Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • March 2025

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	17-Hydroxyprogesterone, Urine						■	■					
2	Amphetamines Confirmation, Urine											■	
2	Buprenorphine Quantitation, Urine											■	
2	Calculi (Stone) Analysis							■					
2	Catecholamines, Fractionated, Plasma										■		
2	Cocaine Metabolite Confirmation, Urine											■	
3	Fentanyl and Metabolite Confirmation, Urine											■	
3	JC Polyoma Virus DNA, Quantitative, RT-PCR, CSF		■				■	■		■	■	■	
6	JC Polyoma Virus Quantitative PCR				■								
3	Macroprolactin							■					
3	Melanocyte Stimulation Hormone, Alpha (a-MSH)					■	■						
3	Methadone Quantitation, Urine											■	
3	Opiate Confirmation, Urine											■	
3	Oxycodone Confirmation, Urine											■	
4	Phencyclidine Confirmation, Urine											■	
4	PSA, Free and Total		■										
4	Quantitative Toxicology Panel, Urine											■	
6	Testosterone, bioavail/total, MS (females, children, indiv on testo-suppress therapy)				■								
4–5	Testosterone, Free and Total, by Equilibrium Dialysis and Mass Spectrometry			■									

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
6	Testosterone, free and total, by equilibrium ultrafiltration mass spectrometry				■								
6	Testosterone, Total, by Mass Spectrometry (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy)			■									
4	THC Metabolite Confirmation, Urine											■	
4	Tramadol and Metabolite Quantitation, Urine											■	

Test Changes

Test Name	Order Code	Change	Effective Date
17-Hydroxy-progesterone, Urine	U17OHP	**Special Information: If possible, discontinue** any corticosteroid, ACTH, estrogen, or gonadotropin medications for at least 48 hours prior to collection. **Place specimen on ice.** Separate specimens must be submitted when multiple tests are ordered. **Clinical Information: 17-Hydroxy Progesterone is a steroid derived primarily from enzymatic metabolism of Progesterone and 17-Hydroxy Pregnenolone. It is converted enzymatically to Androstenedione and 11-Deoxycortisol. It is produced in both the gonads and adrenal glands. It is excreted into the urine in conjugated and unconjugated forms of 17-Hydroxy Progesterone and as Pregnanetriol. This assay measures the total of the conjugated and unconjugated forms. It is stimulated by ACTH and suppressed by Dexamethasone. Levels of urine 17-Hydroxy Progesterone are greatly increased in patients with Polycystic Ovarian Disease and Congenital Adrenal Hyperplasia and show exaggerated responses to ACTH in these cases. 17-Hydroxy Progesterone is the marker steroid for determining cases of 21a-Hydroxylase Deficient Congenital Adrenal Hyperplasia. Urine levels are frequently elevated in patients with idiopathic hirsutism.** **Specimen Requirement:** 10 mL **random** urine in clean container; Frozen; **If possible, discontinue** any corticosteroid, ACTH, estrogen, or gonadotropin medications for at least 48 hours prior to collection. **Place specimen on ice.** Separate specimens must be submitted when multiple tests are ordered.	effective immediately
Amphetamines Confirmation, Urine	UAMPC	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately
Buprenorphine Quantitation, Urine	UQNTBU	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately
Calculi (Stone) Analysis	CSA	**For interface clients only–Test build may need to be modified** **Includes:** **Calculus** Stone Type **Calculus** Stone Color **Calculus** Stone Size and Weight **Calculus** Stone Composition	4/22/25
Catecholamines, Fractionated, Plasma	PLCAT	**Reported:** 2–**6** days	effective immediately
Cocaine Metabolite Confirmation, Urine	UCOCC	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Fentanyl and Metabolite Confirmation, Urine	UFENT	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately
JC Polyoma Virus DNA, Quantitative, RT-PCR, CSF	JCVPCR	**For interface clients only–Test build may need to be modified** **Name:** Previously JC Virus DNA, Ultrasensitive (LLOQ 10 copies/mL), Quantitative, Real-Time PCR, CSF **Clinical Information:** JC polyoma virus is the cause of progressive multifocal leukoencephalopathy (PML), a demyelinating neurologic disease of immunocompromised patients and patients on certain medications. This test detects and quantifies JCV in CSF, and detection of the virus in CSF may indicate infection. **Reportable range is 50 to 50,000,000 IU/mL (1.70 to 7.70 Log IU/mL).** **Specimen Requirement: 0.7** mL cerebrospinal fluid (CSF) in sterile container; Minimum: **0.3** mL; Frozen **Stability:** Ambient: 48 hours Refrigerated: **7** days Frozen: 30 days **Reference Range:** **JC Virus DNA, QN PCR, CSF (IU/mL): Not detected** **JC Virus DNA, QN PCR, CSF (Log IU/mL): Not detected** **Days Performed: Sun**–Sat **Reported:** 2–**3** days	3/27/25
Macroprolactin	MACPRO	**Reference Range:** Prolactin: Refer to report Monomeric Prolactin: Refer to report **Percent Macroprolactin:** Refer to report	effective immediately
Melanocyte Stimulation Hormone, Alpha (a-MSH)	MSHA	**Special Information:** Morning fasting specimen is preferred. **If possible, discontinue** steroid, ACTH, or hypertension medication for at least 48 hours prior to collection. **Place specimen on ice and separate plasma from cells ASAP or within 2 hours of collection. Separate specimens must be submitted when multiple tests are ordered.** **Clinical Information: a-Melanocyte Stimulating Hormone is a 13 amino acid peptide produced from metabolism of Proopiomelanocortin. One of the fragments of Proopiomelano-cortin is Adrenocorticotropin which is further fragmented to form a-Melanocyte Stimulating Hormone and Corticotropin-Like Intermediate Lobe Peptide (CLIP). The major biological property of a-Melanocyte Stimulating Hormone is hyper-pigmentation. It also stimulates Aldosterone secretion, alters the blood-brain barrier permeability for glucose, sucrose and albumin, and is excreted by the placenta. Levels are higher in children dropping to adult levels as activity of the intermediate lobe of the pituitary declines. a-Melanocyte Stimulating Hormone is the major melanotropin in the rat corresponding to b-Melanocyte Stimulating Hormone in the human.** **Specimen Requirement:** 3 mL plasma from EDTA (Lavender) tube; **Place specimen on ice after draw.** Critical Frozen; **Morning fasting specimen is preferred. If possible, discontinue steroid, ACTH, or hypertension medication for at least 48 hours prior to collection. Place specimen on ice and** separate plasma from cells ASAP or within 2 hours of collection. Separate specimens must be submitted when multiple tests are ordered.	effective immediately
Methadone Quantitation, Urine	UQMET	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately
Opiate Confirmation, Urine	OPICON	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately
Oxycodone Confirmation, Urine	UOXYCC	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Phencyclidine Confirmation, Urine	UPCPC	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately
PSA, Free and Total	PSATF	**Name:** Previously PSA, Free	4/1/25
Quantitative Toxicology Panel, Urine	UQNTOX	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately
THC Metabolite Confirmation, Urine	UTHCC	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately
Tramadol and Metabolite Quantitation, Urine	TRAQNT	**Stability:** Ambient: **7** days Refrigerated: **14** days Frozen: **14** days	effective immediately

New Tests

Test Name	Order Code	Change	Effective Date
Testosterone, Free and Total, by Equilibrium Dialysis and Mass Spectrometry	TESTTF	**Special Information:** Free testosterone is directly measured after equilibrium dialysis by liquid-chromatography and tandem mass spectrometry (LC-MS/MS). **Clinical Limitation:** Tanner Stage reference intervals are not yet established. **Clinical Information:** This test measures testosterone and direct free testosterone concentrations using liquid chromatography-tandem mass spectrometry (LC-MS/MS) and equilibrium dialysis (ED). It may be used to assess patients with suspected increased or decreased biologically active testosterone, including those with sex hormone-binding protein abnormalities, cisgender women, children, cisgender men with hypogonadism, and for monitoring patients on testosterone-suppressing therapy. **Specimen Requirement:** 1 mL serum from red plain tube; Minimum: 0.5 mL; Refrigerated; Allow specimen to clot. Centrifuge and transfer the serum to a plastic CCL tube within 2 hours of collection and refrigerate. **Stability:** Ambient: 3 days Refrigerated: 14 days Frozen: 30 days **Methodology:** Equilibrium Dialysis Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS) **Reference Range:** Free Testosterone: Female: 0 Days to 364 Days: <0.10 ng/dL 1 Year to 5 Years: <0.10 ng/dL 6 Years: <0.10 ng/dL 7 Years: <0.10 ng/dL 8 Years: <= 0.14 ng/dL 9 Years: <= 0.18 ng/dL 10 Years: <= 0.24 ng/dL 11 Years: <= 0.29 ng/dL 12 Years: <= 0.34 ng/dL 13 Years: <= 0.38 ng/dL 14 Years: <= 0.42 ng/dL *(continued on page 5)*	4/29/25

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Testosterone, Free and Total, by Equilibrium Dialysis and Mass Spectrometry *(continued from page 4)*	TESTTF	**Reference Range (continued):** Free Testosterone (continued): Female: 15 Years to 18 Years: <= 0.44 ng/dL 19 Years to 24 Years: <= 0.43 ng/dL 25 Years to 29 Years: <= 0.42 ng/dL 30 Years to 34 Years: <= 0.41 ng/dL 35 Years to 39 Years: <= 0.40 ng/dL 40 Years to 44 Years: <= 0.39 ng/dL 45 Years to 49 Years: <= 0.38 ng/dL 50 Years to 54 Years: <= 0.37 ng/dL 55 Years to 59 Years: <= 0.36 ng/dL 60 Years to 64 Years: <= 0.35 ng/dL 65 Years to 69 Years: <= 0.34 ng/dL 70 Years to 74 Years: <= 0.33 ng/dL 75 Years to 79 Years: <= 0.32 ng/dL 80 Years to 84 Years: <= 0.30 ng/dL 85 Years to 89 Years: <= 0.29 ng/dL 90 Years to 94 Years: <= 0.28 ng/dL 95 Years and over: <= 0.27 ng/dL Male: 0 Days to 364 Days: <= 1.24 ng/dL 1 Year to 8 Years: <0.10 ng/dL 9 Years: <= 0.18 ng/dL 10 Years: <= 0.50 ng/dL 11 Years: <= 2.21 ng/dL 12 Years: <= 3.94 ng/dL 13 Years: <= 5.68 ng/dL 14 Years: 0.19–7.09 ng/dL 15 Years: 0.65–8.35 ng/dL 16 Years: 1.17–9.29 ng/dL 17 Years: 1.71–10.02 ng/dL 18 Years: 2.16–10.49 ng/dL 19 Years: 2.14–10.18 ng/dL 20 Years to 24 Years: 2.10–9.91 ng/dL 25 Years to 29 Years: 2.02–9.45 ng/dL 30 Years to 34 Years: 1.94–9.03 ng/dL 35 Years to 39 Years: 1.86–8.56 ng/dL 40 Years to 44 Years: 1.78–8.03 ng/dL 45 Years to 49 Years: 1.70–7.67 ng/dL 50 Years to 54 Years: 1.62–7.25 ng/dL 55 Years to 59 Years: 1.55–6.78 ng/dL 60 Years to 64 Years: 1.47–6.36 ng/dL 65 Years to 69 Years: 1.39–5.89 ng/dL 70 Years to 74 Years: 1.31–5.47 ng/dL 75 Years to 79 Years: 1.23–5.00 ng/dL 80 Years to 84 Years: 1.15–4.58 ng/dL 85 Years to 89 Years: 1.08–4.12 ng/dL 90 Years to 94 Years: 1.00–3.67 ng/dL 95 Years and over: 0.92–3.23 ng/dL Total Testosterone: Female: 0 Days to 14 Days: 1.7–13.4 ng/dL 15 Days to 364 Days: <= 6.3 ng/dL 1 Year to 12 Years: 1.7–32.3 ng/dL 13 Years to 15 Years: 14.4–39.2 ng/dL 16 Years to 18 Years: 3.2–66.6 ng/dL 19 Years and over: 8.0–60.0 ng/dL Male: 0 Days to 14 Days: 7.2–183.0 ng/dL 15 Days to 364 Days: 1.4–257.0 ng/dL 1 Year to 12 Years: 1.7–32.3 ng/dL 13 Years to 15 Years: 28.0–453.0 ng/dL 16 Years to 18 Years: 27.7–674.0 ng/dL 19 Years and over: 240.0–950.0 ng/dL **Reported:** 2–5 days **CPT:** 84402; 84403	4/29/25

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Testosterone, Total, by Mass Spectrometry (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy)	TESTMS	**Specimen Requirement:** 1 mL serum from red plain tube; Minimum: 0.5 mL; Refrigerated; Allow specimen to clot. Centrifuge and transfer the serum to a plastic CCL tube within 2 hours of collection and refrigerate. **Stability:** Ambient: 3 days Refrigerated: 14 days Frozen: 30 days **Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS) **Clinical Limitation:** Tanner Stage reference intervals are not yet established. **Clinical Information:** This test measures testosterone using liquid chromatography-tandem mass spectrometry (LC-MS/MS). It may be used when low testosterone concentrations are expected, including but not limited to children and cisgender women, and for monitoring patients on testosterone-suppressing therapy. **Reference Range:** Female: 0 Days to 14 Days: 1.7–13.4 ng/dL 15 Days to 364 Days: <= 6.3 ng/dL 1 Year to 12 Years: 1.7–32.3 ng/dL 13 Years to 15 Years: 14.4–39.2 ng/dL 16 Years to 18 Years: 3.2–66.6 ng/dL 19 Years and over: 8.0–60.0 ng/dL Male: 0 Days to 14 Days: 7.2–183.0 ng/dL 15 Days to 364 Days: 1.4–257.0 ng/dL 1 Year to 12 Years: 1.7–32.3 ng/dL 13 Years to 15 Years: 28.0–453.0 ng/dL 16 Years to 18 Years: 27.7–674.0 ng/dL 19 Years and over: 240.0–950.0 ng/dL **Days Performed:** 5 days per week **Reported:** 2–5 days **CPT:** 84403	4/29/25

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
JC Polyoma Virus Quantitative PCR	JCQNT	Test will no longer be orderable. Recommended replacement test is JC Virus by PCR (JCPCRB).	4/15/25
Testosterone, bioavail/total, MS (females, children, indiv on testo-suppress therapy)	BTSTFC	Test will no longer be orderable. Recommended replacement tests are Testosterone, Total, by Mass Spectrometry (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) or Testosterone, Free and Total, by Equilibrium Dialysis and Mass Spectrometry.	4/29/25
Testosterone, free and total, by equilibrium ultrafiltration mass spectrometry	TFTEST	Test will no longer be orderable. Recommended replacement tests are Testosterone, Total, by Mass Spectrometry (Adult Females, Children, or Individuals on Testosterone-Suppressing Hormone Therapy) or Testosterone, Free and Total, by Equilibrium Dialysis and Mass Spectrometry.	4/29/25