Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • November 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	Applies to Regional Locations
2	Alkaline Phosphatase Isoenzymes						■							
8	Alpha Defensin, Lateral Flow Assay, Synovial Fluid			■										
10	Albumin/Creatinine Ratio, Urine Timed				■									
2	Autoimmune Pediatric CNS Disorders, Serum						■							
2	CD4 Absolute Count	■				■								
2	CD19 Count	■				■								
3	Coenzyme Q10, Leukocytes					■	■		■			■		
3	Complement Component C2		■			■	■		■	■				
3	Complement Component C5		■			■	■		■	■				
10	Creatinine Clearance, Urine 24 Hour dup		■		■									
8	Creatinine Clearance, Urine 24 Hour			■										
10	Creatinine Clearance, Urine Timed dup		■		■									
9	Creatinine Clearance, Urine Timed			■										
3	Heinz Body Stain					■								
3	Hepatitis E Antibody IgG										■	■		
4	Hepatitis E Antibody IgM										■	■		
4	Hepatitis E Virus (HEV) Antibodies, IgG and IgM										■	■		
4	HTLV I/II Ab Screen					■					■	■		
4	HTLV I/II Ab, Confirmation					■	■				■	■		
4	Immunodeficiency Basic Panel	■				■								

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	Applies to Regional Locations
4	Immunodeficiency (CDC) Panel	■				■								
5	Interleukin 2						■							
5	Interleukin 4						■							
5	Interleukin 5						■							
5	Lipoprotein (a)					■					■			
10	Lyme Western Blot				■						■			
10	Myoglobinuria Enzyme Profile				■									
5–6	Natalizumab and Anti-Natalizumab Antibody		■			■	■	■	■		■	■	■	
6	PML :: RARA Detection by RT-PCR, Quantitative					■	■							
6	Protein, Urine 24 Hour					■								
6	Protein, Urine Random					■								
6	Protein, Urine, Timed					■								
9	Risankizumab Quantitation with Antibodies, Serum			■										
10	Sodium and Potassium, Urine Timed				■									
6	Treponema pallidum Antibody, IgG by IFA (CSF)					■						■		
6–7	Universal PCR, Fungal					■			■		■			
7	Vitamin D, 1,25-Dihydroxy						■							

Test Changes

Test Name	Order Code	Change	Effective Date
Alkaline Phosphatase Isoenzymes	ALKISO	**Specimen Requirements:** 2 mL Serum from a SST (Gold) tube; Minimum: 1.5 mL; Container Sharing: No; Transport Temperature: Refrigerated; Patient **must** be fasting **for 12 hours.** Patients who have B or O blood group and are secretors may have an elevated ALP about two hours after a fatty meal. Age and sex of patient are necessary for interpretation of results.	11/17/26
Autoimmune Pediatric CNS Disorders, Serum	APCNSS	**Specimen Requirements:** 3 mL Serum from a SST (Gold) tube; Minimum: 1.5 mL; Container Sharing: No; Transport Temperature: Frozen; Separate serum from cells ASAP or within 2 hours of collection. Transfer serum in **a** standard aliquot tube and freeze.	effective immediately
CD4 Absolute Count	ABSCD4	**Order Code:** Previously CD4ABS **Special Information: Lymphocyte viability for samples received between 48-72 hours will be performed but not reported if > 75%.** Samples that are less than 75% viable will be rejected and a redraw will be requested. Samples received in testing lab beyond 72 hours cannot be performed. Refrigerated samples may give aberrant results and will be rejected.	11/5/26
CD19 Count	CD19ABS	**Order Code:** Previously ABS19 **Special Information: Lymphocyte viability for samples received between 48-72 hours will be performed but not reported if > 75%. Samples that are less than 75% viable will be rejected and a redraw will be requested. Samples received in testing lab beyond 72 hours cannot be performed. Refrigerated samples may give aberrant results and will be rejected. 4ml Lavender (EDTA). Minimum Volume (2ml). store at room temperature.** No sharing.	11/5/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Coenzyme Q10, Leukocytes	LEUK10	**Alias:** **CoQ10** **ubiquinone** **Special Information: Specimens should be shipped out at ambient temperature and arrive in the performing lab within 4 days of collection and must be received Monday through Friday.** **Clinical Limitation: Results should be interpreted in conjunction with the clinical presentation, family history and findings from other biochemical, molecular genetic and mitochondrial investigations.** **This test currently is not approved for use in New York state.** **Clinical Information: Measurement of coenzyme Q10 (CoQ10; ubiquinone) in leukocytes is used to support the diagnosis of primary and secondary CoQ10 deficiency disorders and to monitor response to CoQ10 replacement therapy.** **Specimen Requirement:** 5 mL Whole blood in a ACD A or B (Yellow) tube; Minimum: **4** mL; Container Sharing: No; Transport Temperature: **Ambient; Collect Monday through Thursday only.** **Stability:** Ambient: **7** days Refrigerated: **Unacceptable** Frozen: Unacceptable **Methodology: Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)**	effective immediately
Complement Component C2	COMPC2	**Name:** Previously Complement C 2 **Special Information:** Unacceptable Conditions: samples left to clot at 2–8 degrees C, samples subjected to repeated freeze/thaw cycles, or non-frozen samples. **Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.** **Specimen Requirement:** 1 mL Serum from a SST (Gold) tube; Minimum: 0.3 mL; Container Sharing: No; Transport Temperature: Frozen, Critical; **Critical Frozen:** Allow specimen to clot for one hour at ambient temperature. Then separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. Freeze immediately. Separate specimens must be submitted when multiple tests are ordered. **Methodology: Quantitative Immunoturbidimetric** **Reference Range:** Complement C 2: **13.3–21.6** mg/dL	effective immediately
Complement Component C5	COMPC5	**Name:** Previously Complement C5 **Special Information:** CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. Non-frozen specimens will be rejected. Specimens left to clot at refrigerated temperature and specimens exposed to repeated freeze/thaw cycles are unacceptable. **Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.** **Specimen Requirement:** 1 mL Serum from a SST (Gold) tube; Minimum: 0.3 mL; Container Sharing: No; Transport Temperature: Frozen, Critical; CRITICAL FROZEN. Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. Freeze immediately. Separate specimens must be submitted when multiple tests are ordered. **Methodology: Quantitative Immunoturbidimetric** **Reference Range:** Complement C5: **92.7–179.7** mg/**L**	effective immediately
Heinz Body Stain	HNZBSN	**Special Information:** Samples > 96 hours old will be rejected. Specimens from infants < 6 months of age are unacceptable; test results are unreliable. **Clotted or grossly hemolyzed specimens are unacceptable.** This test is New York DOH approved.	effective immediately
Hepatitis E Antibody IgG	HEPIGG	**Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: **14 days** Frozen: After separation from cells: **30 days** (Avoid repeated freeze/thaw cycles) **Days Performed: Sun,** Tue**, Wed, Fri**	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Hepatitis E Antibody IgM	HEPIGM	**Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: **14 days** Frozen: After separation from cells: **30 days** (Avoid repeated freeze/thaw cycles) **Days Performed: Sun,** Tue**, Wed, Fri**	effective immediately
Hepatitis E Virus (HEV) Antibodies, IgG and IgM	HEPE	**Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: **14 days** Frozen: After separation from cells: **30 days** (Avoid repeated freeze/thaw cycles) **Days Performed: Sun,** Tue**, Wed, Fri**	effective immediately
HTLV I/II Ab Screen	HTLVSC	**Special Information:** Specimens containing particulate matter are unacceptable. This assay should not be used for blood donor screening, associated reentry protocols, or for screening **h**uman **c**ell, **t**issues and **c**ellular and **t**issue-**b**ased **p**roducts (HCT/P). This test is New York DOH approved. **Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: **7 days** Frozen: After separation from cells: **30 days** (Avoid repeated freeze/thaw cycles) **Days Performed: Sun**, Mon, Wed–**Sat** **Reported:** 2–**4** days	effective immediately
HTLV I/II Ab, Confirmation	HTLV1C	**Special Information:** Separate serum **or plasma** from cells ASAP or within 2 hours of collection. **Specimens containing particulate material are unacceptable. This assay should not be used for blood donor screening, associated reentry protocols, or for screening human cell, tissues and cellular and tissue-based products (HCT/P).** **Specimen Requirement:** 1 ml Serum in a SST (Gold) tube; Minimum: 0.5 mL; Container Sharing: No; Transport Temperature: Frozen; Separate serum from cells ASAP or within 2 hours of collection. Transfer to a standard transport tube. *OR* 1 ml Plasma from an EDTA (Lavender) tube; Minimum: 0.5 mL; Container Sharing: No; Transport Temperature: Frozen; Separate plasma from cells ASAP or within 2 hours of collection. Transfer to a standard transport tube. *OR* **1 ml Plasma from an Sodium heparin (Green) tube; Minimum: 0.5 mL; Container Sharing: No; Transport Temperature: Frozen; Separate plasma from cells ASAP or within 2 hours of collection. Transfer to a standard transport tube. *OR* 1 ml Plasma from an Lithium heparin (Green) tube; Minimum: 0.5 mL; Container Sharing: No; Transport Temperature: Frozen; Separate plasma from cells ASAP or within 2 hours of collection. Transfer to a standard transport tube. *OR* 1 ml Plasma from an Sodium citrate (Lt. Blue) tube; Minimum: 0.5 mL; Container Sharing: No; Transport Temperature: Frozen; Separate plasma from cells ASAP or within 2 hours of collection. Transfer to a standard transport tube.** **Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: **7 days** Frozen: After separation from cells: **30 days (avoid repeated freeze/thaw cycles)** **Days Performed: Varies**	effective immediately
Immunodeficiency Basic Panel	HIVMON	**Order Code:** Previously HIVFCM **Special Information: Lymphocyte viability for samples received between 48-72 hours will be performed but not reported if > 75%.** Samples that are less than 75% viable will be rejected and a redraw will be requested. Samples received in testing lab beyond 72 hours cannot be performed. Refrigerated samples may give aberrant results and will be rejected.	11/5/26
Immunodeficiency (CDC) Panel	IMDFMR	**Order Code:** Previously IMMDEF **Special Information: Lymphocyte viability for samples received between 48-72 hours will be performed but not reported if > 75%.** Samples that are less than 75% viable will be rejected and a redraw will be requested. Samples received in testing lab beyond 72 hours cannot be performed. Refrigerated samples may give aberrant results and will be rejected.	11/5/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Interleukin 2	INT2	**Specimen Requirements:** 1 mL Serum from a SST (Gold) tube; Minimum: 0.4 mL; Container Sharing: No; Collection Temperature: **N/A**; Transport Temperature: Frozen; Critical; **CRITICAL FROZEN**. Separate serum from cells within 2 hours of collection, transfer to a standard aliquot tube and freeze **serum within 30 minuets.** Separate specimens must be submitted with multiple tests are ordered. *OR* 1 mL Serum from a No additive (Red) tube; Minimum: 0.4 mL; Container Sharing: No; Collection Temperature: **N/A**; Transport Temperature: Frozen; Critical; **CRITICAL FROZEN**. Separate serum from cells within 2 hours of collection, transfer to a standard aliquot tube and freeze **serum within 30 minuets.** Separate specimens must be submitted with multiple tests are ordered.	effective immediately
Interleukin 4	INT4	**Specimen Requirements:** 1 mL Serum from a SST (Gold) tube; Minimum: 0.4 mL; Container Sharing: No; Transport Temperature: Frozen; Critical; **CRITICAL FROZEN**. Separate serum from cells within 2 hours of collection, transfer to a standard aliquot tube and freeze **serum within 30 minuets.** Separate specimens must be submitted with multiple tests are ordered. *OR* 1 mL Serum from a No additive (Red) tube; Minimum: 0.4 mL; Container Sharing: No; Transport Temperature: Frozen; Critical; **CRITICAL FROZEN**. Separate serum from cells within 2 hours of collection, transfer to a standard aliquot tube and freeze **serum within 30 minuets.** Separate specimens must be submitted with multiple tests are ordered.	effective immediately
Interleukin 5	INT5	**Specimen Requirements:** 1 mL Serum from a SST (Gold) tube; Minimum: 0.4 mL; Container Sharing: No; Transport Temperature: Frozen; Critical; **CRITICAL FROZEN**. Separate specimens must be submitted with multiple tests are ordered. Separate serum from cells within 2 hours of collection, transfer to a standard aliquot tube and freeze **serum within 30 minuets.** *OR* 1 mL Serum from a No additive (Red) tube; Minimum: 0.4 mL; Container Sharing: No; Transport Temperature: Frozen; Critical; **CRITICAL FROZEN**. Separate specimens must be submitted with multiple tests are ordered. Separate serum from cells within 2 hours of collection, transfer to a standard aliquot tube and freeze **serum within 30 minuets.**	effective immediately
Lipoprotein (a)	LPA	*Note: Special Information and Clinical Limitation were removed.* **Days Performed: Sun–Sat; 24 hours** **Reported: 8 hours**	effective immediately
Natalizumab and Anti-Natalizumab Antibody	TYSAB	**Name:** Previously Tysabri Antibodies **Alias:** **Anti-alpha4-integrin inhibitor** **biologic therapeutic drug monitoring (TDM)** **biological monitoring** **immunogenicity testing** **Tysabri drug and antibody testing** **Includes:** **Natalizumab Drug Level** **Anti-Natalizumab Antibody** **Special Information: High serum biotin concentrations in patients taking biotin supplements may cause an interference in this assay. Patients may be advised to stop biotin consumption at least 72 hours prior to sample collection.** Separate specimens must be submitted when multiple tests are ordered. **Clinical Information: This test provides natalizumab drug and anti-natalizumab antibody concentrations for pharmacokinetic and immunogenic assessment to optimize treatment. In the presence of anti-natalizumab antibodies, the natalizumab level reflects the free antibody-unbound drug level.** **Specimen Requirement: 2** mL Serum from a **No additive (Red)**; Minimum: **1** mL; Container Sharing: No; Transport Temperature: Frozen; Allow blood to clot at room temperature for **30 to 60** minutes. Separate serum from cells within **2 hours** and transfer to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered. *OR* **2** mL Serum from a **SST (Gold)**; Minimum: **1** mL; Container Sharing: No; Transport Temperature: Frozen; Allow blood to clot at room temperature for 30 **to 60** minutes. Separate serum from cells within **2** hours and transfer to standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered. **Stability:** Ambient: **14 days** Refrigerated: **14 days** Frozen: **14 days (stable 6 freeze/thaw cycles)** *(continued on page 6)*	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Natalizumab and Anti-Natalizumab Antibody *(continued from page 5)*		**Methodology: Electro Chemiluminescence Immunoassay (ECLIA)** **Reference Range:** **Natalizumab Drug Level:** Refer to report **Anti-Natalizumab Antibody:** Refer to report **Reported: 11–15 days** **CPT: 80299x1; 82397x1**	
PML :: RARA Detection by RT-PCR, Quantitative	APLPCR	**Special Information:** CRITICAL REFRIGERATED. Severely hemolyzed or clotted specimens will be rejected. **Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.** **Clinical Limitation:** This test detects fusion types 1, 2, and 3; it does NOT identify which transcript is detected. **Specimen Requirements: 10** mL Whole blood in an EDTA (Lavender) tube; **10** mL Whole blood; Container Sharing: No; Transport Temperature: Refrigerated; Critical refrigerated. Specimen must be delivered to Cleveland Clinic Laboratories by 3 p.m. EST on day of collection. DO NOT collect the day before or the day of a major holiday. Separate specimens must be submitted when multiple tests are ordered. *OR* 3 mL Bone Marrow in a EDTA (Lavender); Minimum: 1 mL Bone Marrow; Container Sharing: No; Transport Temperature: Refrigerated; Critical refrigerated. Specimens must be delivered to Cleveland Clinic Laboratories by 3 p.m. EST on the day of collection. DO NOT collect the day before or the day of a major holiday. Separate specimens must be submitted when multiple tests are ordered.	effective immediately
Protein, Urine 24 Hour	UTP24	**Special Information:** Indicate total volume on requisition. **Sulfasalazine may cause false-high results.**	effective immediately
Protein, Urine Random	UTPR	Special Information: Sulfasalazine may cause false-high results.	effective immediately
Protein, Urine, Timed	UTPTM	**Special Information:** Refrigerate during collection. Indicate hours of collection. **Sulfasalazine may cause false-high results.**	effective immediately
Treponema pallidum Antibody, IgG by IFA (CSF)	FTACSF	**Special Information:** Contaminated, heat-inactivated, or hemolyzed specimens will be rejected. This test is New York **DOH** approved. **Stability:** Ambient: 48 hours Refrigerated: **14** days Frozen: 1 year	effective immediately
Universal PCR, Fungal	FUNPCR	**Aliases:** **Fungal 28S** **TM 8** **28s PCR** **28S sequencing** **broad range fungal PCR** **broad range fungi PCR** **Dermatophyte** **Fungal Identification** **Fungal ITS** **Fungal PCR** **Fungal Sequencing** **Fungi Identification** **Fungi PCR** **Fungi Sequencing** **genotype 7** **genotype 8** **Indotineae** **ITS PCR** **ITS sequencing** **molecular fungal** **molecular fungi** **TM 7** **Trichophyton** **Universal fungal PCR** **Universal fungi PCR** *(continued on page 7)*	12/8/26

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Universal PCR, Fungal *(continued from page 6)*		**Special Information:** ICD9/Diagnosis codes preferred, but not required. If tissue specimen is held at any condition other than frozen as described in the stability section, add a note to the test order so that the appropriate disclaimer can be added. Swabs, direct blood, serum, plasma, stool, upper respiratory, and genitourinary specimens will be rejected. Tissues floating in excess formalin will be rejected. **Selection of this test will reflex to Fungal DNA Detection by ITS Next Gen Seq [NGSITS] if multiple fungal templates are detected by the ITS gene. When suspected pathogenic microorganisms are detected, identification procedures are performed, as appropriate for the organism and specimen, including evaluation of polymicrobial specimens using Next Generation Sequencing.** **Methodology:** **Extraction (EXT)** **Nucleic Acid Purification** Polymerase Chain Reaction (PCR) Sequencing **Reported: 4–5 days** **Reflexed Test(s):** **Coccidioides DNA detection by PCR (Reflex Only)** **Cryptococcus DNA detection by PCR (Reflex Only)** **Mucorales DNA detection by PCR (Reflex Only)** **Histoplasma DNA detection by PCR (Reflex Only)** **Pneumocystis DNA detection by PCR (Reflex Only)** **Fungal DNA Detection by ITS Next Gen Seq (Reflex Only)** **Acanthamoeba and Balamuthia species PCR (Reflex Only)** **Leishmania Species DNA Detection (Reflex Only)** **Toxoplasma DNA detection by PCR (Reflex only)**	
Vitamin D, 1,25-Dihydroxy	125VTD	**Specimen Requirements:** 0.75 mL Serum in a SST (Gold) tube; Minimum: 0.4 mL; Container Sharing: No; Transport Temperature: Refrigerated *OR* 0.75 mL Plasma in a Lithium heparin PST (Lt. Green); Minimum: 0.4 mL; Container Sharing: No *Note: EDTA (Lavender) alternate removed.*	11/3/26

New Tests

Test Name	Order Code	Change	Effective Date
Alpha Defensin, Lateral Flow Assay, Synovial Fluid	ALDSF	**Aliases:** PJI Prosthetic joint infection Synovasure **Includes:** Alpha Defensin, Synovial Fluid, LFA Is this for a prosthetic joint? Alpha Defensin Source **Special Information:** Specimen source and type of joint are required. Specimens that are grossly hemolyzed will be rejected. Specimens not from a prosthetic joint or specimens collected in tubes with preservatives or clot activators will be rejected. This test is New York State approved. **Clinical Information:** This test is useful for detection of alpha defensins 1-3, human host response proteins, in synovial fluid of adults with a total joint replacement who are being evaluated for revision surgery. The presence of alpha defensins in synovial fluid may be used by clinicians as a marker of PJI. **Specimen Requirement:** 0.6 mL Fluid, synovial from a No additive (Red); Minimum: 0.1 mL; Container Sharing: No; Transport Temperature: Refrigerated **Stability:** Ambient: 7 days Refrigerated: 7 days (preferred) Frozen: Unacceptable **Methodology:** Lateral Flow Assay **Reference Range:** Alpha Defensin, Synovial FL, LFA: Negative **Days Performed:** Mon–Fri, Sun **Reported:** 2–3 days **CPT:** 83518x1	11/19/26
Creatinine Clearance, Urine 24 Hour	UCCLR	**Includes:** Creatinine Urine Creatinine Clearance Creatinine Serum **Special Information:** Creatinine clearance will not be calculated if no serum specimen is submitted. Indicate patient's height, weight and total volume on requisition. **Clinical Information:** Evaluation of renal function **Specimen Requirement:** 5 mL Urine, timed (well-mixed) in a Clean container; Minimum: 3 mL Urine; Container Sharing: No; Collection Temperature: Refrigerate during collection.; Transport Temperature: Refrigerate *AND* 1 mL Serum in a SST (Gold) tube; Minimum 0.3 mL Serum; Container Sharing: No; Transport Temperature: Refrigerated; Collect blood near the end of timed urine collection. *OR* 1 mL Plasma in a Sodium or Lithium heparin (Green) tube; Minimum: 0.3 mL Plasma; Container Sharing; No **Stability:** Ambient: 2 days Refrigerated: 6 days Frozen: 6 months **Methodology:** Enzymatic **Reference Range:** Creatinine, Urine: 0–99 Years: 20–300 mg/dL Creatinine Urine: Female: 0.8–1.8 g/24 hrs Male: 1.0–2.0 g/24 hrs Creatinine Clearance: Female: 75–115 mL/min Male: 85–125 mL/min **Days Performed:** Mon–Fri; 8 hours **Reported:** 8 hours **CPT:** 82575x1	11/17/26

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Creatinine Clearance, Urine Timed	UCCLRT	**Includes:** Creatinine Serum Creatinine, Urine Creatinine Clearance **Special Information:** Creatinine clearance will not be calculated if no serum specimen is submitted. Indicate patient's height, weight, urine volume and hours of collection on requisition. **Clinical Information:** Evaluation of renal function **Specimen Requirements:** 5 mL Urine, timed (well-mixed) in a Clean container; Minimum: 3 mL Urine; Container Sharing: No; Collection Temperature: Refrigerate during collection.; Transport Temperature: Refrigerate *AND* 1 mL Serum in a SST (Gold) tube; Minimum 0.3 mL Serum; Container Sharing: No; Transport Temperature: Refrigerated; Collect blood near the end of timed urine collection. *OR* 1 mL Plasma in a Sodium or Lithium heparin (Green) tube; Minimum: 0.3 mL Plasma; Container Sharing; No **Stability:** Ambient: 2 days Refrigerated: 6 day Frozen: 6 months **Methodology:** Enzymatic **Reference Range:** Creatinine Urine: Female: 0.03–0.08 g/hr Male: 0.04–0.08 g/hr Creatinine, Serum: Male: 18–99 Years: 0.73–1.22 mg/dL Female: 18–99 Years: 0.58–0.96 mg/dL Creatinine Clearance: Female: 75–115 mL/min Male: 85–125 mL/min **Days Performed:** Mon–Fri; 8 hours **Reported:** 8 hours **CPT:** 82575x1	11/17/26
Risankizumab Quantitation with Antibodies, Serum	RISABS	**Includes:** Risankizumab, S Risankizumab Ab, S **Special Information:** Collection should be immediately before next scheduled dose (trough specimen). For 12 hours before specimen collection, patient should not take multivitamins or dietary supplements (eg, hair, skin, and nail supplements) containing biotin (vitamin B7). Heat treated specimens and icteric specimens will be rejected. This test is New York State approved. **Clinical Information:** For therapeutic drug monitoring in patients with inflammatory bowel disease, plaque psoriasis, and psoriatic arthritis **Specimen Requirement:** 1.5 mL Serum from a SST (Gold); Minimum: 0.75 mL; Container Sharing: No; Transport Temperature: Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. *OR* 1.5 mL Serum from a No additive (Red); Minimum: 0.75 mL; Container Sharing: No; Transport Temperature: Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. **Stability:** Ambient: Unacceptable Refrigerated: 28 days (preferred) Frozen: 28 days **Methodology:** Electrochemiluminescent Bridging Immunoassay Liquid Chromatography Mass Spectrometry (LC/MS) **Reference Range:** Risankizumab, S: Risankizumab lower limit of quantitation = 1.0 mcg/mL Risankizumab Ab, S: Antibodies to risankizumab: <20.0 ng/mL **Days Performed:** Thu **Reported:** 3–10 days **CPT:** 80299x1; 82397x1	11/17/26

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Albumin/Creatinine Ratio, Urine Timed	UACRT	Test will no longer be orderable. Recommended Replacement: Albumin/Creatinine Ratio, Urine (UACR)	11/17/26
Creatinine Clearance, Urine 24 Hour dup	UXCC	**Name:** Previously Creatinine Clearance, Urine 24 Hour Test will no longer be orderable. Recommended Replacement: Creatinine Clearance, Urine 24 Hour (UCCLR)	11/17/26
Creatinine Clearance, Urine Timed dup	UXCCT	**Name:** Previously Creatinine Clearance, Urine Timed Test will no longer be orderable. Recommended Replacement: Creatinine Clearance, Urine Timed (UCCLRT)	11/17/26
Lyme Western Blot	LYMEWB	Test will no longer be orderable. There is no recommended replacement.	11/24/26
Myoglobinuria Enzyme Profile	MYOENZ	Test will no longer be orderable. There is no recommended replacement.	11/17/26
Sodium and Potassium, Urine Timed	UNAKT	Test will no longer be orderable. Recommended Replacement: Refer to individual components with respect to collection time (24hr or random)	11/17/26