplant, tomatoes, plantain, pineapple, walnuts, and interfering drugs for at least 72 hours prior to collection. Separate specimens must be submitted when multiple tests are ordered. **Stability:** Ambient: After separation from cells: 3 days Refrigerated: After separation from cells: 3 days Frozen: After separation from cells: 14 days (6 freeze/thaw cycles) **Methodology:** High-Pressure Liquid Chromatography (HPLC)/Tandem Mass Spectrometry **Reference Range:** < 22 ng/mL **Days Performed:** Varies **Reported:** 9–16 days **CPT:** 83497	3/19/24

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Hydroxychloroquine, Blood	HYCQWB	**Special Information:** This test is New York DOH approved. **Clinical Information:** This test is useful to check for therapeutic levels and compliance prior to escalating care to more immunosuppressive medications. Hydroxychloroquine is the mainstay of treatment for patients with lupus, with every patient requiring its use unless there are significant side effects. Optimal whole blood levels of hydroxychloroquine are associated with better health outcomes as demonstrated by newer data that provide a therapeutic range of blood levels, as well as a range associated with increased retinal toxicity. **Specimen Requirement:** 1 mL whole blood in EDTA (Lavender) tube; Minimum 0.2 mL; Refrigerated **Stability:** Ambient: 30 days Refrigerated: 30 days Frozen: 30 days **Methodology:** High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS) **Days Performed:** Varies **Reported:** 4–8 days **CPT:** 80220	3/26/24
Neurofilament light (NfL)	NFLLCP	**Clinical Information:** This test is used for the measurement of the level of Neurofilament Light Chain in plasma. There are significant variations in measured plasma NfL levels among different methods and labs. Care must be taken when interpreting results obtained in different studies. Direct comparisons of absolute values can only be done on the same source fluid (plasma or serum). A rise in NfL is not specific for a specific disease factor and may be caused by both neurodegenerative diseases or a head impact during sports. Results should only be used in conjunction with other clinical information when evaluating patients with neurodegeneration. Due to a lack of specificity to a particular neurodegenerative disease, its role as a diagnostic marker is limited. There are numerous demographic, life style, and comorbidity factors that potentially influence NfL levels in plasma. Variables such as exercise,2 blood volume, body mass index may impact measured plasma NfL levels. NfL levels measured in the morning are more than 10% higher than those measured in the evening. Caution should be taken in interpreting NfL levels when disease treatment induced neurological complications that can potentially impact NfL levels. Plasma NfL levels can be decreased in patients with high immunoglobulin G (IgG) levels. Higher concentrations of NfL may be found in persons with history of stroke, atrial fibrillation, myocardial infarction, chronic kidney disease, pregnancy, and diabetes. Lower concentrations of NfL may be found in individuals who are obese (BMI > or =30). **Specimen Requirement:** 1 mL plasma from EDTA (Lavender) tube; Minimum 0.7 mL; Ambient; Patient should avoid biotin consumption for at least 72 hours prior to collection. Separate plasma and transfer to standard aliquot tube. **Stability:** Ambient: 14 days Refrigerated: 14 days Frozen: 14 days (3 freeze/thaw cycles) **Methodology:** Electro Chemiluminescence Immunoassay (ECLIA) **Reference Range:** 0 Years to 4 Years: < 1.97 pg/mL 5 Years to 9 Years: < 1.64 pg/mL 10 Years to 14 Years: < 1.43 pg/mL 15 Years to 19 Years: < 1.60 pg/mL 20 Years to 29 Years: < 1.65 pg/mL 30 Years to 39 Years: < 1.88 pg/mL 40 Years to 49 Years: < 2.14 pg/mL 50 Years to 59 Years: < 3.79 pg/mL 60 Years to 69 Years: < 4.62 pg/mL 70 Years to 79 Years: < 7.65 pg/mL 80 Years to 99 Years: < 11.56 pg/mL **Days Performed:** Varies **Reported:** 2–4 days	2/1/24