Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • July 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
3	25-Hydroxyvitamin D2 and D3										■		
3	Acid Phosphatase Total Serum					■	■				■		
12	Allergen, Almond IgG				■								
12	Allergen, Barley IgG				■								
12	Allergen, Beef IgG				■								
12	Allergen, Cacao (Chocolate) IgG				■								
12	Allergen, Casein (Cow Milk) IgG				■								
12	Allergen, Chicken Meat IgG				■								
12	Allergen, Corn IgG				■								
12	Allergen, Egg White IgG				■								
12	Allergen, Lettuce IgG				■								
12	Allergen, Malt IgG				■								
12	Allergen, Oat IgG				■								
13	Allergen, Orange IgG				■								
13	Allergen, Peanut IgG				■								
13	Allergen, Pork IgG				■								
13	Allergen, Potato IgG				■								
13	Allergen, Rye IgG				■								
13	Allergen, Soybean IgG				■								
13	Allergen, Tomato IgG				■								

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
13	Allergen, Wheat IgG				■								
13	Allergen, Whey IgG				■								
13	Allergen, Yeast (Bakers/Brewers) IgG				■								
3	Allergy Food Panel IgG						■						
3	Anti-C1q Antibody, IgG					■	■				■		
3	Anti-sp100 and anti-gp210 Antibodies, IgG										■		
4	Aspergillus fumigatus Antibody IgG						■						
4	Bacterial Culture and Gram Stain, Sterile Body Fluid					■	■						
4	Bacterial Culture and Gram Stain, Tissue											■	
13	Bicarbonate, Urine				■								
4	Bilirubin, Direct											■	
4	Bilirubin, Fractionated											■	
4–5	Chikungunya Antibodies, IgG and IgM						■						
13	Clonazepam as Metabolite, Urine				■								
13	Cutaneous Immunofluorescence Antibodies (IgG)				■								
5	Dermatomyositis Autoantibody Panel						■						
5	Dexamethasone, Serum/Plasma by LC-MS/MS		■				■					■	
13	Drug Analysis, Urine				■								
5	Echinococcus Ab, IgG					■					■		
5	Entamoeba histolytica, IgG					■	■				■		
5	Folate, Serum											■	
5	Heavy Metals Screen, Whole Blood									■			
6	Heavy Metals with Cadmium, Whole Blood									■			
6	Hepatic Function Panel											■	
6	Hepatitis Delta Virus by Quantitative PCR					■						■	
6	Hirsutism Evaluation Panel					■	■						
6	IBD Serology Disease Panel										■		
13	Lactic Acid, Body Fluid				■								
6	Lysosomal Enzyme Screen					■	■						
6	N-methyl-D-Aspartate Receptor (NMDAR) Antibody, IgG, Serum		■				■						
6	OSHA Zinc Protoporphyrin							■					
6	Osmolality, Urine											■	
7	Phosphatidylethanol (PEth)					■						■	
7	Phosphatidylserine Antibodies, IgG, IgM, & IgA		■				■				■		
10	Plasmodium species Differentiation by PCR			■									
7	Pneumococcal IgG Antibodies, 23 Serotypes						■	■					
7	Polymyositis and Dermatomyositis Panel						■	■					
7	Polymyositis Panel						■	■					
13	Prometheus Monitr Crohn's Disease				■								

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
7	Prothrombin Antibody, IgG					■					■		
7	Ribosomal P Protein IgG Autoantibodies						■						
7	Rubella IgM Antibody					■	■						
8	Saccharomyces cerevisiae Antibodies, IgG & IgA		■			■	■				■		
13	Serotonin, Whole Blood				■								
8	Testosterone, Free and Total, by Equilibrium Dialysis and Mass Spectrometry						■						
8	Toxocara Antibodies, IgG By ELISA										■		
11–12	Urine Qualitative Drug Detection Panel by LC-MS/MS			■									
8	Vitamin A (Retinol), Serum or Plasma		■			■	■	■		■	■	■	
8	Vitamin E		■			■	■			■	■	■	

Test Changes

Test Name	Order Code	Change	Effective Date
25-Hydroxyvitamin D2 and D3	D2D3	**Days Performed: 1** day per week **Reported: 2**–9 days	effective immediately
Acid Phosphatase Total Serum	ACIDPH	**Special Information: CRITICAL FROZEN. Thawed or hemolyzed specimens will be rejected. This test is New York DOH approved.** **Specimen Requirement:** 1.5 mL serum from no additive (Red) tube; **Critical** Frozen; **Allow specimen to clot at room temperature.** Separate serum from cells **and transfer to standard aliquot tube. Freeze serum immediately**. *OR* **1.5 mL serum from serum separator (Gold) tube; Critical Frozen; Allow specimen to clot at room temperature. Separate serum from cells and transfer to standard aliquot tube. Freeze serum immediately.** **Reported:** 2–**3** days	7/21/25
Allergy Food Panel IgG	FPIGG	**Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; Minimum: **0.25** mL per allergen; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. *OR* **0.5 mL serum from no additive (Red) tube; Minimum: 0.25 mL per allergen; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube.**	7/21/25
Anti-C1q Antibody, IgG	AC1QGG	**Special Information: Contaminated, heat-inactivated, severely hemolyzed or severely lipemic specimens will be rejected. This test is New York state approved.** **Clinical Information: This test may be useful to assess risk for lupus nephritis and global systemic lupus erythematosus (SLE) disease activity. The presence of the anti-C1q IgG antibody may be associated with increased risk of lupus nephritis or with systemic lupus erythematosus (SLE) global activity.** Anti-C1q antibodies are not specific for SLE; strong clinical correlation with disease is recommended. **Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection **and transfer to standard aliquot tube.** **Days Performed: Wed**	7/21/25
Anti-sp100 and anti-gp210 Antibodies, IgG	ANSPGP	Days Performed: Thu	7/21/25

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Aspergillus fumigatus Antibody IgG	ASPIGG	**Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; Minimum: **0.25** mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. *OR* **0.5 mL serum from no additive (Red) tube; Minimum: 0.25 mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube.**	7/21/25
Bacterial Culture and Gram Stain, Sterile Body Fluid	BFCUL	**Special Information:** INVASIVELY COLLECTED synovial, peritoneal, pericardial, pleural, amniotic fluids, **and bone marrow aspirates** are acceptable for bacterial sterile body fluid culture. **BODY FLUID COLLECTION should be performed after disinfecting the** overlying skin with iodine or chlorhexidine preparation. **Then** obtain the specimen with a needle and syringe. Submit the fluid in a sterile specimen container or a capped syringe WITHOUT a needle. Fluid may **also** be inoculated into a set of blood culture bottles (up to 10 ml per bottle) to maximize test sensitivity. If using bottles, also provide a separate aliquot of at least 1 ml for preparation of Gram stain **and for culture using** solid media. **BONE MARROW ASPIRATES should be inoculated directly into a single aerobic blood culture bottle at the bedside. Inoculate at least 1 mL of aspirate. If fungal culture or mycobacterial (AFB) culture of the marrow is also needed, then consult those tests' collection instructions to determine the additional samples that are needed.** **UNACCEPTABLE specimens include samples from indwelling DRAINS or any specimen received as a SWAB or in a swab container. Liquid from drains or specimens collected using swabs can be tested as "Bacterial Culture and Gram Stain, Abscess and Wound."** **Clinical Information:** If adequate volume of specimen is received, then **most normally** sterile body fluids are cultured for aerobic and anaerobic bacteria using both solid and liquid nutrient media to provide opportunity for high specificity (solid media) and high sensitivity (broth media) culture. **See "special info" for bone marrow details.** **Specimen Requirement:** 5 mL peritoneal fluid in sterile container; Collect Ambient; Transport Refrigerated *OR* 5 mL pericardial fluid in sterile container; Collect Ambient; Transport Refrigerated *OR* 5 mL pleural fluid in sterile container; Collect Ambient; Transport Refrigerated *OR* 5 mL synovial fluid in sterile container; Collect Ambient; Transport Refrigerated *OR* **1 mL bone marrow aspirate in Aerobic Blood Culture Bottle; Collect Ambient; Transport Ambient**	8/19/25
Bacterial Culture and Gram Stain, Tissue	TISCUL	**Stability:** Ambient: 24 hours Refrigerated: **24 hours** Frozen: Unacceptable	effective immediately
Bilirubin, Direct	DBIL	**Stability:** Ambient: 2 days if protected from light Refrigerated: 7 days if protected from light Frozen: 6 months if protected from light **Note:** ***Add on requests are only permitted for samples less than 8 hours from collection if not protected from light.***	7/22/25
Bilirubin, Fractionated	BILIFR	**Stability:** Ambient: 2 days if protected from light Refrigerated: 7 days if protected from light Frozen: 6 months if protected from light **Note:** ***Add on requests are only permitted for samples less than 8 hours from collection if not protected from light.***	7/22/25
Chikungunya Antibodies, IgG and IgM	CHIKGM	**Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.' *OR* 1 mL plasma from lithium heparin plasma separator (Light Green) tube; Refrigerated; Separate plasma from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. *(continued on page 5)*	7/21/25

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Chikungunya Antibodies, IgG and IgM *(continued from page 4)*		**Specimen Requirement (continued):** Label specimens plainly as 'acute' or 'convalescent.' *OR* 1 mL plasma from EDTA (Lavender) tube; Refrigerated; Separate plasma from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.' *OR* **1 mL serum from no additive (Red) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. Parallel testing is preferred, and convalescent specimens must be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.'**	
Dermatomyositis Autoantibody Panel	DERMYO	**Specimen Requirement:** 4 mL serum from serum separator (Gold) tube; Minimum: **3** mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube.	7/21/25
Dexamethasone, Serum/Plasma by LC-MS/MS	DEXA	**Name:** Previously Dexamethasone **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated; Collect between 8–10 a.m. Separate serum from cells ASAP or within 2 hours of collection and **transfer to** standard **aliquot** tube. *OR* 1 mL plasma from sodium or lithium heparin (Green) tube; Refrigerated; Collect between 8–10 a.m. Separate plasma from cells ASAP or within 2 hours of collection and **transfer to** standard **aliquot** tube. *OR* 1 mL plasma from EDTA (Lavender) tube: Refrigerated; Collect between 8–10 a.m. Separate plasma from cells ASAP or within 2 hours of collection and **transfer to** standard **aliquot** tube. *OR* **1 mL serum from no additive (Red) tube; Refrigerated; Collect between 8–10 a.m. Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube.** **Stability:** Ambient: After separation from cells: **24 hours** Refrigerated: After separation from cells: 1 week Frozen: After separation from cells: 6 months	7/21/25
Echinococcus Ab, IgG	ECHINO	**Special Information:** Contaminated, **heat-inactivated, grossly hemolyzed,** or severely lipemic specimens are unacceptable. This test is New York DOH approved. **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer serum to standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens. Mark specimens plainly as "acute" or "convalescent.". **Days Performed: Tue** **Reported:** 2–**9** days	7/21/25
Entamoeba histolytica, IgG	EHISTO	**Special Information:** Acute and convalescent specimens must be labeled as such; parallel testing is preferred, and convalescent specimens MUST be received within 30 days from receipt of the acute specimens. Contaminated, heat-inactivated, hemolyzed or severely lipemic specimens **will be rejected.** This test is New York DOH approved. **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection **and transfer serum to standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of acute specimens.** Mark specimens plainly as "acute" or "convalescent.". **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) **Days Performed: Tue** **Reported: 2–9** days	7/21/25
Folate, Serum	SERFOL	**Stability:** Ambient: **24** hours Refrigerated: 2 days Frozen: 4 weeks	effective immediately
Heavy Metals Screen, Whole Blood	HEVMET	**Reference Range:** Lead, **Whole Blood: 0.0-3.4 ug/L** Arsenic, **Whole** Blood: 0.0–12.0 ug/L Mercury, Blood: 0.0–10.0 ug/L	7/21/25

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Heavy Metals with Cadmium, Whole Blood	HEVMT4	**Reference Range:** Arsenic, **Whole** Blood: 0.0–12.0 ug/L Cadmium, Whole Blood: 0.0–5.0 ug/L Mercury, Blood: 0.0–10.0 ug/L Lead, **Whole Blood: 0.0-3.4 ug/L**	7/21/25
Hepatic Function Panel	HFP	**Stability:** Ambient: 24 hours **if protected from light** Refrigerated: 1 week **if protected from light** Frozen: 1 month **if protected from light** **Note:** ***Add on requests are only permitted for samples less than 8 hours from collection if not protected from light.***	7/22/25
Hepatitis Delta Virus by Quantitative PCR	HDVPCR	**Clinical Information:** Used to confirm and quantify the presence of hepatitis D virus. The quantitative range of this assay is **2.0–6.7** log IU/mL (**92–4,600,000** IU/mL). A negative result (< **2.0** log IU/mL or < **92** IU/mL) does not rule out the presence of PCR inhibitors in the patient specimen or HDV RNA concentrations below the level of detection of the test. Inhibition may also lead to underestimation of viral quantitation. The limit of quantification for this test is **2.0** log IU/mL (**92** IU/mL). If the test did NOT detect the virus, the result will be reported as "**Not Detected < 2.0 log IU/mL (< 92 IU/mL).**" If the test DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the result will be reported as "**Detected, < 2.0 log IU/mL (< 92 IU/mL).**" **Stability:** Ambient: 24 hours Refrigerated: 1 week Frozen: **30 days**	effective immediately
Hirsutism Evaluation Panel	HIRSUT	**Special Information: Collect between 6–10 a.m. Hemolyzed specimens will be rejected.** This test is New York DOH approved. **Specimen Requirement:** 2.5 mL serum from serum separator (Gold) tube; Frozen; **Collect between 6-10 a.m.** Separate serum from cells ASAP or within 2 hours of collection **and transfer to standard aliquot tube.** *OR* **2.5 mL serum from no additive (Red) tube; Frozen; Collect between 6–10 a.m. Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube.**	7/21/25
IBD Serology Disease Panel	IBDSER	**Specimen Requirement:** 1.5 mL serum from serum separator (Gold) tube; Refrigerated; Separate from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. **Days Performed: Mon, Wed, Fri**	7/21/25
Lysosomal Enzyme Screen	LYSOSM	**Special Information:** Draw Monday–Thursday only. Specimen must be received in the Send Out Laboratory before 3 p.m. **Completed Clinical History Form** must accompany the specimen. **Specimen Requirement:** 8 mL whole blood in sodium or lithium heparin (Green) tube; Amtient; Draw Monday–Wednesday only. Specimen must be received in Cleveland Clinic Laboratories before 3 p.m. on the day of collection. **Completed Clinical History Form** must accompany the specimen.	effective immediately
N-methyl-D-Aspartate Receptor (NMDAR) Antibody, IgG, Serum	NMDAG	**Name:** Previously N-methyl-D-Aspartate Receptor Antibody, IgG **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated; Separate serum from cells **ASAP or** within 2 hours of collection **and transfer to standard aliquot tube.** *OR* **1 mL serum from no additive (Red) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube.**	7/21/25
OSHA Zinc Protoporphyrin	OSHALZ	**Includes:** **Zinc Protoporphyrin** (ZPP), Whole Blood Zinc Protoporphyrin to Heme Ratio Lead, Whole Blood	7/22/25
Osmolality, Urine	UOSM	**Stability:** Ambient: **3 days** Refrigerated: 1 week Frozen: 1 week	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Phosphatidylethanol (PEth)	PETH	**Special Information:** Gel separator tubes will be rejected. This test is New York DOH approved. **Stability:** Ambient: **3** hours Refrigerated: 2 weeks Frozen: 1 month	7/21/25
Phosphatidylserine Antibodies, IgG, IgM, & IgA	PHOGMA	**Name:** Previously Phosphatidylserine IgG, IgM, & IgA Autoabs **Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; Refrigerated; **Transfer serum to standard aliquot tube.** **Days Performed: Mon,** Wed, Fri	7/21/25
Pneumococcal IgG Antibodies, 23 Serotypes	PNE23	**Specimen Requirement:** 1.5 mL serum from serum separator (Gold) tube; Refrigerated; Post-immunization specimen should be drawn 30 days after immunization and must be received within 60 days of pre-immunization specimen. Label specimens clearly as 'Pre' or 'Post.' Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. *OR* **1.5 mL serum from no additive (Red) tube; Refrigerated; Post-immunization specimen should be drawn 30 days after immunization and must be received within 60 days of pre-immunization specimen. Label specimens clearly as 'Pre' or 'Post.' Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube.**	7/21/25
Polymyositis and Dermatomyositis Panel	MYOSPL	**Specimen Requirement:** 4 mL serum from serum separator (Gold) tube; Minimum: **3** mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube.	7/21/25
Polymyositis Panel	POLMYO	**Specimen Requirement: 4** mL serum from serum separator (Gold) tube; Minimum: **3** mL; Refrigerated; Separate **serum** from cells ASAP or within 2 hours of collection **and transfer to** standard aliquot tube.	7/21/25
Prothrombin Antibody, IgG	PTABGM	**Special Information: Contaminated, heat-inactivated, severely lipemic,** hemolyzed or icteric specimens will be rejected. **Presence of clots, fibrin, or red blood cells is unacceptable.** This test is New York state approved. **Clinical Information: Preferred second-line testing for strong suspicion of seronegative antiphospholipid syndrome (APS). Order incrementally or concurrently with other non-criteria antiphospholipid antibody tests.** IgG antibodies to prothrombin may be a risk factor for either venous or arterial thrombosis in antiphospholipid syndrome (APS). Strong clinical correlation is recommended in the absence of lupus anticoagulant, IgG and/or IgM cardiolipin and/or beta2 glycoprotein antibodies. If results are positive, repeat testing with two or more specimens drawn at least 12 weeks apart to demonstrate persistence of antibodies. Results should not be used alone for diagnosis and must be interpreted in light of APS-specific clinical manifestations and/or other criteria phospholipid antibody tests. **Days Performed: Fri**	7/21/25
Ribosomal P Protein IgG Autoantibodies	RIBPRO	**Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. *OR* **1 mL serum from no additive (Red) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube.**	7/21/25
Rubella IgM Antibody	RUBIGM	**Special Information:** Acute and convalescent specimens must be labeled as such; parallel testing is preferred, and convalescent specimens must be received within 30 days from receipt of acute specimens. Please label specimen plainly as 'acute' or 'convalescent'. Contaminated, heat-inactivated, **icteric**, or grossly hemolyzed specimens are unacceptable. This test is New York DOH approved. **Specimen Requirement:** 1 mL serum from serum separator (Gold) tube; Refrigerated; **Allow specimen to clot at room temperature.** Separate **serum** from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube.	7/21/25

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Saccharomyces cerevisiae Antibodies, IgG & IgA	SACHAR	**Name:** Previously Saccharomyces cerevisiae IgG & IgA **Special Information:** Severely lipemic, contaminated, heat-inactivated or hemolyzed specimens **will be rejected. This test is New York DOH approved.** **Specimen Requirement:** 0.5 mL serum from serum separator (Gold) tube; Refrigerated; **Separate serum from cells** ASAP or within 2 hours of collection **and transfer 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 **Days Performed: Mon, Wed, Fri** **Reported: 3–5** days	7/21/25
Testosterone, Free and Total, by Equilibrium Dialysis and Mass Spectrometry	TESTTF	**Specimen Requirement: 1.8** mL serum from red plain tube; Minimum: **1** mL; Refrigerated; Allow specimen to clot. Centrifuge and transfer the serum to a plastic CCL tube within 2 hours of collection and refrigerate.	7/8/25
Toxocara Antibodies, IgG By ELISA	TOXCAR	**Days Performed: Thu** **Reported:** 2–**9** days	7/21/25
Vitamin A (Retinol), Serum or Plasma	VITA	**For interface clients only–Test build may need to be modified** **Name:** Previously Vitamin A **Includes:** **Vitamin A (Retinol)** **Vitamin A (Retinyl Palmitate)** **Vitamin A, Ser/Pla–Interpretation** **Special Information: Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Avoid hemolysis. This test is New York state approved.** **Clinical Information: This test may be useful for nutritional assessment of vitamin A (retinol and retinyl palmitate) in serum or plasma.** **Specimen Requirement: 1 mL plasma from sodium heparin plasma separator (Light Green) tube; Minimum: 0.2 mL; Place specimen on ice after draw. Critical Refrigerated; Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Separate plasma from cells within 1 hour of collection and transfer to standard aliquot tube.** *OR* **1** mL serum from serum separator (Gold) tube; Minimum: **0.2** mL; **Place specimen on ice after draw. Critical Refrigerated; Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Separate serum from cells within 1 hour of collection and transfer to standard aliquot tube.** *OR* **1 mL plasma from lithium heparin plasma separator (Light Green) tube; Minimum: 0.2 mL; Place specimen on ice after draw. Critical Refrigerated; Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Separate plasma from cells within 1 hour of collection and transfer to standard aliquot tube.** *OR* **1** mL plasma from EDTA (Lavender) tube; Minimum: **0.2** mL; **Place specimen on ice after draw. Critical Refrigerated; Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Separate plasma from cells within 1 hour of collection and transfer to standard aliquot tube.** **Stability:** Ambient: **After separation from cells: Unacceptable** Refrigerated: **After separation from cells: 1 month** Frozen: **After separation from cells: 1 year** **Reference Range:** Vitamin A: 0 Months to 1 Months: 0.18–0.50 mg/L 2 Months to 12 Years: 0.20–0.50 mg/L 13 Years to 17 Years: 0.26–0.70 mg/L 18 Years to 99 Years: 0.30–1.20 mg/L **Vitamin A (Retinyl Palmitate): 0–0.10 mg/L** **Days Performed: Sun–Sat** **Reported: 2–5** days	8/26/25

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Vitamin E, Serum or Plasma	EVIT	**For interface clients only–Test build may need to be modified** **Name:** Previously Vitamin E **Includes:** **Vitamin E (Alpha-Tocopherol)** **Vitamin E (Gamma-Tocopherol)** **Special Information: Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Avoid hemolysis. This test is New York state approved.** **Clinical Information: This test may be useful for nutritional assessment of vitamin E (alpha- and gamma-tocopherols).** **Specimen Requirement: 1 mL plasma from sodium heparin plasma separator (Light Green) tube; Minimum: 0.2 mL; Refrigerated; Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Separate plasma from cells within 1 hour of collection and transfer to standard aliquot tube.** *OR* **1** mL serum from serum separator (Gold) tube; Minimum **0.2** mL; **Refrigerated; Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Separate serum from cells within 1 hour of collection and transfer to standard aliquot tube.** *OR* **1 mL plasma from lituium heparin plasma separator (Light Green) tube; Minimum 0.2 mL; Refrigerated; Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Separate plasma from cells within 1 hour of collection and transfer to standard aliquot tube.** *OR* **1** mL plasma from EDTA (Lavender) tube; Minimum **0.2** mL; **Refrigerated; Patient should fast for 12 hours and abstain from alcohol for 24 hours prior to collection. Separate plasma from cells within 1 hour of collection and transfer to standard aliquot tube.** **Stability:** Ambient: **After separation from cells: Unacceptable** Refrigerated: **After separation from cells: 1 month** Frozen: **After separation from cells:** 1 year **Reference Range:** Vitamin E (Alpha-**Tocopherol**): 0 Months to 1 Months: 1.0–3.5 mg/L 2 Months to 5 Months: 2.0–6.0 mg/L 6 Months to 1 Years: 3.5–8.0 mg/L 2 Years to 12 Years: 5.5–9.0 mg/L 13 Years to 99 Years: **5.5–18.0** mg/L Vitamin E (Gamma-**Tocopherol**): 0 Years to 99 Years: **0–6.0** mg/L **Days Performed: Sun–Sat** **Reported: 2–5 days**	8/26/25

New Tests

Test Name	Order Code	Change	Effective Date
Plasmodium species Differentiation by PCR	MALSPE	**Includes:** Plasmodium species DNA **Clinical Limitation:** This assay does not have adequate turnaround time to be used as a screening test for malaria, and cannot be used to determine percent parasitemia. This assay may be unable to detect a specific Plasmodium species in the setting of amplification inhibition, very low-level parasitemia, mutations within target regions of organism genomes, or in a patient who does not have malaria. In the setting of mixed infections, the minor component(s) may not be reliably identified. This assay may be positive in asymptomatic patients with low-level parasitemia from malaria-endemic regions, and may continue to detect residual nucleic acid after adequate treatment. It should not be used for treatment monitoring. **Clinical Information:** Malaria is a mosquito-borne disease caused by Plasmodium parasites, which are a major cause of illness and death globally. Malaria can also affect travelers from non-endemic areas. The primary Plasmodium species responsible for malaria are P. falciparum, P. vivax, P. malariae, and P. ovale. P. knowlesi, a simian parasite, has also been known to infect humans in parts of Southeast Asia and is significant due to its potential to cause severe illness. Initial diagnosis of malaria should be made using a rapid method, such as a lateral flow immunoassay, and/or microscopic exam of thick and thin blood smears. Thick film microscopy is used for screening, while thin films help determine percent parasitemia, which indicates the severity and helps monitor treatment response. Accurate determination of the Plasmodium species causing infection is critical, as it influences treatment choice and prognosis. Nucleic acid amplification testing can be used to confirm a presumptive malaria diagnosis and determine the species causing infection after a positive antigen test or morphologic exam with suboptimal morphology. **Clinical Information (continued):** This Plasmodium species Differentiation PCR is a lab-developed multireaction multiplex real-time PCR test performed on EDTA whole blood. The assay utilizes the RealStar Malaria Screen & Type PCR Kit 1.0 (Altona Diagnostics), and can simultaneously detect and differentiate between P. falciparum, P. vivax, P. malariae, P. ovale, and P. knowlesi. This test can be used in patients with a confirmed or presumptive diagnosis of malaria to determine the Plasmodium species causing infection. It should not be used as a primary screening test for malaria, or to monitor response to treatment. Within Cleveland Clinic, this test is only available as an add-on order to a positive malaria antigen screen or blood parasite microscopy smear. **Specimen Requirement:** 1 mL whole blood in EDTA (Lavender) tube; Refrigerated; Collect EDTA whole blood according to standard protocol. This test is run on EDTA whole blood; do not centrifuge specimen after collection. **Stability:** Ambient: 24 hours Refrigerated: 7 days Frozen: 30 days **Methodology:** Qualitative Real-Time PCR **Reference Range:** **Days Performed:** Sun–Sat **Reported:** 1–3 days **CPT:** 87798	7/15/25

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Urine Qualitative Drug Detection Panel by LC-MS/MS	URDRG	**Special Information:** For medical purposes only; not valid for legal or forensic purposes. **Clinical Information:** Qualitative panel to detect drug exposure from a targeted list of drugs and drug metabolites. For specimen validity interpretations, the following rules are applied: Diluted: Creatinine is greater than or equal to 2mg/dL but less than 20mg/dL and Specific Gravity is less than 1.003. Substituted: Creatinine is less than 2mg/dL and the Specific Gravity is less than 1.003 or greater than or equal to 1.020. Adulterated: pH is less than 4 or greater than or equal to 11; Nitrite is greater than or equal to 500 mg/L; Oxidant is greater than or equal to 200 mg/L. **Specimen Requirement:** 5 mL random urine in no preservative tube; Minimum: 1 mL; Refrigerated; No additives or preservatives **Stability:** Ambient: 3 days Refrigerated: 7 days Frozen: 30 days **Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS) **Reference Range:** Benzylone: < 25 ng/mL 6-Monoacetylmorphine: < 25 ng/mL 7-Aminoclonazepam: < 25 ng/mL 7-Aminoflunitrazepam: < 25 ng/mL Acetyl fentanyl: < 2 ng/mL alpha-Hydroxyalprazolam: < 25 ng/mL alpha-Hydroxymidazolam: < 25 ng/mL Alprazolam: < 25 ng/mL Amphetamine: < 25 ng/mL Baclofen: < 25 ng/mL Benzoylecgonine: < 25 ng/mL Buprenorphine: < 5 ng/mL Carfentanil: < 2 ng/mL Carisoprodol: < 25 ng/mL Chlordiazepoxide: < 25 ng/mL Clonazepam: < 25 ng/mL Cocaethylene: < 25 ng/mL Codeine: < 25 ng/mL Cyclobenzaprine: < 25 ng/mL Diazepam: < 25 ng/mL Dihydrocodeine: < 25 ng/mL EDDP: < 25 ng/mL Eutylone: < 25 ng/mL Fentanyl: < 2 ng/mL Flunitrazepam: < 25 ng/mL Gabapentin: < 1000 ng/mL Hydrocodone: < 25 ng/mL Hydromorphone: < 25 ng/mL alpha-Hydroxytriazolam: < 25 ng/mL Ketamine: < 25 ng/mL Lorazepam: < 25 ng/mL MDA: < 25 ng/mL MDEA: < 25 ng/mL MDMA: < 25 ng/mL Meperidine: < 25 ng/mL Methadone: < 25 ng/mL Methamphetamine: < 25 ng/mL Midazolam: < 25 ng/mL Mitragynine: < 25 ng/mL Morphine: < 25 ng/mL Naloxone: < 25 ng/mL N-butylpentylone: < 25 ng/mL Norbuprenorphine: < 5 ng/mL Nordiazepam: < 25 ng/mL Norfentanyl: < 2 ng/mL Norhydrocodone: < 25 ng/mL *(continued on page 12)*	8/26/25

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Urine Qualitative Drug Detection Panel by LC-MS/MS *(continued from page 11)*	URDRG	**Reference Range (continued):** Norketamine: < 25 ng/mL Normeperidine: < 25 ng/mL Noroxycodone: < 25 ng/mL O-Desmethyltramadol: < 25 ng/mL Oxazepam: < 25 ng/mL Oxycodone: < 25 ng/mL Oxymorphone: < 25 ng/mL Phencyclidine: < 25 ng/mL Phentermine: < 25 ng/mL Pregabalin: < 1000 ng/mL Tapentadol: < 25 ng/mL Temazepam: < 25 ng/mL Tramadol: < 25 ng/mL Xylazine: < 25 ng/mL Zolpidem: < 25 ng/mL Zolpidem phenyl-4-carboxylic acid: < 25 ng/mL alpha-PHP/alpha-PiHP: < 25 ng/mL para-Fluorofentanyl: < 2 ng/mL Speciociliatine: < 25 ng/mL Delta-9-carboxy-THC: < 25 ng/mL Specimen Validity pH, Urine: 4.5–8.0 Specimen Validity Specififc Gravity, Urine: 1.003–1.035 Specimen Validity Creatinine, Urine: 20.0-300.0 mg/dL Specimen Validity Nitrites, Urine: < 500 mg/L Specimen Validity Oxidants, Urine: < 200 mg/L **Days Performed:** 2 days per week **Reported:** 1–4 days	8/26/25

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Allergen, Almond IgG	ALMIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Almond IgE (ALMOND).	7/17/25
Allergen, Barley IgG	BARIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Barley IgE (BARLEY).	7/17/25
Allergen, Beef IgG	BEEFIG	Test will no longer be orderable. Recommended replacement test is Allergen, Beef IgE (BEEFMT).	7/17/25
Allergen, Cacao (Chocolate) IgG	CHOIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Cacao (Chocolate) IgE (CACAO).	7/17/25
Allergen, Casein (Cow Milk) IgG	CSNIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Cow's Milk IgE (MILKC).	7/17/25
Allergen, Chicken Meat IgG	CHIIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Chicken Meat IgE (CHCKN).	7/17/25
Allergen, Corn IgG	CORIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Corn IgE (CORNS).	7/17/25
Allergen, Egg White IgG	EGWIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Egg White IgE (EGGWHT).	7/17/25
Allergen, Lettuce IgG	LETIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Lettuce IgE (LETUCE).	7/17/25
Allergen, Malt IgG	MLTIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Malt IgE (MLTIGE).	7/17/25
Allergen, Oat IgG	OATIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Oat IgE (OAT).	7/17/25

Discontinued Tests (Cont.)

Test Name	Order Code	Test Information	Effective Date
Allergen, Orange IgG	ORAIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Orange IgE (ORNGE).	7/17/25
Allergen, Peanut IgG	PNTIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Peanut IgE (PEANUT).	7/17/25
Allergen, Pork IgG	PORKIG	Test will no longer be orderable. Recommended replacement test is Allergen, Pork IgE (PORK).	7/17/25
Allergen, Potato IgG	POTIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Potato IgE (POTATO).	7/17/25
Allergen, Rye IgG	RYEIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Rye IgE (RYE).	7/17/25
Allergen, Soybean IgG	SOYIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Soybean IgE (SOYBN).	7/17/25
Allergen, Tomato IgG	TOMIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Tomato IgE (TOMATO).	7/17/25
Allergen, Wheat IgG	WHTIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Wheat IgE (WHEAT).	7/17/25
Allergen, Whey IgG	WHEYG	Test will no longer be orderable. Recommended replacement test is Allergen, Whey IgE (MWHEY).	7/17/25
Allergen, Yeast (Bakers/Brewers) IgG	YEAIGG	Test will no longer be orderable. Recommended replacement test is Allergen, Yeast IgE (BYEAST).	7/17/25
Bicarbonate, Urine	UBICRB	Test will no longer be orderable. There is no recommended replacement.	7/17/25
Clonazepam as Metabolite, Urine	UCLONO	Test will no longer be orderable. Recommended replacement test is Benzodiazepines Confirmation, Urine (UBENZC).	8/19/25
Cutaneous Immunofluorescence Antibodies (IgG)	CIFAB	Test will no longer be orderable. There is no recommended replacement.	effective immediately
Drug Analysis, Urine	UDRUGC	Test will no longer be orderable. Recommended replacement test is Urine Qualitative Drug Detection Panel by LC-MS/MS (URDRG).	8/26/25
Lactic Acid, Body Fluid	BFLACT	Test will no longer be orderable. There is no recommended replacement.	7/17/25
Prometheus Monitr Crohn's Disease	MCROHN	Test will no longer be orderable. There is no recommended replacement.	8/19/25
Serotonin, Whole Blood	SEROWB	Test will no longer be orderable. There is no recommended replacement.	7/8/25