Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • August 2022

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 Client Services 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	Fee
3	6-Monoacetylmorphine (6-MAM) Confirmation, Urine									■				
3	Amphetamine Confirmation, Urine									■				
3	Aquaporin-4 Receptor Antibody, IgG by CBA-IFA, CSF with Reflex to Titer		■						■					
3	Aquaporin-4 Receptor Antibody, IgG by CBA-IFA with Reflex to Titer, Serum		■						■					
3	Aspergillus Ab, CF					■								
3	Aspergillus Antibodies, Immunodiffusion					■	■			■	■			
13	Aspergillus galactomannan CSF													■
12	Babesia Microscopy			■										
3	Benzodiazepines Confirmation, Urine									■				
4	Blastomyces dermatitidis Antibodies by Immunoassay with Reflex to Immunodiffusion (Serum)		■			■			■	■				
4	Buprenorphine Quant, Urine									■				
4	Candida albicans Abs, IgA, IgG, IgM					■								
4	Cannabinoid Confirmation, Ur									■				
4	Cell Count/Diff, Body Fluid						■							
4, 13	Chromosome Analysis, Blood						■						■	■
4	Cocaine & Benzoylecgonine, Quant								■					
4	Cocaine Confirmation, Urine									■				

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5	CYP2D6 (Cytochrome P450 2D6)					■								
5	Diphtheria/Tetanus Antibody										■			
5	Fentanyl and Metabolite, Urine									■				
5	Flunitrazepam Screen, Urine										■			
5	Fungal Antibodies					■			■					
5	Fungal Antibodies with Reflex to Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF					■								
6	Herpes Simplex Virus Culture					■	■		■		■		■	
6	Histoplasma Ab, CF					■								
6, 13	HSV PCR – Miscellaneous Specimen Types					■	■				■	■	■	
7	HTLV I/II DNA PCR						■					■		
7	Hypersensitivity Pneumonitis Evaluation					■	■	■	■	■	■	■		
7	KIT (D816V) Mutation by PCR										■			
7	Lactose Tolerance Test					■								
12	Lymphogranuloma Venereum PCR			■										
7	Methadone Quantitation, Urine									■				
7	Methylenetetrahydrofolate Reductase (MTHFR) Mutation – 2 Variants		■											
7	N-methyl-D-Aspartate Receptor Ab, IgG, CSF, Reflex to Titer								■					
8	N-methyl-D-Aspartate Receptor Antibody, IgG								■					
8	Opiate Confirmation, Urine									■				
8	Orotic Acid, Urine									■				
8	Oxycodone Confirmation, Urine									■				
8	pH Urine by pH Meter						■							
8	Phosphatidylserine IgG, IgM, & IgA Autoabs										■			
9	Plasma Thymidine Determination					■	■	■	■	■	■	■		
9	PML/RARA RTPCR										■			
10	Quantitative Pain Panel, Urine									■				
10, 13	Sulfonylurea Hypoglycemics					■	■	■		■	■	■		■
11	Tramadol and Metabolite, Quantitation									■				
11	West Nile Virus Antibody Panel CSF					■								
11	West Nile Virus IgG, CSF					■	■							
11	West Nile Virus IgM, CSF					■	■							

Test Changes

Test Name	Order Code	Change	Effective Date
6-Monoacetylmorphine (6-MAM) Confirmation, Urine	U6AMCO	**Reference Range:** 6-Acetylmorphine, Ur (UQACMR): < 5 ng/mL Specimen Validity Specific Gravity, Urine (SVSG11): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR11): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI11): Less than or equal to 50 mg/L Specimen Validity pH, Urine (SVPH11): 4.5–8.0 Specimen Validaity Oxidants, Urine (SVOX11): < 200 mg/L Specimen Validity Chromate, Urine (SVCH11): < 50 mg/L	9/15/22
Amphetamine Confirmation, Urine	UAMPC	**Reference Range:** Amphetamine, Urine (UQAMPH): < 5 ng/mL Methamphetamine, Ur (UQMAMP): < 8 ng/mL Specimen Validity pH, Urine (SVPH06): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG06): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR06): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI06): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (SVOX06): < 200 mg/L Specimen Validity Chromate, Urine (SVCH06): < 50 mg/L	9/15/22
Aquaporin-4 Receptor Antibody, IgG by CBA-IFA, CSF with Reflex to Titer	AQPCSF	**Test Name:** Previously Aquaporin-4 Receptor Antibody, IgG by IFA, CSF with Reflex to Titer **Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody**	8/15/22
Aquaporin-4 Receptor Antibody, IgG by CBA-IFA with Reflex to Titer, Serum	NMOIFA	**Test Name:** Previously Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum **Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody**	8/15/22
Aspergillus Ab, CF	ASPRCF	**Special Information:** Contaminated, **hemolyzed** or severely lipemic specimens will be rejected. This test is New York DOH approved. **Clinical Information: A titer of 1:8 or greater suggests Aspergillus infection or allergy.** Cross-reactions with dimorphic fungi are not unusual within the genus Aspergillus. A negative test does not exclude infection, especially in immunocompromised patients. Best use of the test is with paired sera taken three weeks apart to detect a rise in titer against a single antigen.	8/15/22
Aspergillus Antibodies, Immunodiffusion	ASPER	**Includes: Aspergillus Antibodies by ID** **Special Information:** This **immunodiffusion** test uses **pooled mycelial-phase** culture filtrates of Aspergillus fumigatus, Aspergillus flavus, Aspergillus niger, and Aspergillus terreus. Body fluids are unacceptable**. Contaminated, hemolyzed, or severely lipemic specimens will be rejected. Mark specimens plainly as "acute" or "convalescent."** This test is New York DOH approved. **Specimen Requirement:** 0.5 mL serum from Serum Separator (Gold) tube; Minimum 0.15 mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. **Mark specimens plainly as "acute" or "convalescent."** **Reference Range:** Asper Spp Abs (ASPSPA): **Not detected** **Days Performed:** Sun–**Sat**	8/15/22
Benzodiazepines Confirmation, Urine	UBENZC	**Test Name:** Previously Benzodiazepines Conf, Ur **Reference Range:** 7-aminoclonazepam, Urine (UAMCLZ): < 40 ng/mL Alpha-hydroxytriazolam, Urine (UOHTRI): < 40 ng/mL Oxazepam, Urine (UOXAZP): < 40 ng/mL Alpha-hydroxyalprazolam, Urine (UOHALP): < 60 ng/mL Lorazepam, Urine (ULORZP): < 40 ng/mL Nordiazepam, Urine (UNDIAZ): < 40 ng/mL Temazepam, Urine (UTEMZ): < 40 ng/mL Specimen Validity pH, Urine (SVPH02): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG02): 1.003–**1.035** Specimen Validity Creatinine, Urine (UQCREA): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI01): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (UQOXID): < 200 mg/L Specimen Validity Chromate, Urine (SVCH01): < 50 mg/L	9/15/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Blastomyces dermatitidis Antibodies by Immunoassay with Reflex to Immunodiffusion (Serum)	BLASAB	**Name:** Previously Blastomyces dermatitidis Antibodies by EIA with Reflex to Immunodiffusion, Serum **Clinical Information: This immunoassay detects total antibodies against yeast-phase antigens from Blastomyces dermatitidis.** Negative fungal serology does not rule out the possibility of current infection. If Blastomyces antibodies are equivocal or positive by EIA then Blastomyces Immunodiffusion will be added at additional cost. **Methodology:** **Immunodiffusion (ID)** Semi Quantitative Enzyme Linked Immunosorbent Assay **Reference Range:** Blastomyces Ab CF (BLSTCF): **Negative: Less than or equal to 0.9 IV** **Equivocal: 1.0–1.4 IV** **Positive: Greater than or equal to 1.5 IV**	8/15/22
Buprenorphine Quant, Urine	UQNTBU	**Reference Range:** Buprenorphine, Ur (UQBUPR): < 20 ng/mL Norbuprenorphine, Ur (UQNBUP): < 20 ng/mL Specimen Validity pH, Urine (SVPH08): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG08): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR08): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI08): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (SVOX08): < 200 mg/L Specimen Validity Chromate, Urine (SVCH08): < 50 mg/L	9/15/22
Candida albicans Abs, IgA, IgG, IgM	CNDAGM	**Special Information: Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic or turbid specimens will be rejected.** Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.	8/15/22
Cannabinoid Confirmation, Ur	UTHCC	**Reference Range:** Cannabinoid, Urine (UQCANN): < 16 ng/mL Specimen Validity pH, Urine (SVPH04): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG04): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR04): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI04): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (SVOX04): < 200 mg/L Specimen Validity Chromate, Urine (SVCH04): < 50 mg/L	9/15/22
Cell Count/Diff, Body Fluid	CCBF	**Clinical Information:** Evaluation of pleural or pericardial fluid. (For synovial or cerebrospinal fluid, see separate listings.) **Note: Synovial fluid is not an acceptable source**	9/13/22
Chromosome Analysis, Blood	CHRBLD	**Specimen Requirement: 5–7** mL of whole blood in sodium heparin (Green) tube; Ambient; Deliver specimen to lab immediately after collection. Minimum 2 mL **CPT:** 88262; 88230 **Price: $700.00**	effective immediately
Cocaine & Benzoylecgonine, Quant	COCAIN	Methodology: Chromatography with Mass Spectrometry	9/5/22
Cocaine Confirmation, Urine	UCOCC	**Reference Range:** Benzoylecgonine, Ur (UQBNZL): < 24 ng/mL Specimen Validity pH, Urine (SVPH05): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG05): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR05): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI05): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (SVOX05): < 200 mg/L Specimen Validity Chromate, Urine (SVCH05): < 50 mg/L	9/15/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
CYP2D6 (Cytochrome P450 2D6)	2D6GTP	**Special Information:** Plasma, serum and frozen specimens in glass collection tubes will be rejected. Specimens collected in sodium heparin or lithium heparin are unacceptable. Whole blood is the preferred specimen **type.** Saliva samples that yield inadequate DNA quality and/or quantity will be reported as inconclusive if test performance does not meet laboratory-determined criteria for reporting. **Saliva is only validated for the OpenArray and CNV portions of testing and not the long-range PCR/duplication testing. Long-range PCR/duplication testing will not be performed for saliva samples. If long-range PCR/duplication testing is performed, additional charges will apply. Approximately less than 5% of samples require 2D6 copy number determination.**	8/15/22
Diphtheria/Tetanus Antibody	DIPTET	**Reported:** 2–**4** days	8/15/22
Fentanyl and Metabolite, Urine	UFENT	**Reference Range:** Fentanyl, Urine (UQFNTL): < 6 ng/mL Norfentanyl, Urine (UQNFTL): < 6 ng/mL Specimen Validity pH, Urine (SVPH09): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG09): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR09): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI09): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (SVOX09): < 200 mg/L Specimen Validity Chromate, Urine (SVC9): < 50 mg/L	9/15/22
Flunitrazepam Screen, Urine	FLUNU	**Reported:** 6–**14** days	effective immediately
Fungal Antibodies	FUNCF	**Includes:** Aspergillus **Antibodies** by CF Coccidioides **Antibodies** by CF Histoplasma Mycelia **Antibodies by CF** Histoplasma Yeast **Antibodies by CF** Blastomyces **Antibodies** EIA, SER **Special Information: Contaminated,** hemolyzed or lipemic specimens will be rejected. This test is New York DOH approved. **Clinical Information:** Negative fungal serology does not rule out the possibility of current infection. **This test detects antibodies to Aspergillus, Coccidioides, and Histoplasma by complement fixation and Blastomyces by immunoassay.** If Blastomyces antibodies are equivocal or positive by immunoassay, then **Blastomyces dermatitidis Antibodies by Immunodiffusion** will be added at additional cost. **Methodology:** **Immunodiffusion (ID)** Semi Quantitative Enzyme Linked Immunosorbent Assay Semi-Quantitative Complement Fixation	8/15/22
Fungal Antibodies with Reflex to Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF	FANCSF	**Special Information:** If Blastomyces antibodies are equivocal or positive by **immunoassay** then **Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF** will be added at an additional charge. Body fluids other than cerebrospinal fluid (CSF) are not acceptable. Contaminated, hemolyzed, xanthochromic, or severely lipemic specimens are unacceptable. **Clinical Information: This test detects antibodies to Aspergillus, Coccidioides, and Histoplasma by complement fixation and Blastomyces by immunoassay.** Negative fungal serology does not rule out the possibility of current infection.	8/15/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Herpes Simplex Virus Culture	HSVCUL	**Special Information:** Indicate specimen source. Blood, cerebrospinal fluid (CSF), plasma or serum are unacceptable. **Bacterial transport systems, molecular transport systems,** calcium alginate, eSwab, dry or wood swabs will be rejected. This test is New York DOH approved. **Specimen Requirement:** 3 mL buccal mucosa swab placed in 3 mL Viral Transport Media (VTM), (ARUP Supply #12884). Indicate specimen source. Refrigerated *OR* 3 mL eye swab placed in 3 mL Viral Transport Media (VTM), (ARUP Supply #12884). Indicate specimen source. Refrigerated *OR* 3 mL Genital swab placed in 3 mL Viral Transport Media (VTM), (ARUP Supply #12884). Indicate specimen source. Refrigerated *OR* 3 mL rectal swab placed in 3 mL Viral Transport Media (VTM), (ARUP Supply #12884). Indicate specimen source. Refrigerated *OR* 3 mL throat swab placed in 3 mL Viral Transport Media (VTM), (ARUP Supply #12884). Indicate specimen source. Refrigerated *OR* 3 mL vesicle swab placed in 3 mL Viral Transport Media (VTM), (ARUP Supply #12884). Indicate specimen source. Refrigerated *OR* 3 mL bronch (BAL) in sterile container. Indicate specimen source. Refrigerated *OR* tissue placed in 3 mL Viral Transport Media (VTM), (ARUP Supply #12884). Indicate specimen source. Refrigerated *OR* 3 mL vesicle fluid in sterile container. Indicate specimen source. Refrigerated *OR* **One Neonatal surface swab placed in 3 mL Viral Transport Media (VTM), (ARUP Supply #12884). Indicate specimen source.; Refrigerated** **Methodology:** Cell Culture **Microscopy** **Reported:** 2–**6** days **CPT: 87255**	8/15/22
Histoplasma Ab, CF	HISTCF	**Includes:** Histoplasma Mycelia **Antibodies** by CF Histoplasma Yeast **Antibodies** by CF **Special Information:** Contaminated, **hemolyzed** or severely lipemic specimens will be rejected. This test is New York DOH approved. **Clinical Information: A titer of 1:8 or greater** is generally considered presumptive evidence of histoplasmosis. **A titer of 1:32 or** greater or rising titers indicate strong presumptive evidence of histoplasmosis. Cross-reactions, usually at lower titers, may occur with other fungal disease. **This complement fixation test detects total antibodies to mycelial and yeast antigens of Histoplasma.**	8/15/22
HSV PCR–Miscellaneous Specimen Types	PCRHSV	**For interface clients only–Test build may need to be modified** **Test Name:** Previously HSV PCR, Miscellaneous Specimen Types **Includes:** **HSV 1 Subtype by PCR** **HSV 2 Subtype by PCR** **Clinical Information: Genotype herpes simplex virus (HSV) types 1 and 2. A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test.** **Specimen Requirement:** 1 mL plasma from EDTA (Lavender) tube; Separate plasma from cells and transfer into sterile aliquot tube. Specimen source required. Frozen *OR* 1 mL serum from Serum Separator (Gold) tube; Separate plasma from cells and transfer into sterile aliquot tube. Specimen source required. Frozen *OR* 1 mL amniotic fluid in sterile container; Specimen source required. Frozen *OR* 1 mL bronch (BAL) in sterile container; Specimen source required. Frozen *OR* tissue in sterile container; Specimen source required. Frozen *OR* 1 mL ocular fluid in sterile container; Specimen source required. Frozen *OR* **3 mL vesicle fluid; Transfer vesicle fluid to Viral Transport Media. Specimen source required. Frozen *OR* Endocervical specimen on thin prep. Specimen source required. Frozen** **Stability:** Ambient: Tissue: Unacceptable; Plasma, serum, amniotic fluid, BAL, ocular fluid, **vesicle fluid, Thin Prep:** 8 hours Refrigerated: Tissue: Unacceptable; Plasma, serum, amniotic fluid, BAL, ocular fluid, **vesicle fluid, Thin Prep**: 72 hours Frozen: 3 months **Reported: 2–4** days **CPT:** 87529x**2** **Price: $196.00**	8/15/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
HTLV I/II DNA PCR	HTLV12	**Specimen Requirement:** 1 mL whole blood from EDTA (Lavender) tube; **Frozen** *OR* 1 mL whole blood from Acid Citric Dextrose A or B (Yellow) tube; **Frozen** **Stability:** Ambient: **48 hours** Refrigerated: **1** week Frozen: **1 month**	effective immediately
Hypersensitivity Pneumonitis Evaluation	HYPNE2	**For interface clients only–Test build may need to be modified** **Special Information: Grossly hemolyzed specimens will be rejected.** **Clinical Information: Hypersensitivity pneumonitis (HP) or extrinsic allergic alveolitis is a diffuse inflammation of the peripheral airways of the lung. It is caused by repeated inhalation of a variety of organic dust allergens including animal and vegetable products, fungi and bacteria. Frequently the etiologic agents are associated with the patient's occupational environment.** **Specimen Requirement: 0.6 mL serum from no additive (Red) tube; Minimum: 0.5 mL;** Refrigerated; **Separate serum from cells ASAP or within two hours of collection and transfer serum into standard aliquot tube.** *OR* **0.6 mL serum from Serum Separator (Gold) tube; Minimum: 0.5 mL;** Refrigerated; **Separate serum from cells ASAP or within two hours of collection and transfer serum into standard aliquot tube.** **Stability:** Ambient: **7 days** Refrigerated: **28** days Frozen: **28** days **Methodology: Fluorescent Enzyme Immunoassay (FEIA)** **Reference Range:** Alternaria tenuis/**alternata IgG: < 12.0 mcg/mL** Aspergillus fumigatus **IgG: < 46.0 mcg/mL** **Aureobasidium pullulans IgG: < 18.0 mcg/mL** **Laceyella sacchari IgG: < 25.0 mcg/mL** **Micropolyspora faeni IgG: < 5.0 mcg/mL** **Penicillium Chrysogenum IgG: < 22.0 mcg/mL** **Phoma betae IgG: < 8.0 mcg/mL** Trichoderma viride IgG: **< 10.0** mcg/mL **Days Performed: Mon–Fri** **Reported: 3–8 days**	9/13/22
KIT (D816V) Mutation by PCR	KIT816	**Reported:** 3–**10** days	8/15/22
Lactose Tolerance Test	LACTT	**Special Information:** Patient must fast a minimum of **8** hours. Obtain **lactose** from pharmacy. Lactose load in children: **2g/kg up to 50 g.** Lactose load in adults: **50 g.** Specimens to collect: fasting then 30, 60, 90 and 120 minutes post lactose load. Indicate collection time on each specimen.	8/23/22
Methadone Quantitation, Urine	UQMET	**Reference Range:** Methadone, Urine (UQMTHD): < 16 ng/mL EDDP, Urine (UQEDDP): < 6 ng/mL Specimen Validity pH, Urine (SVPH10): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG10): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR10): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI10): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (SVOX10): < 200 mg/L Specimen Validity Chromate, Urine (SVCH10): < 50 mg/L	9/15/22
Methylenetetrahydrofolate Reductase (MTHFR) Mutation–2 Variants	MTHFRM	**Test Name:** Previously Methylenetetrahydrofolate Reductase (MTHFR) Mutation, 2 Variants **Includes:** MTHFR PCR Specimen type **MTHFR** Variant**: c.665C>T** **MTHFR** Variant**: c.1286A>C** MTHFR Interpretation	8/15/22
N-methyl-D-Aspartate Receptor Ab, IgG, CSF, Reflex to Titer	NMDCSF	Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody	8/15/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
N-methyl-D-Aspartate Receptor Antibody, IgG	NMDAG	Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody	8/15/22
Opiate Confirmation, Urine	OPICON	**Reference Range:** Morphine, Urine (UQMORP): < 10 ng/mL Oxymorphone, Urine (UQOXYM): < 5 ng/mL Hydromorphone, Ur (UQHMOR): < 5 ng/mL Dihydrocodeine, Ur (UQDCDN): < 5 ng/mL Codeine, Urine (UQCODE): < 11 ng/mL 6-Acetylmorphine, Ur (UQACMR): < 5 ng/mL Oxycodone, Urine (UQOXYC): < 10 ng/mL Hydrocodone, Urine (UQHCOD): < 8 ng/mL Specimen Validity pH, Urine (SVPH03): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG03): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR03): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI03): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (SVOX03): < 200 mg/L Specimen Validity Chromate, Urine (SVCH03): < 50 mg/L	9/15/22
Orotic Acid, Urine	UOROTC	**Reference Range:** Orotic Acid (UOROTC01): 0–4 years: **Less than or equal** to 5.1 mmol/mol creatinine 5 years and older: **Less than or equal** to 1.5 mmol/mol creatinine	8/15/22
Oxycodone Confirmation, Urine	UOXYCC	**Reference Range:** Oxymorphone, Urine (UQOXYM): < 5 ng/mL Oxycodone, Urine (UQOXYC): < 10 ng/mL Specimen Validity pH, Urine (SVPH07): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG07): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR07): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI07): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (SVOX07): < 200 mg/L Specimen Validity Chromate, Urine (SVCH07): < 50 mg/L	9/15/22
pH Urine by pH Meter	PHU	**Special Information: Deliver to Lab or place in refrigerator immediately after collection. After 4 hours, the sample must be refrigerated and adding a small layer of mineral oil on top is recommended.** **Specimen Requirement:** 10 mL random urine in clean container; **Refrigerate ASAP; Deliver to Lab or place in refrigerator immediately after collection. After 4 hours, the sample must be refrigerated and adding a small layer of mineral oil on top is recommended.** **Stability:** Ambient: **4 hours. Deliver to Lab or place in refrigerator immediately after collection. After 4 hours, the sample must be refrigerated and adding a small layer of mineral oil on top is recommended.** Refrigerated: **24 hours. Adding a small layer of mineral oil on top is recommended.** Frozen: **Unacceptable** **Days Performed:** Sun–Sat **24 hours**	9/13/22
Phosphatidylserine IgG, IgM, & IgA Autoabs	PHOGMA	**Reported:** 2–**5** days	8/15/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Plasma Thymidine Determination	PLTHY	**For interface clients only–Test build may need to be modified** **Includes:** **Thymidine** **Deoxyuridine** **Interpretation** **Special Information:** Separate plasma from cells ASAP **or within two hours of collection and transfer into a standard aliquot tube** and freeze. **Clinical Information: Plasma Thymidine/Deoxyuridine analyte is used for diagnosis of Mitochondrial neurogastrointestinal encephalomyopathy (MNGIE). Thymidine phosphorylase Enzyme Analysis (ENZ06) may also be used for assessment of Variants of Uncertain Significance (VUS) identified during genetic testing (e.g. Next Generation Sequencing or Capillary Sequencing testing). MNGIE is an autosomal recessive disorder caused by mutations in the gene encoding thymidine phosphorylase (TP). The disease is characterized clinically by impaired eye movements, gastrointestinal dysmotility, cachexia, peripheral neuropathy, myopathy and leukoencephalopathy. Molecular genetic studies of MNGIE patients\ tissues have revealed multiple deletions, depletion, and site-specific point mutations of mitochrondrial DNA. TP is a cytosolic enzyme required for nucleoside homeostatis. In MNGIE, TP activity is severely reduced and consequently levels of thymidine and deoxyuridine in plasma are dramatically elevated. MNGIE patients may benefit from hematopoietic stem cell transplantation.** **Specimen Requirement: 1** mL plasma from sodium heparin (Green) tube; **Minimum 0.5** mL; Frozen, ASAP; Separate plasma from cells ASAP **or within two hours of collection and transfer into a standard aliquot tube** and freeze. *OR* **1 mL plasma from EDTA (Lavender) tube; Minimum 0.5 mL; Frozen, ASAP; Separate plasma from cells ASAP or within two hours of collection and transfer into a standard aliquot tube and freeze.** *OR* **1 mL plasma from Acid Citric Dextrose A or B (Yellow) tube; Minimum 0.5 mL; Frozen, ASAP; Separate plasma from cells ASAP or within two hours of collection and transfer into a standard aliquot tube and freeze.** **Stability:** Ambient: Unacceptable Refrigerated: **After separation from cells: 24 hours** Frozen: **After separation from cells:** 7 days **Methodology: High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)** **Reference Range:** **Thymidine: < 0.25 umol/L** **Deoxyuridine: < 0.25 umol/L** **Days Performed: Varies** **Reported: 11–15** days	9/15/22
PML/RARA RTPCR	APLPCR	**Days Performed: Varies** **Reported:** 3–**10** days	8/15/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Quantitative Pain Panel, Urine	UQNTPP	**Reference Range:** Morphine, Urine (UQMORP): < 10 ng/mL Codeine, Urine (UQCODE): < 11 ng/mL Dihydrocodeine, Ur (UQDCDN): < 5 ng/mL Oxycodone, Urine (UQOXYC): < 10 ng/mL Oxymorphone, Urine (UQOXYM): < 5 ng/mL Hydrocodone, Urine (UQHCOD): < 8 ng/mL Hydromorphone, Ur (UQHMOR): < 5 ng/mL Methadone, Urine (UQMTHD): < 16 ng/mL EDDP, Urine (UQEDDP): < 6 ng/mL Fentanyl, Urine (UQFNTL): < 6 ng/mL Norfentanyl, Urine (UQNFTL): < 6 ng/mL Tramadol, Urine (UQTRAM): < 25 ng/mL Desmethyltramadol, Ur (UQDTRM): < 20 ng/mL Buprenorphine, Ur (UQBUPR): < 20 ng/mL Norbuprenorphine, Ur (UQNBUP): < 20 ng/mL Amphetamine, Urine (UQAMPH): < 5 ng/mL Methamphetamine, Ur (UQMAMP): < 8 ng/mL Benzoylecgonine, Ur (UQBNZL): < 24 ng/mL 6-Acetylmorphine, Ur (UQACMR): < 5 ng/mL Cannabinoid, Urine (UQCANN): < 16 ng/mL Specimen Validity Creatinine, Urine (UQCREA): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity pH, Urine (UQPH): 4.5–8.0 Specimen Validity Specific Gravity, Urine (UQSPGR): 1.003–**1.035** Specimen Validaity Oxidants, Urine (UQOXID): < 200 mg/L Specimen Validity Nitrites, Urine (SVNI01): Less than or equal to 50 mg/L Specimen Validity Chromate, Urine (SVCH01): < 50 mg/L	9/15/22
Sulfonylurea Hypoglycemics	SULFON	**For interface clients only–Test build may need to be modified** **Special Information: Do not use serum separator tubes. Separate specimens must be submitted when multiple tests are ordered.** This test is New York DOH approved. **Specimen Requirement:** 1 mL serum from no additive (Red) tube; Minimum: **0.3** mL; Frozen; Do not use serum separator tubes. Separate serum from cells ASAP or within 2 hours of collection. **Separate specimens must be submitted when multiple tests are ordered.** *OR* 1 mL plasma from Potassium oxalate/sodium fluoride (Gray) tube; Minimum: **0.3** mL; Frozen; Do not use plasma separator tubes. Separate plasma from cells ASAP or within 2 hours of collection. **Stability:** Ambient: **48 hours** Refrigerated: **28** days Frozen: **24** months **Reference Range:** Chlorpropamide (CHLOR)**: Refer to report** Glimepiride (GLIM): **Refer to report** Glipizide (GLIP): **Refer to report** Glyburide (GLYBU): **Refer to report** Nateglinide (NATE): **Refer to report** **Pioglitazone (PIOG): Refer to report** Repaglinide (REPA): **Refer to report** **Rosiglitazone (ROSI): Refer to report** Tolazamide (TOLAZ): **Refer to report** Tolbutamide (TOLBU): **Refer to report** **Days Performed: Varies** **Reported: 5**–7 days **Price: $286.00**	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Tramadol and Metabolite, Quantitation	TRAQNT	**Reference Range:** Desmethyltramadol, Ur (UQDTRM): < 20 ng/mL Tramadol, Urine (UQTRAM): < 25 ng/mL Specimen Validity pH, Urine (SVPH13): 4.5–8.0 Specimen Validity Specific Gravity, Urine (SVSG13): 1.003–**1.035** Specimen Validity Creatinine, Urine (SVCR13): Male 18 Years to 99 Years: 46.8–314.5 mg/dL Female 18 Years to 99 Years: 42.2–237.9 mg/dL Specimen Validity Nitrites, Urine (SVNI13): Less than or equal to 50 mg/L Specimen Validaity Oxidants, Urine (SVOX13): < 200 mg/L Specimen Validity Chromate, Urine (SVCH13): < 50 mg/L	9/15/22
West Nile Virus Antibody Panel CSF	CNILE	**Special Information: Bacterially contaminated, heat-inactivated, hemolyzed or xanthochromic specimens will be rejected.** If possible, specimens from New York clients will be sent out to a New York DOH approved laboratory.	8/15/22
West Nile Virus IgG, CSF	CWESTG	**Special Information: Bacterially contaminated, heat-inactivated, hemolyzed, or xanthochromic specimens will be rejected. Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.** **Specimen Requirement:** 2 mL Cerebrospinal fluid (CSF) in sterile container; **Minimum 0.3 mL;** Refrigerated	8/15/22
West Nile Virus IgM, CSF	CWESTM	**Special Information: Bacterially** contaminated, heat-inactivated, hemolyzed, **or xanthochromic specimens will be rejected. Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.** **Specimen Requirement:** 2 mL Cerebrospinal fluid (CSF) in sterile container; **Minimum 0.3 mL;** Refrigerated	8/15/22

New Tests

Test Name	Order Code	Change	Effective Date
Babesia Microscopy	BABESI	**Special Information:** Indicate travel history on the requisition. Peripheral blood should be drawn prior to the onset of chills, if possible. Rapid results can be critical to establishing appropriate therapy. Order will include a microscopy review (thick and thin smears) and pathologist review of all positive microscopic results. Preliminary results will be reported within 24-48 hours. For positive smears, the percentage of parasitemia is calculated with an additional charge of CPT code 85032. All positive blood smears are reviewed by a medical director with CPT code 87207 applied. **Clinical Information:** Test should be ordered to rule out parasitic infection due to Babesia. Limitation: One negative result does not rule out the possibility of parasitic infection. **Specimen Requirement:** 2 mL blood in EDTA (Lavender) tube; Ambient; Must deliver to laboratory immediately. Specimen must be received in the Microbiology lab within 4 hours. Rapid results can be critical to establishing appropriate therapy **Stability:** Ambient: 24 hours Refrigerated: Unacceptable Frozen: Unacceptable **Methodology:** Giemsa Stain **Days Performed:** 7 days a week; Day shift only **Reported:** 2 days	
Lymphogranuloma Venereum PCR	LGVPCR	**Includes:** CT LGV by PCR, Source CT LGV by PCR **Special Information:** Specimen source is required. Acceptable specimen sources: vaginal, rectal, cervical, urethral, genital, or penile. This test is New York DOH approved. **Clinical Limitation:** This test detects but does not differentiate Chlamydia trachomatis L1-L3 serovars. **Clinical Information:** This test detects Chlamydia trachomatis L1-L3 serovars. **Specimen Requirement:** One vaginal, rectal, cervical, urethral, genital, or penile specimen in APTIMA Collection Unisex swab; Specimen source is required. Refrigerated *OR* One vaginal, rectal, cervical, urethral, genital, or penile specimen in Universal Transport Media (UTM); Specimen source is required. Refrigerated *OR* 2 mL first-catch urine in APTIMA Urine specimen collection kit; Refrigerated **Stability:** Ambient: 1 month Refrigerated: 1 month Frozen: 1 month **Methodology:** Qualitative Polymerase Chain Reaction **Days Performed:** Mon, Thu **Reported:** 2–6 days	9/13/22

Fee Increases

Test Name	Order Code	List Fee	CPT Code	Effective Date
Aspergillus galactomannan CSF	ASGCSF	$165.00	87305	effective immediately
HSV PCR - Miscellaneous Specimen Types	PCRHSV	$196.00	87529x2	8/15/22
Sulfonylurea Hypoglycemics	SULFON	$286.00	80377	effective immediately

Fee Reductions

Test Name	Order Code	List Fee	CPT Code	Effective Date
Chromosome Analysis, Blood	CHRBLD	$700.00	88262; 88230	effective immediately