

Cleveland Clinic Laboratories

Technical Update • June 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	Applies to Regional Locations	CPT
2	ACTH													
2	ADAMTS13 Evaluation													
2	Amino Acids, Urine w/ Consultation													
7	Anti IgA Antibody													
2	BAL, Routine													
2	Catecholamines Fractionated by LC-MS/MS, 24-hour Urine, Free													
3	Cell Count/Diff, Body Fluid													
3	Collagen Type II Antibody													
3	Complete Blood Count and Differential													
3	CSF, Cell Count and Diff													
3	CSF, Routine Analysis													
3	Fecal Occult Blood Test													
3	Gastric Occult Blood													
3	Hemoglobin A2													
4	Hemoglobin Electrophoresis													
4	Hemoglobin Evaluation Cascade													
4	Hemoglobin Fetal													
4	Hemoglobin S and F Monitoring													
5	P/Q-Type Voltage-Gated Calcium Channel (VGCC) Autoantibody													

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7	Paraneoplastic Autoantibody Evaluation, CSF											
7	Paraneoplastic Autoantibody Evaluation, Serum											
5	Platelet Function Screen											
7	Prometheus IBD sgi Diagnostic											
6	Sensitive IgA with Reflex to Anti-IgA (Send-Out)											
5	Synovial Fluid, Crystals ID and Staff Review											
6	Synovial Fluid, Routine Analysis											

Test Changes

Test Name	Order Code	Change	Effective Date
ACTH	ACTH	Stability: Ambient: 2 hours. On Ice. Frozen: 4 weeks	effective immediately
ADAMTS13 Evaluation	ADM13	Days Performed: Mon–Sun 16 hours	6/9/26
Amino Acids, Urine w/ Consultation	UAABI	Specimen Requirements: 10 mL Urine, random in a Urine Container (No Preservative) ; Minimum: 2 mL; Transport: Frozen	6/2/26
BAL, Routine	BALAVI	Specimen Requirements: 40 mL Bronch (BAL) in a Sterile Container; Transport: Refrigerated; Samples must be refrigerated within 12 hours of collection to maintain specimen integrity. Stability: Ambient: 12 Hours Refrigerated: 48 Hours Frozen: Unacceptable	7/14/26
Catecholamines Fractionated by LC-MS/MS, 24- hour Urine, Free	URCAT2	Special Information: Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible. Record total volume and collection time interval on transport tube and test request form. A pH above 4 may cause analytical issues and a pH less than 2 can cause assay interference. Specimen preservation Option 1: Transfer a 4 mL aliquot (Min: 2.5 mL) to an ARUP Standard Transport Tube. Adjust pH to 2.0-4.0 with 6M HCl. Specimen Preservation Option 2: Transfer a 4 mL aliquot (Min: 2.5 mL) to an ARUP Standard Transport Tube containing 20 mg sulfamic acid (ARUP Supply #48098), available by contacting Client Services at 800.628.6816 or 216.444.5755 (Min: 2.5 mL). Room temperature specimens, specimens preserved with boric acid or acetic acid, or specimens with pH > 4 will be rejected. This test is New York DOH approved. Specimen Requirement: 4 mL Urine, 24-hour (well-mixed) in a 24 HR Urine Container; Minimum: 2.5 mL; Refrigerate during collection.; Transport: Refrigerated; Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection. Specimen preservation Option 1: Transfer a 4 mL aliquot (Min: 2.5 mL) to an ARUP Standard Transport Tube. Adjust pH to 2.0-4.0 with 6M HCl. Specimen Preservation Option 2: Transfer a 4 mL aliquot (Min: 2.5 mL) to an ARUP Standard Transport Tube containing 20 mg sulfamic acid (ARUP Supply #48098), available by contacting Client Services at 800.628.6816 or 216.444.5755. Record total volume and collection time interval on sample and test request form.	6/25/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Cell Count/Diff, Body Fluid	CCBF	<p>Special Information: Specify fluid type and collection date and time on requisition. Cell count and differential will be approximate if specimen is clotted. In rare circumstances, flow cytometry may be added on to evaluate substantial malignant cell populations.</p> <p>Specimen Requirement: 2 mL Fluid, body in an EDTA (Lavender); Transport: Refrigerated; Specify fluid type, collection date and time on requisition. For Peritoneal Specimens–Due to Processing differences, select Peritoneal Dialysis Fluid for all dialysate/CAPD fluid (instead of just Peritoneal). Samples must be refrigerated within 12 hours of collection to maintain specimen integrity. *OR* 2 mL Fluid, body in a Sterile container; Transport: Refrigerated; Specify fluid type, collection date and time on requisition. For Peritoneal Specimens–Due to Processing differences, select Peritoneal Dialysis Fluid for all dialysate/CAPD fluid (instead of just Peritoneal). Samples must be refrigerated within 12 hours of collection to maintain specimen integrity.</p> <p>Stability: Ambient: 12 hours Refrigerated: 48 hours Frozen: Unacceptable</p>	7/14/26
Collagen Type II Antibody	CIAB	<p>Stability: Ambient: 7 days Refrigerated: Unacceptable Frozen: 1 year</p>	6/16/26
Complete Blood Count and Differential	CBCDIF	<p>Special Information: Order Staff Review separately. In rare circumstances, flow cytometry may be added on to evaluate malignant cell populations.</p>	7/14/26
CSF, Cell Count and Diff	CCCSF	<p>Special Information: In rare circumstances, flow cytometry may be added on to evaluate substantial malignant cell populations.</p> <p>Clinical Information: Cerebrospinal fluid evaluation for various disease states including infection, malignancy, multiple sclerosis.</p> <p>Specimen Requirement: 2 mL Cerebrospinal fluid (CSF) in a Sterile container; Minimum: 1 mL; Transport: Refrigerated; Samples must be refrigerated within 6 hours of collection to maintain specimen integrity.</p> <p>Stability: Ambient: 6 Hours Refrigerated: 24 Hours Frozen: Unacceptable</p>	7/14/26
CSF, Routine Analysis	RTCSF	<p>Special Information: Tests other than description, cell count, differential, protein and glucose MUST be ordered separately. In rare circumstances, flow cytometry may be added on to evaluate substantial malignant cell populations.</p> <p>Specimen Requirement: 2 mL Cerebrospinal fluid (CSF) in a Sterile container; Transport: Refrigerated; Samples must be refrigerated within 6 hours of collection to maintain specimen integrity.</p> <p>Stability: Ambient: 6 Hours Refrigerated: 24 Hours Frozen: Unacceptable</p>	7/14/26
Fecal Occult Blood	IFOBT	<p>Clinical Information: This IFOBT replaces the Hemocult triple card and is designed for detection of colon cancer in the lower GI. The IFOBT is designed to detect hemoglobin in stool as low as 100 ng/mL so that only a single sample is recommended for testing. This test does not detect blood in the upper GI.</p>	effective immediately
Gastric Occult Blood	FGSTRO	<p>Stability: Ambient: 24 hours Refrigerated: 5 days Frozen: Unacceptable</p>	effective immediately
Hemoglobin A2	HBA2	<p>Specimen Requirements: 4 mL Whole blood in an EDTA (Lavender); Minimum: 1 mL; Transport: Refrigerated; Fill tube to at least one half of fill volume. Invert immediately and gently mix. Pediatric patients: Minimum volume 0.5 mL. Transport refrigerated. Do not freeze.</p>	7/14/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Hemoglobin Electrophoresis	HBELEC	<p>Special Information: If a variant hemoglobin is present, additional testing will be performed to identify the variant. Additional testing may include: Hemoglobin HPLC, sickle solubility, or isoelectric focusing.</p> <p>Specimen Requirements: 4 mL Whole blood in an EDTA (Lavender); Minimum: 0.5 mL; Collect: Ambient; Transport: Refrigerated; Fill tube to at least one half of fill volume. Invert immediately and gently mix. Pediatric patients: Minimum volume 0.5 mL. Transport refrigerated. Do not freeze.</p> <p>Reference Range: Hemoglobin A2: 2.0-3.1% Hemoglobin Fetal: 0.0-0.9% Hemoglobin A: 96.2-98.0%</p> <p>Reflexed Test(s): Hemoglobin Variant HPLC Isoelectric Focusing Hb Sickle Cell Preparation</p>	7/14/26
Hemoglobin Evaluation Cascade	HBEVAL	<p>Special Information: Indicate age of patient, and/or ethnic background and date of most recent blood transfusion. If an abnormal hemoglobin or abnormal distribution of hemoglobins is found, additional hemoglobin studies will be charged separately. These tests may include high performance liquid chromatography, isoelectric focusing, sickle solubility, and/or ferritin.</p> <p>Specimen Requirements: 8 mL Whole Blood in an EDTA (Lavender); Minimum 0.5 mL; Collect: Ambient; Transport: Refrigerated; Fill two tubes to at least one half of fill volume. Invert immediately and gently mix. Pediatric patients: Minimum volume 0.5 mL. Transport refrigerated. Do not freeze. *OR* 0.5 mL Whole blood in an EDTA (Microtainer tube); Minimum: 0.5 mL; Collect: Ambient; Transport: Refrigerated</p> <p>Reference Range: Hemoglobin Fetal: 0.0-0.9% Hemoglobin A2 Percent: 0-99 Years: 2.0-3.1% Hemoglobin A: 96.2-98.0%</p> <p>Reflexed Test(s): Ferritin Hemoglobin Variant HPLC Isoelectric Focusing Hb Sickle Cell Preparation</p>	7/14/26
Hemoglobin Fetal	HBF	<p>Specimen Requirements: 4 mL Whole blood in an EDTA (Lavender); Minimum: 1 mL; Transport: Refrigerated; Fill tube to at least one half of fill volume. Invert immediately and gently mix. Pediatric patients: Minimum volume 0.5 mL. Transport refrigerated. Do not freeze.</p>	7/14/26
Hemoglobin S and F Monitoring	HBSFMO	<p>Included tests: Hb S Percent Hb F Percent</p> <p><i>Note: Removed Interpretation and Reviewed by:</i></p> <p>Specimen Requirements: 4 mL Blood, peripheral in an EDTA (Lavender); Minimum: 0.5 mL; Collect: Ambient; Transported: Refrigerated; Fill tube to at least one half of fill volume. Invert immediately and gently mix. Pediatric patients: Minimum volume 0.5 mL. Transport refrigerated. Do not freeze.</p> <p>CPT: 83020x1</p>	7/14/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
P/Q-Type Voltage-Gated Calcium Channel (VGCC) Autoantibody	VOLTCA	<p>Name: Previously P/Q-Type Voltage-Gated Calcium Channel (VGCC) Antibody</p> <p>Recommended Use: P/Q type Voltage-gated calcium channel autoantibody test is used as an aid in diagnosing Lambert-Eaton Myasthenic Syndrome (LEMS). A negative result cannot reliably exclude LEMS, especially the non-paraneoplastic variant. These antibodies may also be seen in the context of Progressive Cerebellar Degeneration. Clinical correlation is required.</p> <p>Special Information: Removed</p> <p>Clinical Limitation: Patient samples from the following clinical conditions have not been evaluated by this product: primary myopathy, paraneoplastic syndrome with positive ANNA1 + (SCLC), acquired neuromyotonia, non-thymomatous paraneoplastic cases, amyotrophic lateral sclerosis, and autoimmune gastrointestinal dysmotility. Samples from patients containing radioactive diagnostic or therapeutic compounds generating gamma rays should not be used, since the radioactivity may interfere with the assay.</p> <p>Clinical Information: P/Q type Voltage-gated calcium channel autoantibody test is used as an aid in diagnosing Lambert-Eaton Myasthenic Syndrome (LEMS). A negative result cannot reliably exclude LEMS, especially the non-paraneoplastic variant. These antibodies may also be seen in the context of Progressive Cerebellar Degeneration. Clinical correlation is required.</p> <p>Specimen Requirement: 1 mL Serum in a SST (Gold); Minimum: 0.2 mL; Transport: Refrigerated; <i>Note: Special Instructions removed</i> *OR* 1 mL Serum from a No additive (Red); Minimum: 0.2 mL; Transport: Refrigerated; Separate from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube.</p> <p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 21 days</p> <p>Reference Range: Voltage-gated Calcium Channel Antibody: <=20 pmol/L Voltage-gated Calcium Channel Qualitative: Negative</p> <p>Days Performed: Wed 7:00 am–3:30 pm</p> <p>Reported: 1-8 days</p> <p>CPT:</p>	6/9/26
Platelet Function Screen	PLTSCP	<p>Specimen Requirement: 7 mL Whole Blood in a Sodium citrate (Lt. Blue); Minimum: 4.5 mL; Transport: Ambient; Collection tube must be filled to total fill volume. Inadequately filled tubes will be rejected. Test must be completed within 4 hours of collection on whole blood at room temperature. DO NOT SPIN. Pneumatic tube delivery recommended. *AND* 2.5 mL Blood, peripheral in an EDTA (Lavender); Minimum: 0.5 mL; Fill tube to at least half of fill volume.</p> <p>Stability: Ambient: 4 hours Refrigerated: Unacceptable Frozen: Unacceptable</p>	7/14/26
Synovial Fluid, Crystals ID and Staff Review	SFCRID	<p>Specimen Requirement: 2 mL Fluid, synovial in an EDTA (Lavender); Collect: Ambient; Transport: Refrigerated; Samples must be refrigerated within 12 hours of collection to maintain specimen integrity. *OR* 2 mL Fluid, synovial in a Sodium or Lithium heparin (Green); Collect: Ambient; Transport: Refrigerated; Accepted but not preferred. Samples must be refrigerated within 12 hours of collection to maintain specimen integrity. *OR* 2 mL Fluid, synovial in a Clean container (No preservatives); Collect: Ambient; Transport: Refrigerated; Samples must be refrigerated within 12 hours of collection to maintain specimen integrity.</p> <p>Stability: Ambient: 12 Hours Refrigerated: 48 Hours Frozen: Unacceptable</p>	7/14/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Synovial Fluid, Routine Analysis	RTSYNF	<p>Specimen Requirement: 2 mL Fluid, synovial in an EDTA (Lavender); Collect: Ambient; Transport: Refrigerated; Samples must be refrigerated within 12 hours of collection to maintain specimen integrity. *OR* 2 mL Fluid, synovial in a Sodium or Lithium heparin (Green); Collect: Ambient; Transport: Refrigerated; Sodium or Lithium Heparin are accepted but not preferred. Samples must be refrigerated within 12 hours of collection to maintain specimen integrity. *OR* 2 mL Fluid, synovial in a Clean container (No preservatives); Collect: Ambient; Transport: Refrigerated; Samples must be refrigerated within 12 hours of collection to maintain specimen integrity.</p> <p>Stability: Ambient: 12 Hours Refrigerated: 48 Hours Frozen: Unacceptable</p>	7/14/26

New Tests

Test Name	Order Code	Change	Effective Date
Sensitive IgA with Reflex to Anti-IgA (Send-Out)	SENIGA	<p>Special Information: Serum and plasma from gel separator tubes are unacceptable. Sample receipt hours are 7:00 AM - 5:00 PM Monday - Thursday and 7:00 AM - 12:00 PM Friday. The completed NRLST request form must be included with the sample. This test has a possible reflex to Anti-IgA at an additional charge. Clinical Information: Quantitative IgA level measurement, typically below 0.05 mg/dL. Must be a pre-transfusion sample or sample collected at least 6 weeks after transfusion of IgA-containing products or IVIG infusion.</p> <p>Specimen Requirement: 2 mL Serum from a No additive (Red); Minimum: 2 mL, Transport: Frozen; Must be a pre-transfusion sample or sample collected at least 6 weeks after transfusion of IgA-containing products or IVIG infusion. Centrifuge and transfer serum to standard aliquot tube. *OR* 2 mL Plasma from an EDTA (Lavender); Minimum: 2 mL; Transport: Frozen; Must be a pre-transfusion sample or sample collected at least 6 weeks after transfusion of IgA-containing products or IVIG infusion. Centrifuge and transfer plasma to standard aliquot tube.</p> <p>Stability: Ambient: Unacceptable Refrigerated: Acceptable Frozen: Acceptable (Preferred)</p> <p>Methodology: Flow Cytometry (FC) Days Performed: Varies Reported: 15-16 days CPT: 82784x1 Reflexed Test: Anti-IgA Antibody"</p>	6/16/26

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Anti IgA Antibody	ANTGA	Test will no longer be orderable. Recommended replacement is Sensitive IgA with Reflex to Anti IgA (Send-Out) [SENIGA]	6/16/26
Paraneoplastic Autoantibody Evaluation, CSF	PARCSF	Test will no longer be orderable. Recommended replacement is Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid ENC2. [PARCSF]	5/28/26
Paraneoplastic Autoantibody Evaluation, Serum	PARNEO	Test will no longer be orderable. Recommended replacement is Autoimmune Encephalopathy Evaluation, Serum [ENC SER]	5/28/26
Prometheus IBD sgi Diagnostic	IBDSIG	Test will no longer be orderable. There is no recommended replacement test.	6/30/26