Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • January 2026

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
8	Adrenal Antibody				■								
2	Bromine, Total, Blood		■			■					■		
2	C2 Complement, Functional with Reflex, Serum								■	■			
2	C5 Complement, Functional								■	■			
2	Cenobamate (Xcopril), Serum or Plasma		■			■	■						
2	Colchicine, Serum/Plasma		■								■	■	
2	Complement C6, Functional								■	■			
3	Complement C7 Functional								■	■			
3	Complement C9 Functional								■	■			
3	Complement Component C8								■	■			
3	Diphenhydramine, Serum/Plasma		■			■					■		■
3	Diphenhydramine, Urine					■					■		
3	Ethanol					■							
6–7	Expanded Respiratory Pathogen panel by PCR, Nasopharynx Swab			■									
3	Fluoride, Serum/Plasma		■			■	■				■		
8	Hydrocodone and Metabolites				■								
7–8	Influenza A Subtyping by Subquencing			■									
3	Ketamine and Metabolite, Serum/Plasma		■			■	■				■		
3	Legionella Species Detection and Limited Differentiation by Multiplex Real-Time PCR						■						

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
4	LH, Pediatric					■	■		■	■	■	■	
4	Malignancy risk Assessment, Pelvic Mass, OVA1 Plus					■				■			
4	Metformin, Serum/Plasma		■								■		
4	Metoprolol, Serum/Plasma					■					■		■
4	Platinum, Serum/Plasma		■			■	■				■		
5	PHN Panel by FCM						■						
5	Propylene Glycol, Serum/Plasma		■			■					■		
5	Silver, Urine					■					■		
5	Synthetic Cannabinoid Metabolites - Expanded, Urine (Qualitative)										■		
5	Toluene, Blood										■		
5	Torsemide, Serum/Plasma					■					■		
5	Tubular Reabsorption of Phosphorus, Random Urine and Serum											■	

Test Changes

Test Name	Order Code	Change	Effective Date
Bromine, Total, Blood	BROMWB	**Name:** Previously Bromine-Total, Blood **Special Information:** Exposure Monitoring. Category: Environmental/Occupational toxin. Avoid exposure to gadolinium or iodine-based contrast media for 96 hours prior to sample collection. Do not use disinfectants containing iodine, such as Betadine®, during venipuncture. Sodium fluoride/potassium oxalate (gray) tubes and EDTA (lavender) tubes will be rejected. **This test is New York State approved.** **Reported: 8** days	1/20/26
C2 Complement, Functional with Reflex, Serum	C2COM	Methodology: **Turbidimetry (TURB)** Reference Range: **> or = 34 U/mL**	effective immediately
C5 Complement, Functional	C5COMF	Methodology: **Turbidimetry (TURB)** Reference Range: **> or = 39 U/mL**	effective immediately
Cenobamate (Xcopril), Serum or Plasma	CNBMTE	**Name:** Previously Cenobamate (Xcopril), Plasma **Special Information: Gel-barrier tubes are not recommended.** **Specimen Requirement:** 2 mL (min 0.5 mL) Plasma in a EDTA (Lavender), Ambient; Separate plasma from cells and transfer to standard aliquot tube. ***OR* 2 mL (min 0.5 mL) Serum in a No additive (Red), Ambient; Gel-barrier tubes are not recommended. Separate serum from cells and transfer to standard aliquot tube.**	2/17/26
Colchicine, Serum/ Plasma	COLCH	**Name:** Previously Colchicine Level **Stability:** Ambient: 1 day Refrigerated: 30 days Frozen: **6 months** **Reported: 8-9** days	1/20/26
Complement C6, Functional	C6FUN	Methodology: **Turbidimetry (TURB)** Reference Range: **> or = 56 U/mL**	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Complement C7 Functional	C7FUN	Methodology: **Turbidimetry (TURB)** Reference Range: **> or = 58 U/mL**	effective immediately
Complement C9 Functional	C9FUN	Methodology: **Turbidimetry (TURB)** Reference Range: **> or = 60 U/mL**	effective immediately
Complement Component C8	COMPF8	Methodology: **Turbidimetry (TURB)** Reference Range**: > or = 57 U/mL**	effective immediately
Diphenhydramine, Serum/Plasma	DIPHEN	**Name:** Previously Diphenhydramine **Special Information:** Polymer gel separation tubes (SST or PST) will be rejected. **This test is New York State approved.** **Reported: 5** days **CPT:** 80375/**G0480**	1/20/26
Diphenhydramine, Urine	UDIPHN	**Special Information: This test is New York State approved.** **Reported: 5** days	1/20/26
Ethanol	ALCO	**Special Information:** Do not use alcohol or other volatile disinfectants at the site of venipuncture. Aqueous Zephiran (benzalkonium chloride), aqueous Merthiolate (thimerosal), or povidone-iodine may be used. **For medical purposes only. Not valid for forensic use.** Ethanol is not available for Add On test orders.	effective immediately
Fluoride, Serum/ Plasma	BFLUOR	**Name:** Previously Fluoride **Special Information:** Sodium fluoride/potassium oxalate (gray) tubes are unacceptable. Polymer gel separation tubes (SST or PST) will be rejected. **This test is New York State approved.** **Reported: 8-9** days	1/20/26
Ketamine and Metabolite, Serum/ Plasma	KETMIN	**Name:** Previously Ketamine **&** Metabolite, Serum/Plasma **Special Information:** Polymer gel separation tubes (SST or PST) will be rejected. This test is New York **State** approved. **Specimen Requirement:** 1 mL **(min 0.3 mL)** Serum in No additive (Red); Refrigerated; Do not use SST tube. Separate serum from cells ASAP and transfer to standard aliquot tube. *OR* 1 mL **(min 0.3 mL)** Plasma in Sodium or Lithinum heparin (Green); Refrigerated; Do not use PST tube. Separate plasma from cells ASAP and transfer to standard aliquot tube. *OR* 1 mL **(min 0.3 mL)** 1 mL Plasma in EDTA (Lavender); Refrigerated; Separate plasma from cells ASAP and transfer to standard aliquot tube. **Reported: 5-6** days	1/20/26
Legionella Species Detection and Limited Differentiation by Multiplex Real-Time PCR	LEGPCR	**Specimen Requirement:** 3 mL (min 1 mL) Bronch (BAL) in Sterile container, **Refrigerated;** Collect and submit the specimen in a sterile container (ie. Oracle #1012787, Covidien #2200SA). If aliquoting is necessary, sterile tubes must be used. *OR* 1 mL (min 1 mL) Sputum, induced in Sterile container, **Refrigerated;** Collect and submit the specimen in a sterile container (ie. Oracle #1012787, Covidien #2200SA). If aliquoting is necessary, sterile tubes must be used. *OR* 1 mL (min 1 mL) Aspirate, tracheal in Sterile container, **Refrigerated;** Collect and submit the specimen in a sterile container (ie. Oracle #1012787, Covidien #2200SA). If aliquoting is necessary, sterile tubes must be used. *OR* 1 mL (min 1 mL) Washings, bronch in Sterile container, **Refrigerated;** Collect and submit the specimen in a sterile container (ie. Oracle #1012787, Covidien #2200SA). If aliquoting is necessary, sterile tubes must be used.	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
LH, Pediatric	LHPED	**Special Information: To avoid delays in turnaround time when requesting multiple tests on frozen samples, please submit separate frozen specimens for each test requested.** **Clinical Information: This test is useful for diagnosis of precocious puberty and delayed puberty in children.** **Specimen Requirement: 1 ml (min 0.5 mL) Serum in SST (Gold); Frozen;** Separate serum from cells ASAP or within 45 minutes of collection. Transfer serum to standard aliquot tube. **Submit separate frozen specimens for each test requested. *OR* 1 mL (min 0.5 mL) Serum in Red Plain; Frozen;** Separate serum from cells ASAP or within 45 minutes of collection. Transfer serum to standard aliquot tube**. Submit separate frozen specimens for each test requested. *OR* 1ml (min 0.5 mL) Plasma in EDTA (Lavender); Frozen; Separate plasma from cells ASAP or within 45 minutes of collection. Transfer plasma to standard aliquot tube. Submit separate frozen specimens for each test requested.** **Stability:** Ambient: After separateion from cells: **24 hours** Refrigerated: After separateion from cells: **48 hours** Frozen: After separation from cells: **200 days** **Methodology: Electrochemiluminescence (ECL)** **Reference Range:** **Female: 2 Weeks-11 Months: 0.02–7.0 mIU/mL** **Female: 12 Months-8 Years: 0.02-0.3 mIU/mL** **Female Tanner Stage I: (<9.2 years) 0.02–0.18 mIU/mL** **Female Tanner Stage II: (9.2–13.7 years) 0.02–4.7 mIU/mL** **Female Tanner Stage III: (10.0–14.4 years) 0.10–12.0 mIU/mL** **Female Tanner Stage IV-V: (10.7–18.6 years) 0.4–11.7 mIU/mL** **Female Follicular: 2.0–9.0 mIU/mL** **Female Mid- cycle: 18.0–49.0 mIU/mL** **Female Luteal: 2.0–11.0 mIU/mL** **Female postmenopausal: 20.0–70.0 mIU/mL** **Male: 2 Weeks-11 Months: 0.02–7.0 mIU/mL** **Male: 12 Months-8 Years: 0.02–0.3 mIU/mL** **Male: 1.5–9.0 mIU/mL** **Male Tanner Stage I: (<9.8 years) 0.02–0.3 mIU/mL** **Male Tanner Stage II: (9.8–14.5 years) 0.2–4.9 mIU/mL** **Male Tanner Stage III: (10.7–15.4 years) 0.2 -5.0 mIU/mL** **Male Tanner Stage IV-V: (11.8–17.3 years) 0.4–7.0 mIU/mL** **Days Performed: Mon–Fri** **Reported: 6-11 days**	2/17/26
Malignancy risk Assessment, Pelvic Mass, OVA1 Plus	OVA1	**Special Information:** Menopausal Status required at time of ordering. **Testing should not be performed on patients 17 years of age or younger.** This test is New York state approved. **Reference Range:** All Reference Ranges removed	effective immediately
Metformin, Serum/ Plasma	MTFORM	**Name:** Previously Metformin Reported: **5-9** days	1/22/26
Metoprolol, Serum/ Plasma	METOP	**Special Information:** Polymer gel separation tubes (SST or PST) will be rejected. **This test is New York State approved.** **Reported: 7** days **CPT:** 80375/**G0480**	1/20/26
Platinum, Serum/ Plasma	PLATIN	**Name:** Previously Platinum **Special Information**: Polymer gel separation tubes (SST or PST) will be rejected. **This test is New York State approved.** **Specimen Requirement: 2** mL (min **0.7** mL) Serum in No Additive (**Royal** Blue): Refrigerated; Do not use serum separator tubes. Remove serum from cells and aliquot into a trace-metal free tube ASAP * OR* **2** mL (min **0.7** mL) Plasma in EDTA (**Royal** blue); Refrigerated; Do not use plasma separator tubes. Remove plasma from cells and aliquot into a trace-metal free tube ASAP **Reported: 8** days	1/20/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
PNH Panel by FCM	PNHPNL	**Specimen Requirement: 8 mL (min 4 mL)** in Whole Blood EDTA (Lavender); **Ambient or Refrigerated;** Peripheral blood samples to be delivered to the flow cytometry lab within 24 hours of draw time. Samples greater than 48 hours old will be rejected. Do not draw on Fridays, weekends or holidays.	effective immediately
Propylene Glycol, Serum/Plasma	PROPYL	**Name:** Previously Propylene Glycol **Special Information: P**olymer gel separation tubes (SST or PST) will be rejected. **This test is New York State approved.** **Reported: 8** days	1/20/26
Silver, Urine	UAG	**Special Information:** MUST protect from light. Specimens not received light-protected will be rejected. Avoid exposure to gadolinium-based contrast media for 48 hours prior to sample collection. **This test is New York State approved.** **Reported: 8** days	1/20/26
Synthetic Cannabinoid Metabolites–Expanded, Urine (Qualitative)	K2	**Reported: 5-9** days	1/20/26
Toluene, Blood	TOLUEN	**Reported: 6** days	1/20/26
Torsemide, Serum/Plasma	TORSE	**Special Information:** Polymer gel separation tubes (SST or PST) will be rejected. **This test is New York State approved.** **Reported: 8** days	1/20/26
Tubular Reabsorption of Phosphorus, Random Urine and Serum	TRPHOS	**Stability:** Ambient: Serum: Unacceptable; Urine: 7 days Refrigerated: Serum: 7 days; Urine: **14** days Frozen: Serum: **90** days; Urine: **30** days	1/6/26

New Tests

Test Name	Order Code	Change	Effective Date
Expanded Respiratory Pathogen Panel by PCR, Nasopharynx Swab	RPRACV	**Special Information:** This test order is intentionally restricted to only nasopharyngeal swabs. Refer to order code SQRPPCR for testing on lower respiratory specimens. Patients who may benefit from this test include immunocompromised patients, those with severe underlying respiratory comorbidities, and those in whom testing may help avoid hospital admission. The test is very expensive, and if not covered by insurance, the patient will incur a substantial charge. **Clinical Limitation:** For full limitations, refer to the assay instructions for use available on the manufacturer's website. The most important limitations are summarized as follows. This assay has lower sensitivity than others for detecting Bordetella pertussis. If pertussis infection is suspected, a dedicated B.pertussis molecular test should be ordered. Cross reactivity has been reported between B. bronchiseptica/parapertussis with B. pertussis, and between B. pertussis and Human rhinovirus/enterovirus. Recent administration of intranasal vaccines (ie. FluMist) may lead to false positive results. As with any nucleic acid amplification test, positive results do not rule out coinfection with other organisms, detected organisms may not be the definite cause of disease, and negative results do not rule out infection. Some patients may experience financial toxicity with this expanded multiplex panel, as it is variably reimbursed by insurance. **Clinical Information:** Respiratory pathogens cause acute local and systemic disease, with the most severe cases occurring in children, the elderly, and immunocompromised individuals. Due to the similarity of diseases caused by many viruses and bacteria, diagnosis based on clinical symptoms alone is difficult. Identification of potential causative agents provides data to aid providers in determining appropriate patient treatment or triage, and public health response for disease containment. The BioFire Respiratory Panel 2.1 (RP2.1) is a multiplexed nucleic acid test that qualitatively detects and identifies nucleic acids from the following viral and bacterial targets from respiratory specimens: SARS-CoV-2 (Agent of COVID-19); Influenza A and subtypes H1, H1N1 2009, H3; Influenza B; Respiratory syncytial virus (RSV); Human metapneumovirus (hMPV); Human rhinovirus/enterovirus; Adenovirus; Parainfluenza 1-4; Coronaviruses 229E, OC43, NL63, HKU1; Chlamydia pneumoniae; Mycoplasma pneumoniae; and Bordetella pertussis and parapertussis. These respiratory pathogens are assayed in a single pouch through array-based localization and endpoint melting curve data analysis. **Specimen Requirement:** 3 mL Nasopharyngeal swab in Universal Transport Media (UTM), Refrigerated; 1. Tilt patient's head back 70 degrees. 2. Gently and slowly insert a mini-tipped flocked swab with a flexible shaft (i.e. Oracle 1172111) through the nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient, indicating contact with the nasopharynx. 3. Gently rub and roll the swab. 4. Leave swab in place for several seconds to absorb secretions. 5. Slowly remove swab while rotating it. Specimens can be collected from both sides using the same swab, but it is not necessary to collect specimens from both sides if the swab is saturated with fluid from the first collection. If a deviated septum or blockage create difficulty in obtaining the specimen from one nostril, use the same swab to obtain the specimen from the other nostril. 6. Place swab, tip first, into the transport tube provided. Break the swab shaft at the score line, discard the top portion of the stem, and close the cap. *OR* 3 mL Nasopharyngeal swab in Viral Transport Media, Refrigerated; Viral transport media (including VTM, M4RT, M5, or M6) may be used to collect swabs if UTM cannot be sourced. **Stability:** Ambient: 4 hours Refrigerated: 3 days Frozen: 30 days **Methodology:** Reverse Transcription/Polymerase Chain Reaction (RT/PCR) *(continued on page 7)*	effective immediately

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Expanded Respiratory Pathogen Panel by PCR, Nasopharynx Swab *Continued from page 6*	RPRACV	**Reference Range:** Adenovirus DNA: Not detected Coronavirus 229E RNA: Not detected Coronavirus HKU1 RNA: Not detected Coronavirus NL63 RNA: Not detected Coronavirus OC43 RNA: Not detected SARS-CoV02 (Agent of COVID-19) RNA: Not detected Human metapneumovirus (hMPV) RNA: Not detected Human rhinovirus/enterovirus RNA: Not detected Influenza A RNA: Not detected Influenza A H1 RNA: Not detected Influenza A H3 RNA: Not detected Influenza A H1 2009 RNA: Not detected Influenza B RNA: Not detected Parainfluenza 1 RNA: Not detected Parainfluenza 2 RNA: Not detected Parainfluenza 3 RNA: Not detected Parainfluenza 4 RNA: Not detected Respiratory syncytial virus (RSV) RNA: Not detected Bordetella parapertussis DNA: Not detected Bordetella pertussis DNA: Not detected Chlamydia pneumoniae DNA: Not detected Mycoplasma pneumoniae DNA: Not detected Influenza A (no subtype) RNA: No reference range found **Days Performed:** 7 days a week **Reported:** 2 hours **CPT:** 0202U	effective immediately
Influenza A Subtyping by Subquencing	FLUSEQ	**Clinical Limitation:** Infections with mixed subtypes or reassorted viruses with contributions of non-H/N segments from novel influenza A may not be reliably identified. This test should only be ordered on samples already-positive for influenza A by a nucleic acid amplification test. Sequencing may not be successful in specimens with low viral load. **Clinical Information:** Influenza A viruses have segmented single-stranded RNA genomes and are divided into subtypes based on their hemagglutinin (H) and neuraminidase (N) subtypes. Current subtypes of influenza A viruses that routinely circulate in humans and cause seasonal influenza are A(H1N1)pdm09 and A(H3N2). Over 130 influenza A subtype combinations have been identified in other animals, predominantly in wild birds. Genetic reassortment or mutations in these novel influenza A viruses can lead to better adaptation for human infection, and are the basis of flu pandemics. In 2020-2021, a new strain of highly pathogenic avian influenza A(H5N1) virus began affecting wild birds. In the United States, there have been outbreaks with these viruses among poultry and dairy cows, as well as sporadic human infections mostly tied to poultry and dairy cow exposure. In light of the ongoing avian influenza A(H5) virus animal outbreak in the United States, CDC now recommends that all influenza A positive respiratory specimens from hospitalized patients, especially from those in an ICU, be subtyped for seasonal influenza A viruses as soon as possible following admission, to support optimal patient care and proper infection prevention and control measures and to facilitate rapid public health investigation and action. This Influenza A Subtyping by Sequencing assay is a lab-developed test that uses next-generation sequencing technology to sequence the entire influenza A genome, with subsequent analysis using a custom bioinformatic pipeline. This test reports influenza A(H1N1), influenza A(H3N2), or influenza A(H5N1) subtypes only if both hemagglutinin (H) and neuraminidase (N) gene segments are successfully sequenced. Infections with mixed subtypes or reassorted viruses with contributions of non-H/N segments from novel influenza A may not be reliably identified. This test should only be ordered on samples already-positive for influenza A by a nucleic acid amplification test. Sequencing may not be successful in specimens with low viral load. *(continued on page 8)*	effective immediately

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Influenza A Subtyping by Subquencing *Continued from page 7*	FLUSEQ	**Specimen Requirement:** 3 mL Nasopharyngeal swab in Universal Transport Media (UTM); 1. Tilt patient's head back 70 degrees. 2. Gently and slowly insert a mini-tipped flocked swab with a flexible shaft (i.e. Oracle 1172111) through the nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear tot he nostril of the patient, indicating contact with the nasopharynx. 3. Gently rub and roll the swab. 4. Leave swab in place for several seconds to absorb secretions. 5. Slowly remove swab while rotating it. Specimens can be collected from both sides using the same swab, but it is not necessary to collect specimens from both sides if the swab is saturated with fluid from the first collection. If a deviated septum or blockage create difficulty in obtaining the specimen from one nostril, use the same swab to obtain the specimen from the other nostril. 6. Place swab, tip first, into the transport tube provided. Break the swab shaft at the score line, discard the top portion of the stem, and close the cap. *OR* 3 mL Swab(s) in Saline; Refrigerated; Sterile saline may be used to collect swabs if UTM cannot be sourced. *OR* 1 mL Swab(s) in E Swab; Refrigerated; E-swabs in liquid amies may be used to collect swabs if UTM cannot be sourced. *OR* 3 mL Swab(s) in Viral Transport Media; Refrigerated; Viral transport media (including VTM, M4RT, M5, or M6) may be used to collect swabs is UTM cannot be sourced. *OR* 3 mL Nasal in Universal Transport Media (UTM); Refrigerated; 1. Insert the entire collection tip of the regular-tip flocked swab with a rigid shaft (i.e. Oracle 1063581) 1/2–3/4 of an inch or 1–1.5 cm inside the nostril. 2. Firmly sample the nasal wall by rotating the swab in a circular path against the nasal wall at least 4 times. 3. Take approximately 15 seconds to collect the specimen. Be sure to collect any nasal drainage that may be present on the swab. 4. Repeat in the other nostril using the same swab. 5. Place swab, tip first, into the transport tube provided. Break the swab shaft at the score line, discard the top portion of the stem, and close the cap. **Stability:** Ambient: 24 hours Refrigerated: 7 days Frozen: 30 days **Methodology:** Sequencing **Reference Range:** Influenza A Subtype: No reference ranges found **Days Performed:** Tue, Thur **Reported:** 7 days **CPT:** 87502; 87503	effective immediately

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Adrenal Antibody	ADRENL	Test will no longer be orderable. Recommended replacement is Hydroxylase-21 Antibody (21OHAB)	effective immediately
Hydrocodone and Metabolites	HYDSER	Test will no longer be orderable. No recommended replacement due to low utilzation.	1/6/26