

## Technical Update • June 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](http://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](mailto:clientservices@ccf.org).

Test Update Page #	Summary of Changes by Test Name	Order Code	Name Change	New Test	Special Information	Specimen Requirement	Component Change(s)	Methodology	Days Performed/Reported	Reference Range	Stability	CPT
2	Benzodiazepines Confirmation, Urine											
2-3	Carbohydrate, Urine											
4	Coxsackie A Abs											
4	Fungal Smear											
4	Lymphocytic Choriomeningitis Abs											
3	Maternal Serum Screen, Alpha Fetoprotein											
4	Meningitis Encephalitis Panel											
4	Parenteral Nutrition Package											
4	Porphyrins, Fractionation and Quantitation, Urine											

# Test Changes

Test Name	Order Code	Change	Effective Date
Benzodiazepines Confirmation, Urine	UBENZC	<p><b>For interface clients only–Test build may need to be modified</b></p> <p><b>Includes:</b>            7-aminoclonazepam            Alpha-hydroxyalprazolam            Oxazepam            Lorazepam            Nordiazepam            Temazepam            Specimen Validity Creatinine            Specimen Validity pH            Specimen Validity Specific Gravity            Specimen Validity Oxidants            Specimen Validity Nitrites            Specimen Validity Quality  <b>Note:</b> Alpha-hydroxytriazolam component will be removed</p>	7/15/25
Carbohydrate, Urine	UCARB	<p><b>For interface clients only–Test build may need to be modified</b></p> <p><b>Includes:</b>  <b>Interpretation</b>  <b>Reducing Substances</b>  <b>Xylose</b>  <b>Fructose</b>  <b>Galactose</b>  <b>Glucose</b>  <b>Sucrose</b>  <b>Lactose</b>  <b>Maltose</b>  <b>Raffinose</b></p> <p><b>Special Information:</b> Patient age is required. Early-morning random urine specimen is preferred. This test is New York state approved.</p> <p><b>Clinical Limitation:</b> This test is not appropriate for evaluation of an abnormal newborn screening for galactosemia.</p> <p><b>Clinical Information:</b> This test may be useful for screening for conditions associated with increased excretion of fructose, galactose, and xylose. Qualitative testing for the presence of reducing substances is performed first followed by quantitative analysis of carbohydrates including fructose, galactose, xylose, glucose, sucrose, lactose, maltose, and raffinose.</p> <p><b>Specimen Requirement:</b> 5 mL random urine in clean container; <b>Critical</b> Frozen; <b>Patient age is required.</b> Early-morning random urine specimen is preferred.</p> <p><b>Stability:</b>            Ambient: Unacceptable            Refrigerated: <b>Unacceptable</b>            Frozen: <b>42 days</b></p> <p><b>Methodology:</b> Gas Chromatography Mass Spectrometry (GCMS)</p> <p><b>Reference Range:</b></p> <p><b>Xylose:</b>            0 Months to 11 Months: &lt; or = 13 mmol/mol crt            12 Months to 18 Years: &lt; or = 38 mmol/mol crt            19 Years to 99 Years: &lt; or = 9 mmol/mol crt</p> <p><b>Fructose:</b>            0 Months to 11 Months: &lt; or = 32 mmol/mol crt            12 Months to 18 Years: &lt; or = 31 mmol/mol crt            19 Years to 99 Years: &lt; or = 16 mmol/mol crt</p> <p><b>Galactose:</b>            0 Months to 11 Months: &lt; or = 117 mmol/mol crt            12 Months to 18 Years: &lt; or = 32 mmol/mol crt            19 Years to 99 Years: &lt; or = 5 mmol/mol crt</p> <p><b>Glucose:</b>            0 Months to 11 Months: &lt; or = 139 mmol/mol crt            12 Months to 18 Years: &lt; or = 15 mmol/mol crt            19 Years to 99 Years: &lt; or = 22 mmol/mol crt</p> <p><i>(continued on page 3)</i></p>	effective immediately

## Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Carbohydrate, Urine <i>(continued from page 2)</i>	UCARB	<p><b>Reference Range (continued):</b></p> <p><b>Sucrose:</b>            0 Months to 11 Months: &lt; or = 27 mmol/mol crt            12 Months to 18 Years: &lt; or = 46 mmol/mol crt            19 Years to 99 Years: &lt; or = 20 mmol/mol crt</p> <p><b>Lactose:</b>            0 Months to 11 Months: &lt; or = 160 mmol/mol crt            12 Months to 18 Years: &lt; or = 18 mmol/mol crt            19 Years to 99 Years: &lt; or = 5 mmol/mol crt</p> <p><b>Maltose:</b>            0 Months to 11 Months: &lt; or = 5 mmol/mol crt            12 Months to 18 Years: &lt; or = 1 mmol/mol crt            19 Years to 99 Years: &lt; or = 2 mmol/mol crt</p> <p><b>Raffinose:</b>            0 Months to 11 Months: &lt; or = 1 mmol/mol crt            12 Months to 18 Years: &lt; or = 1 mmol/mol crt            19 Years to 99 Years: &lt; or = 1 mmol/mol crt</p> <p><b>Days Performed:</b> Tue  <b>Reported:</b> 4–10 days  <b>CPT:</b> 84379</p>	effective immediately
Maternal Serum Screen, Alpha Fetoprotein	AFPMAT	<p><b>For interface clients only—Test build may need to be modified</b></p> <p><b>Name:</b> Previously AFP–Maternal</p> <p><b>Includes:</b>            Patient's AFP            MoM for AFP            Maternal Screen Interpretation            Maternal Age At Delivery            Maternal Weight            Estimated Due Date            Gestational Age Calculated at Collection            AFP–Maternal Dating            Number of Fetuses            Maternal Race            Insulin Req Maternal Diabetes            Maternal Smoking/Non            Family Hx Neural Tube Defect            AFP–Maternal Specimen</p> <p><b>Special Information:</b> Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation. Submit with Order: Patient's date of birth, current weight, due date, dating method (US, LMP), number of fetuses present, patient's race, if the patient was diabetic at the time of conception, if there is a known family history of neural tube defects, if the patient is currently smoking, if the patient is taking valproic acid or carbamazepine (Tegretol), if this is a repeat sample, and the age of the egg donor if an in vitro fertilization. Hemolyzed specimens will be rejected. This test is New York state approved.</p> <p><b>Clinical Information:</b> Second-trimester screening test for open neural tube defects.</p> <p><b>Specimen Requirement:</b> 1 mL serum from serum separator (Gold) tube; Refrigerated; Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation. Separate from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. See Special Information for list of required patient demographic information. *OR* 1 mL serum from no additive (Red) tube; Refrigerated; Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation. Separate from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. See Special Information for list of required patient demographic information.</p> <p><b>Stability:</b>            Ambient: After separation from cells: 72 hours            Refrigerated: After separation from cells: 2 weeks            Frozen: After separation from cells: 1 year (Avoid repeated freeze/thaw cycles)</p> <p><b>Reference Range:</b>  <b>Maternal Screen Interpretation:</b> Negative</p> <p><b>Days Performed:</b> Sun–Sat  <b>Reported:</b> 3–4 days</p>	7/15/25

## Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Meningitis Encephalitis Panel	MGEBF	<b>For interface clients only–Test build may need to be modified</b> <b>Includes:</b> Escherichia coli <b>DNA</b> Haemophilus influenzae <b>DNA</b> Listeria monocytogenes <b>DNA</b> Neisseria meningitidis <b>DNA</b> Streptococcus agalactiae <b>DNA</b> Streptococcus pneumoniae <b>DNA</b> Cytomegalovirus (CMV) <b>DNA</b> Enterovirus <b>RNA</b> Human Herpesvirus 6 (HHV-6) <b>DNA</b> Herpes Simplex Virus 1 (HSV-1) <b>DNA</b> Herpes Simplex Virus 2 (HSV-2) <b>DNA</b> Human parechovirus <b>RNA</b> Varicella Zoster Virus (VZV) <b>DNA</b> Cryptococcus neoformans/gattii <b>DNA</b>	7/15/25
Parenteral Nutrition Package	TPNTE	<b>For interface clients only–Test build may need to be modified</b> <b>Includes:</b> Plasma/Serum Copper Plasma/Serum Zinc <b>Whole blood Selenium</b> Whole blood Manganese <b>Note:</b> <i>Whole blood Chromium (CHROM) has been removed</i> <b>Special Information:</b> Collect in Royal Blue EDTA <b>tubes</b> . Do not allow specimens to come into contact with polystyrene, metal or rubber. <b>Specimens must be received in certified metal free tubes.</b> <b>Reference Range:</b> Copper: Female: 85–155 ug/dL Male: 70–140 ug/dL Zinc: 60–120 ug/dL <b>Selenium Blood: 58–234 ug/L</b> Manganese: 4.4–15.2 ug/L <b>CPT: 82525, 83785, 84630, 84255</b>	7/24/25
Porphyrins, Fractionation and Quantitation, Urine	UPORFR	<b>Special Information:</b> Protect from light. Record total volume and collection time interval if <b>24-hour collection is performed</b> . Body fluids other than urine are unacceptable. This test is New York DOH approved. <b>Specimen Requirement:</b> 4 mL random urine in clean container; Frozen; Protect from light. Transfer aliquot to amber transport tube/ <b>light-protected bag</b> . *OR* 4 mL 24-hour (well mixed) urine in clean container; Refrigerate during collection; Frozen; Protect from light. Transfer aliquot to amber transport tube/ <b>light-protected bag</b> and record total volume and collection time interval on specimen.	effective immediately

## Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Coxsackie A Abs	COXAAB	Test will no longer be orderable. Recommended replacement test is Enterovirus by PCR (ENTNAS).	effective immediately
Fungal Smear	FUNGSM	Test will no longer be orderable. Recommended replacement tests are Fungal Culture and Smear (Non Dermal) [FCULSM] or Fungal culture and smear - Dermal (hair, skin and nail) [FHSNSM] for dermal specimens.	7/15/25
Lymphocytic Choriomeningitis Abs	LCMGM	Test will no longer be orderable. There is no recommended replacement.	effective immediately