

Technical Update • February 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
3	Arsenic, Fractionated 24 Hour Urine												
3	Arsenic, Urine 24 Hr												
11	Brucella abortus IgG, IgM												
3	Cadmium, Urine												
3	Catecholamines Fractionated by LC-MS/MS, 24- hour Urine, Free												
4	Chlamydia trachomatis and Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA), Ocular specimens												
11	Chlamydia trachomatis by Transcription-Mediated Amplification (TMA), Ocular specimens												
4	Chromium, Urine												
4	Clobazam and Metabolite, Quantitative, Serum or Plasma												
5	Drug Screen 9 Panel, Serum or Plasma												
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7	Hepatitis Delta Antibody												
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Test Update
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		Order Code	Name Change	New Test	Special Information	Specimen Requirement	Component Change(s)	Reference Range	Days Performed/Reported	Methodology	Stability	CPT
8	LSD Screen, Urine											
11	Manganese, Urine											
8	Mercury, Urine 24 Hour											
8	Methyl Ethyl Ketone, Urine											
8	Methylmalonic Acid (MMA) Quantitative, Urine											
9	Myeloid NGS Panel Other											
9	Myeloid Panel NGS Bone Marrow											
9	Myeloid Panel NGS Peripheral Blood											
11	Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA), Ocular specimens											
9	Nickel, Urine 24 Hour											
9	Organic Acids Ur, Quant w/ Consultation											
9	Parathyroid Hormone-Related Peptide (PTHrP) by LC-MS/MS, Plasma											
9	Proinsulin, Intact											
9	Ribosomal P Protein IgG Autoantibodies											
10	Sedimentation Rate											
11	Somatic TP53 Mutations in Whole Blood and Bone Marrow											
10	Thallium, Urine											
11	TP53 Somatic Mutation, Prognostic											
10	Urine Qualitative Drug Detection Panel by LC-MS/MS											
10	Vitamin B5 (Pantothenic Acid), Serum or Plasma											
10	Yeast Screen											

Test Changes

Test Name	Order Code	Change	Effective Date
Arsenic, Fractionated 24 Hour Urine	UASFR	<p>Name: previously Arsenic, Fractionated Urine</p> <p>Specimen Requirements: 8 mL Urine, 24-hour (well-mixed) in a Plastic container; Minimum: 2 mL; Refrigerate during collection and transport refrigerated; HEAVY METALS FORM REQUIRED to meet State Health Department requirements. Patient Prep: High concentrations of iodine may interfere with testing. Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician) and avoid seafood for 48 hours. Avoid iodinated or gadolinium-based contrast media for at least 72 hours or 14 days for patients with impaired kidney function. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen.</p> <p>Note: <i>Urine, random specimen type has been removed</i></p>	2/24/26
Arsenic, Urine 24 Hr	UARSND	<p>Specimen Requirements: 8 mL Urine, 24-hour (well-mixed) in a Plastic container; Minimum: 2 mL; Refrigerate during collection and transport refrigerated; HEAVY METALS FORM REQUIRED to meet State Health Department requirements. Patient Prep: High concentrations of iodine may interfere with testing. Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician) and avoid seafood for 48 hours. Avoid iodinated or gadolinium-based contrast media for at least 72 hours or 14 days for patients with impaired kidney function. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen.</p> <p>Note: <i>Urine, random specimen type has been removed</i></p> <p>Reference Range: Arsenic – per volume (ug/L): 0-99 Years: Less than or equal to 34.9 (Based on Biological Exposure Index) ug/L Arsenic – per24h (ug/day): 0-99 Years: Less than or equal to 49.9 ug/d Arsenic – ratio to CRT (ug/g CRT): 0-99 Years: Less than or equal to 29.9 ug/g crt</p>	2/24/26
Cadmium, Urine	URCAD	<p>Special Information: HEAVY METALS FORM REQUIRED to meet State Health Department requirements. Patient Prep: High concentrations of iodine may interfere with testing. Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician). Avoid iodine-containing medications or contrast agents for at least 1 month. Avoid gadolinium-based contrast media for at least 48 hours. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen. Urine transported in a non-trace element-free tube or contaminated with iodine, gadolinium, blood, fecal material or acid preservative will be rejected. Elevated results may be due to skin or collection-related contamination, including the use of collection containers that are not certified to be trace element-free. Confirmation with a second specimen collected in a certified trace-element free container is recommended if an elevated result is suspected to be due to contamination. This test is New York DOH approved.</p> <p>Reference Range: Cadmium, Urine-per volume: Less than or equal to 1.0 ug/L Cadmium, Urine-per 24 hour: Less than or equal to 3.2 ug/d Cadmium, Urine-ratio to CRT: Less than or equal to 3.2 ug/g crt Creatinine (24 hour): Refer to report</p>	effective immediately
Catecholamines Fractionated by LC-MS/MS, 24- hour Urine, Free	URCAT2	<p>Name: previously Catecholamines Fractionated by LC-MS/MS, Urine Free</p> <p>Specimen Requirements: 4 mL Urine, 24-hour (well-mixed) in a 24 HR Urine Container; Minimum: 2.5 mL; Refrigerate during collection and transport refrigerated; Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection. pH urine to > 2 and < 7 with 6M HCl acid or sulfamic acid before transport. Record total volume and collection time interval on sample and test request form.</p> <p>Note: <i>Urine, random specimen type has been removed</i></p>	2/24/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Chlamydia trachomatis and Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA), Ocular specimens	CTNGAO	CPT: 87494	2/17/26
Chromium, Urine	UCHRO	<p>Special Information: Patient Prep: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with testing. Avoid iodinated or gadolinium-based contrast media for at least 72 hours or 14 days for patients with impaired kidney function. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen. Urine transported in a non-trace element-free tube or contaminated with iodine, gadolinium, blood, fecal material or acid preservative will be rejected. Elevated results may be due to skin or collection-related contamination, including the use of collection containers that are not certified to be trace element-free. Confirmation with a second specimen collected in a certified trace-element free container is recommended if an elevated result is suspected to be due to contamination. This test is New York DOH approved.</p> <p>Reference Range: Chromium, urine – per volume: Less than or equal to 2.0 ug/L Chromium, urine (24hrs): Less than or equal to 2.0 ug/d Chromium, Urine ratio to CRT: Less than or equal to 10.0 ug/g crt</p>	effective immediately
Clobazam and Metabolite, Quantitative, Serum or Plasma	CLOBAZ	<p>Name: previously Clobazam</p> <p>Special Information: Do not draw serum separator tubes. Draw specimen immediately before next scheduled dose. The therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. This test is New York state approved.</p> <p>Specimen Requirement: 2 mL Serum from No additive (Red); Minimum: 0.3 mL; Refrigerated; Draw specimen immediately before next scheduled dose; the therapeutic range is based on serum, predose (trough) draw collection at steady-state concentration. Centrifuge within 2 hours of collection and transfer serum into standard plastic aliquot tube. Serum gel tube is not acceptable. *OR* 2 mL plasma from Lavender EDTA; Minimum: 0.3 mL; Refrigerated; Draw specimen immediately before next scheduled dose; the therapeutic range is based on the predose (trough) draw collection at steady-state concentration. Centrifuge within 2 hours of collection and transfer plasma into standard plastic aliquot tube.</p> <p>Stability: Ambient: 72 hours Refrigerated: 14 days Frozen: 2 months; avoid repeated freeze thaw cycles</p> <p>Methodology: Quantitative Liquid Chromatography–Tandem Mass Spectrometry</p> <p>Days Performed: Mon, Wed, Sat</p> <p>Reported: 2-7 days</p> <p>CPT: 80339/G0480x1</p>	2/24/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Drug Screen 9 Panel, Serum or Plasma	DRGSC9	<p>Includes:</p> <ul style="list-style-type: none"> Amphetamines, S/P;Screen Methamphetamine, S/P;Screen Barbiturates, S/P;Screen Benzodiazepines, S/P;Screen Buprenorphine, S/P;Screen Cocaine, S/P;Screen Methadone, S/P;Screen Opiates, S/P;Screen Oxycodone, S/P;Screen Phencyclidine, S/P;Screen Drug Screen Comments, Serum or Plasma Fentanyl, S/P, Screen THC Metabolite, Serum/Plasma, Qt <p>Note: <i>Cannabinoids, S/P, Screen has been removed</i></p> <p>Reference Range:</p> <ul style="list-style-type: none"> Amphetamines Screen ARUP (S/P): Positive Cutoff: 20 ng/mL Methamphetamine Screen ARUP (S/P): Positive Cutoff: 20 ng/mL Fentanyl Screen ARUP (S/P): Positive Cutoff: 1 ng/mL Barbiturates Screen ARUP (S/P): Positive Cutoff: 50 ng/mL Benzodiazepines Screen ARUP (S/P): Positive Cutoff: 50 ng/mL Buprenorphine Screen ARUP (S/P): Positive Cutoff: 1 ng/mL Cocaine Screen ARUP (S/P): Positive Cutoff: 20 ng/mL Methadone Screen ARUP (S/P): Positive Cutoff: 25 ng/mL Opiates Screen ARUP (S/P): Positive Cutoff: 20 ng/mL Oxycodone/Oxymorphone Screen ARUP,S/P: Positive Cutoff: 20 ng/mL Phencyclidine Screen ARUP,S/P: Positive Cutoff: 10 ng/mL Carboxy-THC Screen ARUP,S/P: Positive Cutoff: 20 ng/mL <p>CPT: 80307x1</p>	2/19/26
Fentanyl and Metabolite	FENYL	<p>Special Information: This test is a reflex from Drug Screen 9 Panel, Serum or Plasma (DRGSC9). Monitor patient adherence. Whole blood, serum separator tubes, sodium citrate (light blue) tubes, or plasma separator tubes will be rejected. Specimens exposed to repeated freeze/thaw cycles are unacceptable. This test is New York DOH approved.</p>	2/19/26
Heavy Metals 3, Urine with reflex to Arsenic Fractionated	UTXM3	<p>Name: previously Heavy Metals, Urine</p> <p>Special Information: HEAVY METALS FORM REQUIRED to meet State Health Department requirements. Patient Prep: High concentrations of iodine may interfere with testing. Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician) and avoid seafood for 48 hours. Avoid iodinated or gadolinium-based contrast media for at least 72 hours or 14 days for patients with impaired kidney function. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen. Urine transported in a non-trace element-free tube or contaminated with iodine, gadolinium, blood, fecal material or acid preservative will be rejected. Elevated results may be due to skin or collection-related contamination, including the use of collection containers that are not certified to be trace element-free. Confirmation with a second specimen collected in a certified trace element-free container is recommended if an elevated result is suspected to be due to contamination. This test is New York DOH approved.</p> <p>Clinical Limitation: This test may be useful in the assessment of acute and chronic exposure to arsenic, mercury, and lead. Quantification of urine excretion rates before or after chelation therapy has been used as an indicator of lead exposure. Urinary excretion of > 125 mg of lead per 24 hours is usually associated with related evidence of lead toxicity. Urinary mercury concentrations predominantly reflect acute or chronic elemental or inorganic mercury exposure. Urine concentrations in unexposed individuals are typically less than 10 µg/L. 24 hour urine concentrations of 30 to 100 µg/L may be associated with subclinical neuropsychiatric symptoms and tremor while concentrations greater than 100 µg/L can be associated with overt neuropsychiatric disturbances and tremors. Urine mercury levels may be useful in monitoring chelation therapy. The ACGIH Biological Exposure Index (BEI) for arsenic in urine is 35 µg/L measured at the end of the week. The ACGIH BEI is based on the sum of inorganic and methylated species. For specimens with elevated total arsenic results, fractionation is automatically performed at additional cost to determine the proportions of inorganic, methylated and organic species.</p> <p><i>(continued on page 6)</i></p>	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Heavy Metals 3, Urine with reflex to Arsenic Fractionated <i>(continued from page 5)</i>		<p>Reference Range: Creatinine, per 24 hour: Refer to report Arsenic – per volume (ug/L): 0-99 Years: Less than or equal to 34.9 (Based on Biological Exposure Index) ug/L Arsenic – ratio to CRT (ug/g CRT): 0-99 Years: Less than or equal to 29.9 ug/g crt Arsenic – per24h (ug/day): 0-99 Years: Less than or equal to 49.9 ug/d Mercury, Urine per volume: Less than or equal to 5.0 ug/L Mercury, Urine per 24 hours: Less than or equal to 20.0 ug/d Mercury, Urine ratio to creatinine: 0-99 Years: Less than or equal to 20.0 ug/g crt Lead, ratio to creatinine (ug/g CRT): Less than or equal to 5.0 ug/g crt Lead, per 24h (ug/day): Less than or equal to 8.1 ug/d Lead, per volume (ug/L): Less than or equal to 5.0 ug/L Arsenic Fractionated, Organic: Refer to report Arsenic Fractionated, Total Inorganic: Refer to report Arsenic Fractionated, Methylated: Refer to report</p>	
Heavy Metals Panel 4, 24 Hour Urine, with reflex to Arsenic Fractionated	UTXM4	<p>Name: Previously Heavy Metals with Cadmium, Ur Special Information: HEAVY METALS FORM REQUIRED to meet State Health Department requirements.</p> <p>Patient Prep: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications (upon the advice of their physician) and avoid seafood for 48 to 72 hours. High concentrations of iodine may interfere with testing. Avoid iodinated or gadolinium-based contrast media for at least 72 hours or 14 days for patients with impaired kidney function.</p> <p>Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen.</p> <p>Urine transported in a non-trace element-free tube or contaminated with iodine, gadolinium, blood, fecal material or acid preservative will be rejected. Elevated results may be due to skin or collection containers that are not certified to be trace element free. Confirmation with a second specimen collected in a trace element-free container is recommended if an elevated result is suspected due to contamination. This test is New York DOH approved.</p> <p>Clinical Information: This test may be useful in the assessment of acute and chronic exposure to arsenic, cadmium, mercury, and lead. Urine cadmium concentrations can be used to assess cadmium body burden. In chronic exposures, the kidneys are the primary target organ. Symptoms associated with cadmium toxicity vary based upon route of exposure and may include tubular proteinuria, fever, headache, dyspnea, chest pain, conjunctivitis, rhinitis, sore throat and cough. Ingestion of cadmium in high concentration may cause vomiting, diarrhea, salivation, cramps, and abdominal pain. Urinary mercury levels predominantly reflect acute or chronic elemental or inorganic mercury exposure. Urine concentrations in unexposed individuals are typically less than 10 µg/L. 24 hour urine concentrations of 30 to 100 µg/L may be associated with subclinical neuropsychiatric symptoms and tremor while concentrations greater than 100 µg/L can be associated with overt neuropsychiatric disturbances and tremors. Urine mercury concentrations may be useful in monitoring chelation therapy. The ACGIH Biological Exposure Index (BEI) for arsenic in urine is 35 µg/L measured at the end of the work week. The ACGIH BEI is based on the sum of inorganic and methylated species. For specimens with elevated total arsenic results, fractionation is automatically performed at additional cost to determine the proportions of inorganic, methylated and organic species.</p> <p><i>(continued on page 7)</i></p>	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Heavy Metals Panel 4, 24 Hour Urine, with reflex to Arsenic Fractionated <i>(continued from page 6)</i>	UTXM4	<p>Specimen Requirement: 8 mL (min 2 mL) Urine, 24-hour (well-mixed) in plastic container; Refrigerate during collection; transport refrigerated; HEAVY METALS FORM REQUIRED to meet State Health Department requirements. Patient Prep: High concentrations of iodine may interfere with testing. Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician) and avoid seafood for 48 hours. Avoid iodinated or gadolinium-based contrast media for at least 72 hours or 14 days for patients with impaired kidney function. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen.</p> <p>Note: <i>Alternate specimen: Urine, random was removed.</i></p> <p>Reference Range: Creatinine, per 24 hour: Refer to report Arsenic–per volume (ug/L): 0-99 years: Less than or equal to 34.9 (Based on Biological Exposure Index) ug/L Arsenic–per24h (ug/day): 0-99 years: Less than or equal to 49.9 ug/d Arsenic–ratio to CRT (ug/g CRT): 0-99 years: Less than or equal to 29.9 ug/g crt Cadmium Urine per Volume (ug/L): 0-99 years: Less than or equal to 1.0 ug/L Lead, ratio to creatinine (ug/g CRT): Less than or equal to 5.0 ug/g crt Cadmium, Urine-per 24 hour: 0-99 years: Less than or equal to 3.2 ug/d Cadmium, Urine-ratio to CRT: 0-99 years: Less than or equal to 3.2 ug/g crt Mercury, Urine per volume: Less than or equal to 5.0 ug/L Mercury, Urine per 24 hours: Less than or equal to 20.0 ug/d Mercury, Urine ratio to creatinine: 0-99 years: Less than or equal to 20.0 ug/g crt Lead, per 24 h (ug/day): Less than or equal to 8.1 ug/d Lead, per volume (ug/L): Less than or equal to 5.0 ug/L Arsenic Fractionated, Organic: Refer to report Arsenic Fractionated, Total Inorganic: Refer to report Arsenic Fractionated, Methylated: Refer to report</p>	effective immediately
Hepatitis Delta Antibody	AHD	<p>Stability: Ambient: After separation from cells: Unacceptable Refrigerated: After separation from cells: 5 days Frozen: After separation from cells: 30 days (Avoid repeated freeze/thaw cycles)</p>	effective immediately
Iodine, Urine	UIODNE	<p>Special Information: Patient Prep: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with testing. Avoid iodine-containing medications or contrast agents for at least 1 month. Avoid gadolinium-based contrast media for at least 48 hours. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen. Urine transported in a non-trace element-free tube or contaminated with iodine, gadolinium, blood, fecal material or acid preservative will be rejected. Elevated results may be due to skin or collection-related contamination, including the use of collection containers that are not certified to be trace element-free. Confirmation with a second specimen collected in a certified trace-element free container is recommended if an elevated result is suspected to be due to contamination. This test is New York DOH approved.</p> <p>Reference Range: Creatinine, per 24 hour: Refer to report Iodine, Urine per Volume: 0-15 Years: Not established ug/L 16-99 Years: 26.0-705.0 ug/L Iodine, urine–ratio to CRT: 35.0-540.0 ug/g crt Iodine, Urine per 24h: 0-15 Years: Not established ug/day 16-99 Years: 93.0-1125.0 ug/d</p>	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Lead, Urine 24 Hour	ULEADQ	<p>Special Information: HEAVY METALS FORM REQUIRED to meet State Health Department requirements. Patient Prep: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications (upon the advice of their physician) and avoid seafood for 48 hours. High concentrations of iodine may interfere with testing. Avoid iodinated or gadolinium-based contrast media for at least 72 hours or 14 days for patients with impaired kidney function. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen. Urine transported in a non-trace element-free tube or contaminated with iodine, gadolinium, blood, fecal material or acid preservative will be rejected. Elevated results may be due to skin or collection-related contamination, including the use of collection containers that are not certified to be trace element-free. Confirmation with a second specimen collected in a certified trace-element free container is recommended if an elevated result is suspected to be due to contamination. This test is New York DOH approved.</p> <p>Reference Range: Lead, per volume (ug/L): Less than or equal to 5.0 ug/L Lead, per 24h (ug/day): Less than or equal to 8.1 ug/d Lead, ratio to creatinine (ug/g CRT): Less than or equal to 5.0 ug/g crt Creatinine, 24-Hour Urine: Male: 3-8 Years: 140-700 mg/d Male: 9-12 Years: 300-1300 mg/d Male: 13-17 Years: 500-2300 mg/d Male: 18-50 Years: 1000-2500 mg/d Male: 51-80 Years: 800-2100 mg/d Male: 81-99 Years: 600-2000 mg/d Female: 3-8 Years: 140-700 mg/d Female: 9-12 Years: 300-1300 mg/d Female: 13-17 Years: 400-1600 mg/d Female: 18-50 Years: 700-1600 mg/d Female: 51-80 Years: 500-1400 mg/d Female: 81-99 Years: 400-1300 mg/d</p>	effective immediately
LSD Screen, Urine	ULSD	<p>Name: Previously LSD, Urine</p> <p>Special Information: Specimens received at room temperature or in glass containers will be rejected. If positive, turnaround time may be extended to 14 days. This test is New York State approved.</p> <p>Reported: 8 days</p>	effective immediately
Mercury, Urine 24 Hour	UMERC3	<p>Special Information: HEAVY METALS FORM REQUIRED to meet State Health Department requirements. Patient Prep: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications (upon the advice of their physician) and avoid seafood for 48 hours. High concentrations of iodine may interfere with testing. Avoid iodinated or gadolinium-based contrast media for at least 72 hours or 14 days for patients with impaired kidney function. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen. Urine transported in a non-trace element-free tube or contaminated with iodine, gadolinium, blood, fecal material or acid preservative will be rejected. Elevated results may be due to skin or collection-related contamination, including the use of collection containers that are not certified to be trace element-free. Confirmation with a second specimen collected in a certified trace-element free container is recommended if an elevated result is suspected to be due to contamination. This test is New York DOH approved.</p> <p>Reference Range: Mercury, Urine per volume: Less than or equal to 5.0 ug/L Mercury, Urine per 24 hours: Less than or equal to 20.0 ug/d Mercury: Urine ratio to creatinine: 0-99 Years: Less than or equal to 20.0 ug/g crt Creatinine, Ur per 24 hour: Refer to report</p>	effective immediately
Methyl Ethyl Ketone, Urine	UMEK	<p>Reported: 6 days</p>	effective immediately
Methylmalonic Acid (MMA) Quantitative, Urine	UMMA	<p>Specimen Requirements: 1 mL Urine, random in a Clean container; Minimum: 0.3 mL; Frozen, ASAP *OR* 1 mL Urine, 24-hour (well-mixed) in a Clean container; Minimum: 0.3 mL; Frozen, ASAP</p>	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Myeloid NGS Panel Other	MYNGSO	Note: No longer part of a panel, FLT3 testing will no longer be performed in tandem.	2/19/26
Myeloid Panel NGS Bone Marrow	MYNGSM	Note: No longer part of a panel, FLT3 testing will no longer be performed in tandem. Specimen Requirement: 4 mL Aspirate, bone marrow in an EDTA (Lavender); Collected Ambient and sent Refrigerated; Aliquots are not accepted	2/19/26
Myeloid Panel NGS Peripheral Blood	MYNGSP	Note: No longer part of a panel, FLT3 testing will no longer be performed in tandem. Specimen Requirement: 4 mL Blood, peripheral in an EDTA (Lavender); Collected Ambient and sent Refrigerated; Aliquots are not accepted	2/19/26
Nickel, Urine 24 Hour	UNI24	Special Information: Patient Prep: Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, nonessential over-the-counter medications (upon the advice of their physician). High concentrations of iodine may interfere with testing. Avoid iodine-containing medications or contrast agents for at least 1 month. Avoid gadolinium-based contrast media for at least 48 hours. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen. Urine transported in a non-trace element-free tube or contaminated with iodine, gadolinium, blood, fecal material or acid preservative will be rejected. Elevated results may be due to skin or collection-related contamination, including the use of collection containers that are not certified to be trace element-free. Confirmation with a second specimen collected in a certified trace-element free container is recommended if an elevated result is suspected to be due to contamination. This test is New York DOH approved. Clinical Information: Measurement of nickel is not recommended in asymptomatic individuals or in individuals with a low likelihood of exposure. Reference Range: Nickel, Urine – per volume: Less than or equal to 10.4 ug/L Nickel, Urine – per 24h: Less than or equal to 14.9 ug/d Nickel, urine – ratio to CRT: Less than or equal to 9.9 ug/g crt Creatinine, Urine mg/day: Refer to report	effective immediately
Organic Acids Ur, Quant w/ Consultation	UORABI	Specimen Requirement: 10 mL Urine, random collected in a Clean container (No preservatives); Minimum: 5 mL; Frozen; Freeze immediately after collection. If unable to freeze immediately after collection, place specimen on wet ice or refrigerate (2-8 C) and freeze (< -14 C) within 24 hours of collection.	2/24/26
Parathyroid Hormone-Related Peptide (PTHrP) by LC-MS/MS, Plasma	PTHPEP	Name: previously PTH Related Peptide	2/24/26
Proinsulin, Intact	PROINS	Special Information: Critical frozen. Patient must fast 10–12 hours prior to collection. Separate specimens must be submitted when multiple tests are ordered. Grossly hemolyzed specimens will be rejected. This test is New York DOH approved. Specimen Requirement: 1 mL Serum from a SST (Gold) tube; Minimum: 0.2 mL; Frozen, Critical; Separate specimens must be submitted when multiple tests are ordered. Patient MUST fast 10–12 hours prior to collection. Deliver to the Send Outs laboratory ASAP or within 2 hours of collection. *OR* 1 mL Plasma from EDTA (Lavender) tube, Minimum: 0.2 mL; Frozen, Critical; Separate specimens must be submitted when multiple tests are ordered. Patient MUST fast 10–12 hours prior to collection. Deliver to the Send Outs laboratory ASAP or within 2 hours of collection. *OR* 1 mL Serum from No additive (Red) tube; Minimum: 0.2 mL; Frozen, Critical; Separate specimens must be submitted when multiple tests are ordered. Patient MUST fast 10–12 hours prior to collection. Deliver to the Send Outs laboratory ASAP or within 2 hours of collection.	effective immediately
Ribosomal P Protein IgG Autoantibodies	RIBPRO	Specimen Requirements: 1 mL Serum from an SST (Gold) tube; Minimum: 0.5 mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. *OR* 1 mL Serum from a No additive (Red) tube; Minimum: 0.5 mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube.	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Sedimentation Rate	WSR	<p>Name: Previously Sedimentation Rate, Westergren</p> <p>Specimen Requirement: 1 mL Whole Blood in an EDTA (Lavender); Minimum: 0.5 mL; Collect Ambient and Transport Refrigerated</p> <p>Stability: Ambient: 28 hours Refrigerated: 48 hours</p> <p>Methodology: Photometric</p> <p>Reference Range: SED RATE: Male: 0-99 Years: 0-15 mm/Hr Female: 0-99 Years: 0-20 mm/Hr</p>	2/18/26
Thallium, Urine	UTHAL	<p>Special Information: Patient Prep: High concentrations of iodine may interfere with testing. Diet, medication, and nutritional supplements may introduce interfering substances. Patients should be encouraged to discontinue nutritional supplements, vitamins, minerals, non-essential over-the-counter medications (upon the advice of their physician). Avoid iodinated or gadolinium-based contrast media for at least 72 hours or 14 days for patients with impaired kidney function. Collection: Collect in a plastic container, mix well and aliquot into a trace metal free transport tube (ARUP #43116). Record total volume and collection time interval on specimen. Urine transported in a non-trace element-free tube or contaminated with iodine, gadolinium, blood, fecal material or acid preservative will be rejected. Elevated results may be due to skin or collection-related contamination, including the use of collection containers that are not certified to be trace-element free. Confirmation with a second specimen collected in a certified trace element-free container is recommended if an elevated result is suspected to be due to contamination. This test is New York DOH approved.</p> <p>Reference Range: Thallium, Urine per volume: Less than or equal to 2.0 ug/L Thallium, Urine (24-hour): Less than or equal to 0.4 ug/d Thallium, Urine ratio to creatinine: Less than or equal to 2.0 ug/g crt Creatinine, per 24 hour: Refer to report</p>	effective immediately
Urine Qualitative Drug Detection Panel by LC-MS/MS	URDRG	<p>CPT: 80324/G0480x1; 80359/G0480x1; 80355/G0480x1; 80366/G0480x1; 80347/G0480x1; 80348/G0480x1; 80349/G0480x1; 80354/G0480x1; 80356/G0480x1; 80357/G0480x1; 80358/G0480x1; 80361/G0480x1; 80370/G0480x1; 80353/G0480x1; 80362/G0480x1; 80365/G0480x1; 80377/G0480x1; 80368/G0480x1; 80373/G0480x1; 80371/G0480x1; 80323/G0480x1; 83992/G0480x1; 80372/G0480x1</p>	2/24/26
Vitamin B5 (Pantothenic Acid), Serum or Plasma	VITB5	<p>Name: previously Vitamin B5 (Pantothenic Acid) Bioassay</p> <p>Special Information: Gel separation tubes (SST or PST) are unacceptable.</p> <p>Note: Protect from light comments removed</p> <p>Specimen Requirement: 1 mL Serum from Red Plain; Minimum: 0.3 mL; Frozen; Separate serum from cells ASAP or within 2 hours of collection. Separate specimens must be submitted when multiple tests are ordered. * OR* 1 mL EDTA (Lavender); Minimum: 0.3 mL; Frozen; Separate plasma from cells ASAP or within 2 hours of collection. Separate specimens must be submitted when multiple tests are ordered.</p> <p>Stability: Ambient: 1 month Refrigerated: 2 weeks Frozen: 1 month</p> <p>Methodology: High Performance Liquid Chromatography/Mass Spectrometry (LC/MS)</p> <p>Reference Range: Vitamin B5 (Pantothenic Acid), S/P: Refer to report</p> <p>Reported: 6–7 days</p>	effective immediately
Yeast Screen	FUNGSC	<p>Reported: 1–5 days</p>	effective Immediately

New Tests

Test Name	Order Code	Change	Effective Date
Somatic TP53 Mutations in Whole Blood and Bone Marrow	TP53MA	<p>Special Information: Serum, plasma, grossly hemolyzed specimens or FFPE tissue is unacceptable. Specimen source is required. Separate specimens must be submitted when multiple tests are ordered.</p> <p>Clinical Information: This testing is used to identify TP53 mutations with prognostic and/or therapeutic significance in hematologic malignancies. Gene tested: TP53 (NM_000546), all coding exons.</p> <p>Specimen Requirement: 3 mL Whole blood in a EDTA (Lavender); Minimum: 1.5 mL; Refrigerated; Separate specimens must be submitted when multiple tests are ordered. Specimen source is required. *OR* 3 mL Whole blood in a Sodium heparin (Green); Minimum: 1.5 mL; Refrigerated; Separate specimens must be submitted when multiple tests are ordered. Specimen source is required. *OR* 3 mL Bone marrow in a EDTA (Lavender); Minimum: 1 mL; Refrigerated; Separate specimens must be submitted when multiple tests are ordered. Specimen source is required. *OR* 3 mL Bone marrow in a Sodium heparin (Green); Minimum: 1 mL; Refrigerated; Separate specimens must be submitted when multiple tests are ordered. Specimen source is required.</p> <p>Stability: Ambient: Whole Blood or Bone Marrow: 72 Hours Refrigerated: Whole Blood or Bone Marrow: 1 week Frozen: Unacceptable</p> <p>Methodology: Massive Parallel Sequencing</p> <p>Days Performed: Varies</p> <p>Reported: 13-15 days</p> <p>CPT: 81352x1; 81351x1</p>	2/19/26

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Brucella abortus IgG, IgM	BRUABS	Test will no longer be orderable. Recommended replacement is Brucella Ab Total BRUAGG	3/3/26
Chlamydia trachomatis by Transcription-Mediated Amplification (TMA), Ocular specimens	CTNAAO	Test will no longer be orderable. Recommended replacement is Chlamydia trachomatis by Transcription-Mediated Amplification (TMA) MISC1 (ARUP Code: 3020542).	effective Immediately
Manganese, Urine	UMANG	Test will no longer be orderable. There is no recommended replacement test.	effective Immediately
Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA), Ocular specimens	NGNAAO	Test will no longer be orderable. Recommended replacement is Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA) MISC1 (ARUP Code: 3020543).	effective Immediately
TP53 Somatic Mutation, Prognostic	TP53MU	Test will no longer be orderable. There is no recommended replacement test.	effective Immediately