Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • December 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
2	ADAMTS13 Activity Assay						■		■	■			
2	ADAMTS13 Evaluation						■		■	■			
3	ADAMTS13 Inhibitor Assay						■		■				
3	Amphetamines Confirmation, Urine												■
3	Angiotensin II					■	■				■		
3	Anti IgA Antibody					■	■				■		
7	Brivaracetam												■
3	Catecholamines, Fractionated, Plasma						■						
3	Chromium, Blood					■							
3	Copper					■							
3	Copper/Zinc					■							
3	Drug Detection Panel, TOF-MS, Umbilical Cord Tissue												■
4	Drug Detection Panel, Umbilical Cord Tissue, with Marijuana Metabolite												■
4	Ethylene Glycol					■	■			■	■		
4	FSH											■	
4	Hepatic Function Panel									■			
4	Hepatitis Delta Virus Antigen					■	■						
9	Herpesvirus 6, Qual, Plasma, PCR				■								
4	Human Anti-Mouse IgG Abs					■	■				■	■	
5	Insulin, Free and Total, Serum			■									

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
9	Insulin, Free, Serum				■								
7	Insulin, Total, Serum		■			■	■	■	■	■	■	■	
5	Insulin Like Growth Factor 1 with Calculated Z-Score										■		
9	Listeria Antibody				■								
9	Listeria Antibody, CSF				■								
5	Lupus Anticoagulant Diagnostic Interpretive Panel							■					
5	Magnesium RBC					■							
5	Manganese					■							
7	Perampanel												■
5	Phencyclidine Confirmation, Urine												■
7–8	Prostate Health Index			■									
8	Quantitative Toxicology Panel, Urine												■
6	Rabies Antibody					■	■			■	■		
6	Rubella IgM Antibody						■			■	■	■	
6	Summer Squash, IgE					■	■						
9	Torch Antibodies, IgM				■								
8	Torch IgM Antibodies			■									
6	TP53 Somatic Mutation, Prognostic					■	■				■		
6	Tysabri Antibodies					■	■						
6	Zinc					■							

Test Changes

Test Name	Order Code	Change	Effective Date
ADAMTS13 Activity Assay	ADM13A	**Specimen Requirement:** 2 mL platelet-poor plasma from sodium citrate (Light Blue) tube; **Centrifuge, aliquot and** freeze **ASAP. Collection tube must be filled to total fill volume. Inadequately filled tubes will be rejected. Invert to mix 3-4 times. Non-Testing Sites: Centrifuge sample; Aliquot plasma into a separate tube and label with Epic Beaker label. Specimen should be frozen (-20C or colder).** **Methodology: Fluorescence Resonance Energy Transfer (FRET)** **Reference Range:** ADAMTS13 Activity: 0 Years to 99 Years: **60-121**%; Urgent: <10% **Days Performed:** Mon–Fri	1/14/25
ADAMTS13 Evaluation	ADM13	**Specimen Requirement:** 2 mL platelet-poor plasma from sodium citrate (Light Blue) tube; **Centrifuge, aliquot and** freeze **ASAP. Collection tube must be filled to total fill volume. Inadequately filled tubes will be rejected. Invert to mix 3-4 times. Non-Testing Sites: Centrifuge sample; Aliquot plasma into a separate tube and label with Epic Beaker label. Specimen should be frozen (-20C or colder).** **Methodology: Fluorescence Resonance Energy Transfer (FRET)** **Reference Range:** ADAMTS13 Inhibitor: 0 Years to 99 Years: < or = 0.4 Inhib Unit ADAMTS13 Activity: 0 Years to 99 Years: **60-121**%; Urgent: <10% **Days Performed:** Mon–Fri	1/14/25

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
ADAMTS13 Inhibitor Assay	ADM13I	**Specimen Requirement:** 2 mL plasma from sodium citrate (Light Blue) tube; **Centrifuge, aliquot and** freeze **ASAP. Collection tube must be filled to total fill volume. Inadequately filled tubes will be rejected. Invert to mix 3-4 times. Non-Testing Sites: Centrifuge sample; Aliquot plasma into a separate tube and label with Epic Beaker label. Specimen should be frozen (-20C or colder).** **Methodology: Fluorescence Resonance Energy Transfer (FRET)** **Days Performed:** Mon–Fri	1/14/25
Amphetamines Confirmation, Urine	UAMPC	**CPT: 80325/G0480; 80359/G0480**	1/7/25
Angiotensin II	ANGII	**Special Information: Separate specimens must be submitted when multiple tests are ordered.** Hemolyzed specimens are unacceptable. This test is New York state approved. **Specimen Requirement:** 1 mL plasma from EDTA (Lavender) tube; Frozen; **Separate specimens must be submitted when multiple tests are ordered.** **Reported: 9–15** days	1/1/25
Anti IgA Antibody	ANTGA	**Special Information: Separate specimens must be submitted when multiple tests are ordered. This test is New York state approved.** **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; **Frozen; Centrifuge and transfer serum to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.** *OR* 1 mL serum from no additive (Red) tube; **Frozen; Centrifuge and transfer serum to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.** **Reported:** 6–**12** days	1/16/25
Catecholamines, Fractionated, Plasma	PLCAT	**Specimen Requirement:** 3 mL plasma from sodium heparin (Green) tube; Place specimen on ice after draw. Critical Frozen; Patient should be calm and seated for 15 minutes or supine for 30 minutes prior to collection. Collect 2 tubes. Centrifuge, aliquot and freeze within one hour of collection. Refrigerated centrifuge is preferred but not required. **Separate specimens must be submitted when multiple tests are ordered.** *OR* 3 mL plasma from lithium heparin (Green) tube; Place specimen on ice after draw. Critical Frozen; Patient should be calm and seated for 15 minutes or supine for 30 minutes prior to collection. Collect 2 tubes. Centrifuge, aliquot and freeze within one hour of collection. Refrigerated centrifuge is preferred but not required. **Separate specimens must be submitted when multiple tests are ordered.** *OR* 3 mL plasma from EDTA (Lavender) tube; Place specimen on ice after draw. Critical Frozen; Patient should be calm and seated for 15 minutes or supine for 30 minutes prior to collection. Collect 2 tubes. Centrifuge, aliquot and freeze within one hour of collection. Refrigerated centrifuge is preferred but not required. **Separate specimens must be submitted when multiple tests are ordered.**	1/14/25
Chromium, Blood	CHROM	**Special Information: Specimen must be received in a certified metal free tube.** **Specimen Requirement:** 2 mL whole blood in EDTA (Royal Blue) tube; Refrigerated; **Send whole blood specimen in original tube. Do not aliquot.**	1/14/25
Copper	COPPER	**Special Information: Specimen must be collected and received in a certified metal free tube.** Do not allow specimen to come into contact with polystyrene, glass, metal or rubber. **Specimen Requirement:** 1 mL plasma from EDTA (Royal blue) tube; Refrigerated; **Collect in a trace metal-free tube (royal blue top). Separate from cells ASAP or within 2 hours of collection.** Transfer plasma to a **metal-free** polypropylene **transport** tube. **Carefully pour the plasma and avoid transfer of cellular blood components.**	1/14/25
Copper/Zinc	CUZN	**Special Information: Specimen must be collected and received in a certified metal free tube.** Do not allow specimen to come into contact with polystyrene, glass, metal or rubber. **Specimen Requirement:** 1 mL plasma from EDTA (Royal blue) tube; Refrigerated; **Collect in a trace metal-free tube (royal blue top). Separate from cells ASAP or within 2 hours of collection.** Transfer plasma to a **metal-free** polypropylene **transport** tube. **Carefully pour the plasma and avoid transfer of cellular blood components.**	1/14/25
Drug Detection Panel, TOF-MS, Umbilical Cord Tissue	DRGTOF	**CPT:** 80325/G0480; 80345/G0480; 80346/G0480; 80348/G0480; 80353/G0480; 80354/G0480; 80355/G0480; 80356/G0480; 80358/G0480; 80359/G0480; 80361/G0480; **80362/G0480**; 80365/G0480; **80367/G0480**; 80368/G0480; 80372/G0480; 80373/G0480; 83992/G0480	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Drug Detection Panel, Umbilical Cord Tissue, with Marijuana Metabolite	DTOFMP	**CPT: 80325/G0480; 80345/G0480; 80346/G0480; 80348/G0480;** 80349/**G0480; 80353/G0480;** 80355/**G0480; 80356/G0480; 80358/G0480; 80359/G0480; 80361/G0480; 80362/G0480; 80365/G0480; 80367/G0480; 80368/G0480; 80372/G0480; 80373/G0480; 83992/G0480**	effective immediately
Ethylene Glycol	ETHYL	**Special Information: Prepare venipuncture site with Aqueous Zephiran (benzalkonium chloride), aqueous Merthiolate (thimerosal), or povidone-iodine.** Do not use **gel** separator tubes. **Detection limit: 5 mg/dL. This test is New York state approved.** **Clinical Information: This test is useful as an aid in assessment of the etiology of anion gap acidosis, and to determine whether ethylene glycol poisoning exists. Specimen should be collected upon presentation to hospital.** Toxic concentrations may cause intoxication, CNS depression, metabolic acidosis, renal damage and hypocalcemia. Ethylene glycol is extremely toxic. Ingestion can be fatal if patients do not receive immediate medical treatment. **Specimen Requirement:** 1 mL serum from no additive (Red) tube; Refrigerated; **Prepare venipuncture site with Aqueous Zephiran (benzalkonium chloride), aqueous Merthiolate (thimerosal), or povidone-iodine.** Do not use **gel** separator tubes. Separate serum from cells within 2 hours of collection **and transfer to standard aliquot tube.** *OR* 1 mL plasma from EDTA (Lavender) tube; Refrigerated; **Prepare venipuncture site with Aqueous Zephiran (benzalkonium chloride), aqueous Merthiolate (thimerosal), or povidone-iodine.** Do not use **gel** separator tubes. Separate plasma from cells within 2 hours of collection **and transfer to standard aliquot tube.** **Reference Range: Toxic: Greater than 20 mg/dL** **Days Performed: Sun–Sat**	effective immediately
FSH	FSH	**Specimen Requirement:** 1 mL plasma from lithium heparin plasma separator (Light Green) tube; Centrifuge and refrigerate. Submit in original tube or aliquot into CCL aliquot tube *OR* 1 mL serum from serum separator (Gold) tube; Centrifuge and refrigerate. **Stability:** Ambient: 5 days Refrigerated: 14 days Frozen: 6 months	effective immediately
Hepatic Function Panel	HFP	**Reference Range:** Bilirubin, Direct: **<0.3** mg/dL **Note:** *other component reference ranges have no change*	1/7/25
Hepatitis Delta Virus Antigen	HDVAG	**Special Information:** Grossly hemolyzed or lipemic specimens will be rejected. **Separate specimens must be submitted when multiple tests are ordered.** This test is New York DOH approved. **Specimen Requirement:** 1 mL serum from no additive (Red) tube; CRITICAL FROZEN. Transfer serum to a standard aliquot tube. **Separate specimens must be submitted when multiple tests are ordered.** *OR* 1 mL serum from serum separator (Gold) tube ; CRITICAL FROZEN. Transfer serum to a standard aliquot tube. **Separate specimens must be submitted when multiple tests are ordered.**	1/16/25
Human Anti-Mouse IgG Abs	MOUABS	**Special Information:** Do not use **gel** separator tubes. **Separate specimens must be submitted when multiple tests are ordered. This test is New York state approved.** **Specimen Requirement:** 1 mL serum from no additive (Red) tube; Frozen; Do not use **gel** separator tubes. **Separate specimens must be submitted when multiple tests are ordered.** **Stability:** Ambient: Unacceptable Refrigerated: **24 hours** Frozen: 21 days **Reported: 13–19** days	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Insulin, Total, Serum	INSULN	**For interface clients only–Test build may need to be modified** **Name:** Previously Insulin **Special Information: Specimen collection should occur preferably from patients fasting for at least 8 hours and at minimum 8 hours after administration of multivitamins or dietary supplements, especially containing biotin (Vitamin B7).** **Clinical Limitation: For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.** **Clinical Information: Intended for the in vitro quantitative determination of human insulin in human serum and plasma. The determination of insulin is utilized in the diagnosis and therapy of various disorders of carbohydrate metabolism,** **including diabetes mellitus and hypoglycemia.** **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated **Stability:** Ambient: **24 hours** Refrigerated: 7 days Frozen: **6 months** **Methodology: Electro Chemiluminescence Immunoassay (ECLIA)** **Reference Range:** **2.6–24.9 uU/mL** **Reference intervals established for fasting specimens** **Days Performed: Mon**–Sat **Reported:** 1–**3** days	1/9/25
Insulin Like Growth Factor 1 with Calculated Z-Score	ILGF1	**Reported: The reference intervals for ILGF1 results will not change.** **A calculated z-score will be added to the test results. The z-score is the number of standard deviations a given result is above (positive score) or below (negative score) the age- and sex-adjusted population mean. Results within the ILGF1 reference interval will have a z-score between -2.0 to +2.0.**	12/17/24
Lupus Anticoagulant Diagnostic Interpretive Panel	LUPUSP	**For interface clients only–Test build may need to be modified** **Note:** *FVIII will be added to LUPUSP build and reported if performed.* **Special Information:** 3.2% sodium citrate is the preferred anticoagulant recommended by NCCLS. Patient preparation: Discontinue heparin therapy for 2 days prior to collection. If tests are abnormal, the following tests may be ordered and billed: PTT Mixing Study (85730), Factor II (85210), Factor V (85220), Factor VII (85230), Factor X (85260), Von Willebrand Factor Antigen (85246), Ristocetin Co-factor (85245), Factor IX Assay (85250), Factor XI Assay (85270), Factor XII Assay (85280), Reptilase Time (85635), D-Dimer (85379), Fibrinogen Ag (85385), Fibrinogen (85384), Bethesda Assay (85335), Factor VIII Chromogenic (85240), Antithrombin Assay (85300), Protein C Functional (85303), Protein S Clottable (85306), and APC Resistance (85307). Sample must be accompanied by the completed Clinical History Form for Hemostasis and Thrombosis Evaluation.	1/14/25
Magnesium RBC	MAGRBC	**Special Information:** Specimens that are not processed within 4 hours of collection are not acceptable (whole blood specimens must be centrifuged and all plasma must be removed from the red blood cells). In addition, specimens that are improperly/inadequately labeled or frozen are not acceptable. **Specimen must be received in a certified metal free tube.** **Specimen Requirement:** 1 mL red blood cells in EDTA (Royal blue) tube; Ambient; **Collect in a trace metal-free EDTA tube (royal blue top).** Centrifuge and separate red blood cells **(RBCs) and plasma** within 4 hours of collection. Discard plasma. Keep RBCs in the original collection tube. *OR* 1 mL red blood cells in EDTA (Lavender) tube; Ambient; Centrifuge and separate red blood cells **(RBCs) and plasma** within 4 hours of collection. Discard plasma. Keep RBCs in the original collection tube.	1/14/25
Manganese	MANGAN	**Special Information: Specimen must be received in a certified metal free tube.** **Specimen Requirement:** 2 mL whole blood in EDTA (Royal Blue) tube; Refrigerated; **Send whole blood specimen in original tube. Do not aliquot.**	1/14/25
Phencyclidine Confirmation, Urine	UPCPC	**CPT:** 83992/**G0480**	1/7/25

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Rabies Antibody	RABIES	**Special Information: Separate specimens must be submitted when multiple tests are ordered.** This test is New York DOH approved. **Clinical Information:** This test is useful to measure immune response to rabies vaccination. **Specimen Requirement:** 2 mL serum from no additive (Red) tube; Refrigerated; Transfer serum to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered. *OR* **2 mL serum from serum separator (Gold) tube; Refrigerated; Transfer serum to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.** **Reference Range: Refer to report** **Reported: 22–32 days**	1/16/25
Rubella IgM Antibody	RUBIGM	**Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated; Separate from cells ASAP or within 2 hours of collection **and** transfer serum to standard aliquot tube. **Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 year (Avoid repeated freeze/thaw cycles) **Reference Range:** **19.9 AU/mL or less: Not Detected** **20.0–24.9 AU/mL: Indeterminate–Repeat testing in 10-14 days may be helpful** **25.0 AU/mL or greater: Detected–IgM antibody to rubella detected, which may indicate a current or recent infection or immunization** **Reported:** 1–**2** days	1/14/25
Summer Squash, IgE	SMSQSH	**Special Information:** Hemolyzed, icteric, or lipemic specimens will be rejected. **Separate specimens must be submitted when multiple tests are ordered.** This test is New York state approved. **Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; **Ambient;** Separate serum from cells ASAP or within 2 hours of collection. Transfer serum to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered. *OR* **0.5 mL serum from no additive (Red) tube; Ambient; Separate serum from cells ASAP or within 2 hours of collection. Transfer serum to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.**	1/16/25
TP53 Somatic Mutation, Prognostic	TP53MU	**Special Information: Separate specimens must be submitted when multiple tests are ordered.** This test is New York DOH approved. **Specimen Requirement:** 6 mL whole blood in EDTA (Lavender) tube; Refrigerated; **Separate specimens must be submitted when multiple tests are ordered.** *OR* one paraffin embedded tissue in formalin-fixed, paraffin-embedded block; Refrigerated; **Separate specimens must be submitted when multiple tests are ordered.** *OR* 3 mL bone marrow in EDTA (Lavender) tube; Refrigerated; **Separate specimens must be submitted when multiple tests are ordered.** **Reported: 13–19** days	effective immediately
Tysabri Antibodies	TYSAB	**Special Information: Separate specimens must be submitted when multiple tests are ordered. This test is New York state approved.** **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Frozen; Allow blood to clot at room temperature for 30 minutes. Separate serum from cells within 1 hour **and transfer to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.** *OR* 1 mL serum from no additive (Red) tube; Frozen; Allow blood to clot at room temperature for 30 minutes. Separate serum from cells within 1 hour **and transfer to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.** **Reference Range: Refer to report**	1/16/25
Zinc	ZINC	**Special Information: Specimen must be collected and received in a certified metal free tube.** Do not allow specimen to come into contact with polystyrene, glass, metal or rubber. **Specimen Requirement:** 1 mL plasma from EDTA (Royal blue) tube; Refrigerated; **Collect in a trace metal-free tube (royal blue top). Separate from cells ASAP or within 2 hours of collection.** Transfer plasma to a **metal-free** polypropylene **transport** tube. **Carefully pour the plasma and avoid transfer of cellular blood components.**	1/14/25

New Tests

Test Name	Order Code	Change	Effective Date
Brivaracetam	BRIV	**Note: New test was announced in the October update. Financial information was not available at that time.** **CPT:** 80299	effective immediately
Insulin, Free and Total, Serum	INSFT	**Special Information:** Specimen collection should occur preferably from patients fasting for at least 8 hours and at minimum 8 hours after administration of multivitamins or dietary supplements, especially containing biotin (Vitamin B7). **Clinical Limitation:** For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings. **Clinical Information:** Intended for the in vitro quantitative determination of human insulin in human serum and plasma. The determination of insulin is utilized in the diagnosis and therapy of various disorders of carbohydrate metabolism, including diabetes mellitus and hypoglycemia. **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Minimum: 0.5 mL; Refrigerated **Stability:** Ambient: 24 hours Refrigerated: 7 days Frozen: 30 days **Methodology:** Electro Chemiluminescence Immunoassay (ECLIA) **Reference Range:** 2.6–24.9 uU/mL Reference intervals established for fasting specimens **Days Performed:** 2 days per week **Reported:** 1–4 days **CPT:** 83525; 83527	1/9/25
Perampanel	PRMP	**Note: New test was announced in the October update. Financial information was not available at that time.** **CPT:** 80299	effective immediately
Prostate Health Index	PHI	**Includes:** Total PSA **Special Information:** If reflex testing is performed, additional charges apply. If Total PSA is between 4.0 and 10.0 ng/mL, free PSA and p2PSA will be performed. Patients should not be collected within six weeks after prostatic biopsy or immediately after digital rectal examination (DRE), prostatic massage, or transrectal ultrasound (TRUS). Separate specimens must be submitted when multiple tests are ordered. **Clinical Limitation:** This assay does not provide serial monitoring; it is intended for one-time use only. **Clinical Information:** This Beckman Coulter Access Hybritech PSA assay is indicated for the measurement of serum PSA in conjunction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older. Low Beckman Coulter PHI scores are associated with a lower probability of prostate cancer on biopsy, and higher scores are associated with an increased probability of prostate cancer on biopsy. The choice of an appropriate Beckman Coulter PHI score to be used in guiding clinical decision-making may vary for each patient and may depend in part on other clinically important factors or on family history of disease. Values obtained with different assays should not be used interchangeably in serial testing. It is recommended that only one assay method be used consistently to monitor each patient's course of therapy. It should be noted that a PSA range of 4 to 10 ng/mL using Hybritech calibration corresponds to a PSA range of 3.1 to 7.8 ng/mL using WHO calibration. (*continued on page 8)*	12/5/24

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Prostate Health Index *(continued from page 7)*	PHI	**Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Minimum: 0.7 mL; Frozen; Patients should not be collected within six weeks after prostatic biopsy or immediately after digital rectal examination (DRE), prostatic massage, or transrectal ultrasound (TRUS). Separate specimens must be submitted when multiple tests are ordered. Separate serum from cells within 3 hours of collection and transfer to standard aliquot tube and freeze. *OR* 1 mL serum from no additive (Red) tube; Minimum: 0.7 mL; Frozen; Patients should not be collected within six weeks after prostatic biopsy or immediately after digital rectal examination (DRE), prostatic massage, or transrectal ultrasound (TRUS). Separate specimens must be submitted when multiple tests are ordered. Separate serum from cells within 3 hours of collection and transfer to standard aliquot tube and freeze. **Stability:** Ambient: 3 hours Refrigerated: 24 hours Frozen: 5 months (3x freeze/thaw cycles) **Methodology:** Immunoassay (IA) **Reference Range:** 0.0–3.9 ng/mL **Days Performed:** Mon–Sat **Reported:** 4–6 days **CPT:** 84153	12/5/24
Quantitative Toxicology Panel, Urine	UQNTOX	**Note: New test was announced in the November update. Financial information was not available at that time.** **CPT:** 80325/G0480; 80348/G0480; 80349/G0480; 80353/G0480; 80354/G0480; 80356/G0480; 80358/G0480; 80359/G0480; 80361/G0480; 80364/G0480; 80365/G0480; 80373/G0480; 83992/G0480	1/7/25
Torch IgM Antibodies	TORIGM	**Special Information:** Performing Labs: Immunopathology (x49026), Client Services (x45755)–Vendor ARUP Refer to individual tests CMV, IgM (CMVMAB), Toxoplasmosis IgM (TOXMAB), and Rubella IgM Antibody (RUBIGM). **Specimen Requirement:** 2 mL serum from serum separator (Gold) tube; Minimum: 1.0 mL; Refrigerated; Multiple specimen tubes must be collected for this panel. This tube is for tests: CMV, IgM (CMVMAB) and Toxoplasmosis IgM (TOXMAB). *AND* 1 mL serum from serum separator (Gold) tube; Minimum: 0.5 mL; Refrigerated; Multiple specimen tubes must be collected for this panel. This tube is for test: Rubella IgM Antibody (RUBIGM). Separate from cells ASAP or within 2 hours of collection and transfer serum to standard aliquot tube. **Stability:** Ambient: After separation from cells: 24 hours Refrigerated: After separation from cells: 1 week Frozen: After separation from cells: 2 weeks (Avoid repeated freeze/thaw cycles) **Methodology:** Chemiluminescence Immunoassay (CLIA) **Reference Range:** CMV, IgM: Refer to report Toxo IgM Qual: Negative Toxoplasmosis, IgM Antibody: Refer to report Rubella IgM: 19.9 AU/mL or less: Not Detected 20.0–24.9 AU/mL: Indeterminate–Repeat testing in 10-14 days may be helpful 25.0 AU/mL or greater: Detected–IgM antibody to rubella detected, which may indicate a current or recent infection or immunization **Days Performed:** Sun–Sat **Reported:** Refer to individual components **CPT:** 86645; 86762; 86778	1/16/25

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Herpesvirus 6, Qual, Plasma, PCR	HV6PCR	Test will no longer be orderable. Recommended replacement test is Human Herpesvirus 6 (HHV-6A and HHV-6B) by Quantitative PCR (HHV6QT).	12/10/24
Insulin, Free, Serum	FINS	Test will no longer be orderable. Recommended replacement test is Insulin, Free and Total, Serum (INSFT).	1/9/25
Listeria Antibody	LISTRI	Test will no longer be orderable. Recommended replacement tests are Blood Culture (BLCUL) or Meningitis Encephalitis Panel (MGEBF) if meningitis is a concern.	effective immediately
Listeria Antibody, CSF	LISCSF	Test will no longer be orderable. Recommended replacement tests are CSF Culture & Stain (CSFCUL) or Meningitis Encephalitis Panel (MGEBF) if meningitis is a concern.	effective immediately
Torch Antibodies, IgM	TORCHM	Test will no longer be orderable. Recommended replacement test is Torch IgM Antibodies (TORIGM).	1/16/25