SPECIALTY LABORATORIES
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October/November, 2005

Dear Colleague:

We are pleased to introduce the following New Tests:

- AmpliChip™ CYP450, an important addition to our pharmacogenomic test menu. The AmpliChip™ CYP450 assay is used to characterize inherited variations in enzyme activity that are important for drug metabolism. With a standard dosage of certain medications, patients who metabolize therapeutic drugs poorly are at risk of drug toxicity; whereas, patients with ultrarapid metabolism may not achieve the therapeutic levels necessary for effective treatment. AmpliChip™ CYP450 helps guide physician choices regarding medication dosing and helps predict dangerous predispositions to drug toxicity, particularly in those patients receiving long, multi-week courses of medication such as antidepressants or those on multiple interacting medications, such as many geriatric patients.
- Tandem Mass Spectrometry for eight opiate drugs in serum; may be ordered either individually or in a unique 8-drug opiate panel. Tandem Mass Spectrometry has a low limit of detection with a positive cut-off of 5 ng/mL that may be used for highly sensitive drug confirmation. Specific quantities are reported for the individual opiate drugs to facilitate therapeutic drug monitoring. Note that we are not including 6-Monoacetylmorphine (6-MAM) in the serum tests. The half life of this metabolite in serum is less than 25 minutes, making it too ephemeral to measure in serum.
- Real-time PCR-based assays for the detection and speciation of *Mycobacterium avium* Complex (*M. avium and M. intracellulare*) and a panel that detects both *Mycobacterium tuberculosis* Complex and *Mycobacterium avium* Complex.
- A panel incorporating molecular assays for *Chlamydia trachomatis/Neisseria gonorrhoeae* rRNA and *Streptococcus* Group B DNA for prenatal screening.

Change in Requisitions -- New Neurology and A-J Reqs

Requisitions for Neurology testing and a separate requisition for the Ashkenazi-Jewish panel and individual carrier, diagnostic and fetal study testing will soon be available from Client Supply. We have reconfigured our requisition for Frequently Ordered Tests and the Blank Requisitions used for customized ordering. Requisitions now provide better legibility and more room for writing in requests for tests not listed and pertinent patient information. The new format also allows us to more efficiently bar code requisitions when received, eliminating potential mismatches and reducing the number of manual matching steps performed.

Set Up and Reporting Schedule changes

In previous publications, *Specialty* has posted a range of turnaround times (e.g. 1 to 4 days TAT) to indicate the minimum and maximum time respectively to report those tests that are not set up daily. Starting today we have converted to a "Set Up/Reporting Schedule" that indicates the set-up days and expected test report day. *Specialty's* TAT on a wide menu of assays is designed to be better than that of other laboratories and internally we achieve a high level of performance in relation to this schedule. We want to make this performance and convenience clearly visible to our clients. If you have any questions or would like more information about our test schedule and performance, please visit our Website at www.specialtylabs.com or contact Client Services at 800-421-4449.

HIV Testing and PPT Tubes

Recent changes to the primer set used in HIV RNA testing by Roche have led to artificially elevated viral RNA levels when blood samples in PPT tubes are frozen after collection. The effect is most significant in patients who actually have low or undetectable viral loads and no clinical evidence of disease progression. Although samples in PPT tubes may continue to be collected and shipped to *Specialty* ambient or on cold pack, we recommend that standard procedures employing EDTA tubes be used for all HIV RNA testing by Roche. PPT tubes may, however, continue to be used for bDNA-based tests from *Specialty* as these results do not appear to be significantly affected when a frozen sample is received in the PPT collection tube.

CPT coding

After careful review by our in-house staff and a noted consultant, we have prepared a list of changes to CPT codes appearing in the 2005 Directory that have not been reported in previous client letters. A list of the new CPT Codes that will become effective on January 1, 2006 will be available next month after we receive the full list of CPT coding changes made by the AMA and the revised reimbursement schedule. If you have any questions regarding CPT coding, please contact Client Services at 800-421-4449.

For additional information, please visit our Web site at www.specialtylabs.com or contact Client Services at 800-421-4449.

Michael C. Dugan MD

Michael C. Dugan, M.D.
Vice President and Laboratory Director

New from *Specialty*

Effective Tuesday, November 15, 2005 or as noted

4565 AmpliChip™ CYP450 (available soon)

Component	Method	Reference Range	Units
CYP450 2D6 & 2C19	AmpliChip	By report	

Specimen/Stability: 5 (3.0) mL Whole Blood EDTA
Ambient 7 days; Refrigerated 30 days
Collection Instructions: The AmpliChip™ CYP450 Test is for use with whole blood specimens only.
Clinical Utility: This test is intended to identify a patient's CYP2D6 and CYP2C19 genotype from genomic DNA. Information about CYP2D6 and CYP2C19 genotype may be used as an aid to clinicians in determining therapeutic strategy and treatment dose for therapeutics that are metabolized by the CYP2D6 or CYP2C19 gene product.
Set-up/Reporting Schedule: Set up: as needed Reported: 3 days
CPT Code: 83891, 83901x2, 83892, 83896x29, 83912

7442 *Chlamydia*/*Neisseria* rRNA & Strep Group B DNA DetectR™

Component	Method	Reference Range	Units
***Chlamydia trachomatis* rRNA**	TMA	Not detected	
***Neisseria gonorrhoeae* rRNA**	TMA	Not detected	
***Streptococcus* Group B DNA**	PCR	Not detected	

Specimen/Stability: Culturette/Swab
Refrigerated 4 days; Frozen 30 days
Collection Instructions: Collect swab samples from vaginal, cervical or urethral sites and place in Amies Medium or Liquid Stuart Medium. Ship on ice pack or dry ice within 24 hours of collection.
Clinical Utility: This panel combines three sensitive assays for the detection of nucleic acid for *Chlamydia trachomatis, Neisseria gonorrhoeae*, and *Streptococcus* Group B in culturettes collected from vaginal, cervical or urethral sources.
Set-up/Reporting Schedule: Set up: Sunday - Saturday Reported: Next Day
CPT Code: 87491, 87591, 87798

4491 Codeine, Serum

Component	Method	Reference Range	Units
Codeine Free, Serum	LCMS-MS	10-100	ng/mL

Specimen/Stability: 5 (2.0) mL Serum
Ambient 7 days; Refrigerated 14 days; Frozen 2 months
Alternate Specimen: Plasma - EDTA, ACD or Sodium Heparin
Clinical Utility: Therapeutic drug monitoring and confirmation of screen-positive results. Half-life of codeine is 1.9 to 3.9 hours.
Set-up/Reporting Schedule: Set up: Tuesday and Friday Reported: Next day
CPT Code: 83925
Note: See also, #4185 Opiates Confirmation, a panel for confirming presence of 8 opiates/metabolites.

4493 Dihydrocodeine, Serum

Component	Method	Reference Range	Units
Dihydrocodeine Free, Serum	LCMS-MS	60-84	ng/mL

Specimen/Stability: 5 (2.0) mL Serum
Ambient 7 days; Refrigerated 14 days; Frozen 2 months
Alternate Specimen: Plasma, ACD, EDTA or Sodium Heparin
Clinical Utility: Therapeutic drug monitoring and confirmation of screen-positive results. Half-life of dihydrocodeine is 3.4 to 4.5 hours.
Set-up/Reporting Schedule: Set up: Tuesday and Friday Reported: Next day
CPT Code: 83925
Note: See also, #4185 Opiates Confirmation, a panel for confirming presence of 8 opiates/metabolites.

4977 Hemoglobin Variants by Isoelectric Focusing [IEF]

Component	Method	Reference Range	Units
Hemoglobin variants	IEF	By report	
Specimen/Stability	0.5 (0.2) mL Whole Blood EDTA Refrigerated 7 days		
Collection Instructions	Frozen or hemolyzed specimens are not acceptable.		
Clinical Utility	Confirmation for the presence of abnormal hemoglobin variants.		
Set-up/Reporting Schedule	Set up: Monday, Thursday Reported: Next day		
CPT Code	83020		

4987 Hemoglobin Variants by Electrophoresis

Component	Method	Reference Range	Units
Hemoglobin variants	Electrophoresis	By report	
Specimen/Stability	0.5 (0.2) mL Whole Blood EDTA Refrigerated 7 days		
Collection Instructions	Avoid using Iodoacetate samples. Frozen or hemolyzed specimens are not acceptable.		
Clinical Utility	Alkaline and acid electrophoresis are performed together. This test is useful to confirm the presence of abnormal hemoglobin variants that are detected by an HPLC or solubility screen.		
Set-up/Reporting Schedule	Set up: Tuesday, Thursday, Saturday Reported: Next day		
CPT Code	83020		

4986 Hemoglobin Solubility

Component	Method	Reference Range	Units
Sickle Cell Screen	Solubility	Negative	
Specimen/Stability	0.5 (0.2) mL EDTA Whole Blood Refrigerated 14 days		
Collection Instructions	Clotted samples are not acceptable.		
Clinical Utility	This test is useful to screen for the presence of unstable sickling hemoglobins. Positive result must be confirmed by another method (HPLC or electrophoresis) to establish the presence of Hb-S. Both Hb-AS and Hb-SS, as well as, double heterozygosity of Hb-S with another globin chain mutation will give positive results. Other hemoglobin variants that give positive reaction include Hb-Barts, Hb-C-Harlem, Hb-S-Travis and Hb-C-Ziguinchar.		
Set-up/Reporting Schedule	Set up: Monday - Saturday Reported: Same day		
CPT Code	85660		

4495 Hydrocodone, Serum

Component	Method	Reference Range	Units
Hydrocodone Free, Serum	LCMS-MS	5-24	ng/mL
Specimen/Stability	5 (2.0) mL Serum Ambient 7 days; Refrigerated 14 days; Frozen 2 months		
Alternate Specimen	Plasma, ACD, EDTA or Sodium Heparin		
Clinical Utility	Therapeutic drug monitoring and confirmation of screen-positive results. Hydrocodone is an active component of Vicodin, Lorcet, Lortab, etc. Serum half-life is 3.4 to 8.8 hours.		
Set-up/Reporting Schedule	Set up: Tuesday and Friday Reported: Next day		
CPT Code	83925		
Note	See also, #4185 Opiates Confirmation, a panel for confirming presence of 8 opiates/metabolites.		

4492 Hydromorphone, Serum

Component	Method	Reference Range	Units
Hydromorphone Free, Serum	LCMS-MS	5-30	ng/mL

Specimen/Stability	5 (2.0) mL Serum Ambient 7 days; Refrigerated 14 days; Frozen 2 months
Alternate Specimen	Plasma, ACD, EDTA or Sodium Heparin
Clinical Utility	Therapeutic drug monitoring and confirmation of screen-positive results. Hydromorphone is an active ingredient in Dilaudad, Palladone. Serum half-life is 1.5 to 3.8 hours.
Set-up/Reporting Schedule	Set up: Tuesday and Friday Reported: Next day
CPT Code	83925
Note	See also, #4185 Opiates Confirmation, a panel for confirming presence of 8 opiates/metabolites.

4496 Morphine, Serum

Component	Method	Reference Range	Units
Morphine Free, Serum	LCMS-MS	10-80	ng/mL

Specimen/Stability	5 (2.0) mL Serum Ambient 7 days; Refrigerated 14 days; Frozen 2 months
Alternate Specimen	Plasma, ACD, EDTA or Sodium Heparin
Clinical Utility	Therapeutic drug monitoring and confirmation of screen-positive results. Morphine is an active component of Depodur, Roxanol, etc. Serum half-life is 1.3 to 6.7 hours.
Set-up/Reporting Schedule	Set up: Tuesday and Friday Reported: Next day
CPT Code	83925
Note	See also, #4185 Opiates Confirmation, a panel for confirming presence of 8 opiates/metabolites.

7462 *Mycobacterium avium* Complex Differentiation DNA DetectR™

Component	Method	Reference Range	Units
***Mycobacterium avium* DNA**	real time PCR	Not detected	
***Mycobacterium intracellulare* DNA**	real time PCR	Not detected	

Specimen/Stability	Sputum, Sterile Tube Ambient 24 hours; Refrigerated 7 days
Alternate Specimen	10 (5) mL ACD Whole Blood; CSF; Bronchoalveolar lavage; Culturette/swab; Tissue; Fluid
Collection Instructions	Collect sputum early in the morning from a deep productive cough. Place specimen in a sterile, leakproof container. Ship specimens on cold pack within 24 hours of collection. Whole blood must be shipped at ambient temperature.
Clinical Utility	A variety of sterile and non-sterile clinical specimen sources for direct detection of *M. avium* complex DNA can be tested. This PCR assay provides a lower limit of sensitivity at 2,000 copies/mL. Specimens for which *M. avium* complex is detected will be speciated as either *M. avium* or *M. intracellulare*.
Set-up/Reporting Schedule	Set up: Tuesday and Friday Reported: Next day
CPT Code	87561x2

7465 *Mycobacterium tuberculosis/avium* complexes DNA DetectR™

Component	Method	Reference Range	Units
***M. tuberculosis* complex DNA**	real time PCR	No detected	
***M. avium* DNA**	real time PCR	No detected	
***M. intracellularae* DNA**	real time PCR	No detected	

Specimen/Stability	Sputum, Sterile Tube Ambient 24 hours; Refrigerated 7 days
Alternate Specimen	10 (5) mL ACD Whole Blood; CSF; Bronchoalveolar lavage; Culturette/swab; Tissue; Fluid
Collection Instructions	Collect sputum early in the morning from a deep productive cough. Place specimen in a sterile, leakproof container. Ship specimens on cold pack within 24 hours of collection. Whole blood must be shipped at ambient temperature.
Clinical Utility	A variety of sterile and non-sterile clinical specimen sources for direct detection of *M. tuberculosis* complex DNA and/or *M. avium* complex DNA can be tested. The lower limit of sensitivity is 400 copies/mL for *M. tuberculosis* complex and 2,000 copies/mL for *M. avium* complex. Specimens for which *M. avium* complex is detected will be speciated as either *M. avium* or *M. intracellularae*.
Set-up/Reporting Schedule	Set up: Tuesday and Friday Reported: Next day
CPT Code	87556, 87561x2
Notes	*M. tuberculosis* complex consists of the following species: *M. tuberculosis, M. bovis, M. bovis BCG, M. africanum, M. microti, M. canettii*. This discrete group of organisms share a DNA homology of greater than 95%. *M. avium* complex consists of the following species: *M. avium, M. intracellularae*.

4185 Opiates Confirmation

Component	Method	Reference Range	Units
Codeine Free, Serum	LC/MS-MS	<5	ng/mL
Dihydrocodeine Free, Serum	LC/MS-MS	<5	ng/mL
Ethylmorphine Free, Serum	LC/MS-MS	<5	ng/mL
Hydrocodone Free, Serum	LC/MS-MS	<5	ng/mL
Hydromorphone Free, Serum	LC/MS-MS	<5	ng/mL
Morphine Free, Serum	LC/MS-MS	<5	ng/mL
Norcodeine Free, Serum	LC/MS-MS	<5	ng/mL
Oxycodone Free, Serum	LC/MS-MS	<5	ng/mL

Specimen/Stability: 5 (2.0) mL Serum
Ambient 7 days; Refrigerated 14 days; Frozen 2 months
Alternate Specimen: Plasma, ACD, EDTA or Sodium Heparin
Clinical Utility: This panel is useful for confirmation of screen positive results. Positive cutoff is 5 ng/mL.
Set-up/Reporting Schedule: Set up: Tuesday and Friday Reported: Next day
CPT Code: 83925x 8
Note: For therapeutic drug monitoring, see individual tests for #4491 Codeine, Serum; #4493 Dihydrocodeine, Serum; #4495 Hydrocodone, Serum;#4492 Hydromorphone, Serum; and #4496 Morphine, Serum.

Test Changes

Test Code	Effective Date	Test Name	Specific Change	Also Affected
2419	immediately	Acid-fast Bacilli Culture & Stain	Specimen type Culturette/swab is not acceptable. Due to hydrophobicity of mycobacteria, it is difficult to remove organisms from swab into solution or onto plates	2417 AFB Culture 5320 AFB Stain
8831	11/15/05	*Brucella* IgG, IgM & IgA Abs	Reference Range *Brucella* IgG <0.8 Index *Brucella* IgM <0.8 Index *Brucella* IgA <0.8 Index Interpretation <0.8 Negative 0.8-1.0 Borderline >1.0 Positive	8833 *Brucella* IgM 8836 *Brucella* IgG
1535	8/2305	C-Reactive Protein (Inflammation)	Reference Range Format Report result to 1 decimal; Cutoff is <5.0 mg/L	1014 Rheumatoid Arthritis COMPrehensive™
4831	11/15/05	Calcium, Ionized	Component Ionized calcium is normalized to a pH of 7.4; Normalized calcium value will no longer be reported as separate component	3213 PTH, C Terminal & Intact, Incl Ionized & Total Calcium 3208 PTH, C Terminal, Including Ionized & Total Calcium 3944 PTH, Intact, Including Ionized & Total Calcium
4836U	10/12/05	Calcium, Total 24 hour Urine	Name Calcium, 24 hour Urine	
7438SW	11/15/05	*Chlamydia trachomatis/N. gonorrhoeae* rRNA PLUS [TMA] Swab	Alternate Specimen Gen-Probe (PACE) Swab; Ambient 7 days, Refrigerated 7 days, Frozen 2 months Collection Instructions - PACE Specimens are collected according to the appropriate instructions supplied with the PACE Specimen Collection Kits for Endocervical and Urethral Specimens. Specimens must be assayed with the APTIMA Combo 2 Assay within 60 days of collection. Alternate Specimen Gem-Probe (APTIMA) Vaginal Swab; Ambient 2 months, Refrigerated 2 months, Frozen 3 months	7437SW *Chlamydia trachomatis* rRNA Detection [TMA] Swab 2932SW *Neisseria gonorrhoeae* RRNA [TMA] Swab

Test Code	Effective Date	Test Name	Specific Change	Also Affected
			Collection Instructions -APTIMA APTIMA Vaginal swab specimens (both clinician-collected and patient-collected) A. Partially peel open the swab package. Do not touch the soft tip or lay the swab down. Remove the swab. Hold the swab, placing the thumb and forefinger in the middle of the swab shaft. B. Carefully insert the swab into the vagina about two inches past the introitus and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab. C. Withdraw the swab without touching the skin. D. While holding the swab in the same hand, unscrew the cap from the tube. Immediately place the swab into the transport tube so that the tip of the swab is visible below the tube label. E. Carefully break the swab shaft against the side of the tube. Tightly screw the cap onto the tube.	
8452	11/15/05	*Echinococcus* IgG Abs [EIA]	Name *Echinococcus granulosis* IgG Abs Reference Range *E. granulosis* IgG <0.8 Index *E. granulosis* IgM <0.8 Index Interpretation <0.8 Negative 0.8-1.0 Borderline >1.0 Positive Specimen/Stability Heparinized plasma is no longer acceptable. The stability for serum and EDTA plasma is now Ambient 7d; Refrigerated 14d and Frozen 2 months.	
4921	11/15/05	Flecainide	Stability Ambient 7 days, Refrigerated 4 weeks, Frozen 2 months	
4080W	9/27/05	Heavy Metal Screen Whole Blood	Name Heavy Metals Whole Blood (remove the word “screen”)	4080U Heavy Metals 24 hr Urine 4080UR Heavy Metals Urine Random
8132	11/15/05	Hepatitis B Virus Drug Resistance DetectR™	Components - Add: / Reference Range Interp Adefovir by LIPA / Sensitive, Resistant, Possible Resistance Polymerase Codon 80 Polymerase Codon 173 Polymerase Codon181 Polymerase Codon 236 Components - Delete Polymerase Codon 207 *All other components remain the same.* Clinical Utility Detection of HBV primary mutations in the polymerase gene, codon positions M204V, M204I, M204S, is associated with Lamivudine (3TC) resistance. Detection of HBV primary mutations in the polymerase gene, codon position A181T, A181V, N236T, is associated with resistance to Adefovir. Mixtures are indicative of impending or developing resistance to the corresponding drug. Secondary mutations in codons 80, 173, and 180 may appear in combination with the primary mutations of codon position 204. In the absence of 204, the presence of these mutations does not confer resistance.	

Test Code	Effective Date	Test Name	Specific Change	Also Affected
7485A	11/15/05	HIV-1 RNA Quant by Roche Ultrasensitive	Collection Instructions - PPT Tube (addition) If plasma is physically separated from PPT, then the plasma is considered EDTA plasma and must be shipped frozen as indicated below in collection instructions.	7485ASR HIV-1 RNA Quant by Roche Ultrasensitive serial report 9874A HIV-1 RNA Quantitation [Roche] reflex to Ultrasensitive 9874ASR HIV-1 RNA Quant by Roche rfx Ultrasensitive with serial reporting 9884A HIV-1 RNA Quantitation [Roche Amplicor] 9884ASR HIV-1 RNA Quant by Roche Amplicor serial report Also New York tests: 9884FPNY, 9884FPNS, 9874AFN, 9874AFNS
3334	11/15/05	Homocysteine UltraQuant®	Primary Specimen Plasma EDTA Alternate Specimen Serum Collection Instructions Patient should be fasting for 12 hours overnight, prior to collection. Specimen (plasma or serum) must be centrifuged within one hour of collection. Longer storage of whole blood samples at room temperature has been found to increase homocysteine concentration in the plasma. Serum values are expected to be higher than plasma values. Slightly higher homocysteine values are observed in non-fasting patients. Please note: Mean serum total homocysteine increases significantly with age, hence the prevalence of 'high' values varies significantly with age relative to any specific reference value. The currently published gender-specific reference ranges for homocysteine which we use are based on a healthy young adult population with normal renal function (Cr <110 umol/L for males; <90 umol/L for females) and evidence of ample (50th percentile or higher) serum folate and B12, excluding pregnant women. For additional information regarding homocysteine, please contact Client Services.	
8516	11/15/05	Inflluenza Virus A & B IgG, IgM & IgA Abs	Reference Range Influenza A IgG <0.8 Index Influenza A IgM <0.8 Index Influenza A IgA <0.8 Index Influenza B IgG <0.8 Index Influenza B IgM <0.8 Index Influenza B IgA <0.8 Index Interpretation <0.8 Negative 0.8-1.0 Borderline >1.0 Positive Specimen Heparinized plasma is no longer acceptable.	2772 MEM Panel 8517 Influenza A IgG 8518 Influenza A IgM 8519 Influenza A IgG & IgM 8520 Influenza B IgG 8522 Influenza B IgM 8523 Influenza B IgG & IgM
4866U 4866UR	10/10/05	Magnesium 24 hr Urine Magnesium 24 Urine Random	Collection Instructions 4866U: Collect a 24 hour urine specimen. Add 10 mL of 6N HCl at start of collection. Record total volume in mL on both the container and requisition. 4866UR: After voided midstream urine collection is complete, add 1 mL of 6N HCl per 100 mL urine. Mix the specimen and transfer a 10 mL aliquot of urine to a clean screw cap leakproof container. Refrigerated specimen is preferred. Ship within 24 hours of collection by overnight courier.	

Test Code	Effective Date	Test Name	Specific Change	Also Affected
4866	10/10/05	Magnesium	Collection Instructions Use fresh, nonhemolyzed fasting serum collected by standard venipuncture technique. Separate serum from the clot immediately to avoid false elevations due to elution of magnesium from the red cells. Hemolyzed specimens are unacceptable. Draw blood using a "clean stick" technique to avoid falsely increased values due to the admixture of blood with tissue fluid.	
5365	9/30/05	Maternal Cell Contamination Detection Fetal/Cord Blood	Name Maternal Cell Contamination Detection	
8771	11/15/05	Measles IgG & IgM Abs	Reference Range Measles IgG <0.8 Index Measles IgM <0.8 Index Interpretation <0.8 Negative 0.8-1.0 Borderline >1.0 Positive	2772 MEM Panel 1341 Immune Status Panel-MMR 8776 Measles IgG 8781 Measles IgM
9711	11/15/05	Mumps IgG & IgM Abs	Reference Range Mumps IgG <0.8 Index Mumps IgM <0.8 Index Interpretation <0.8 Negative 0.8-1.0 Borderline >1.0 Positive Specimen/Stability Heparinized and ACD plasma are no longer acceptable. The stability for serum and EDTA plasma is now Ambient 7d; Refrigerated 14d and Frozen 2 months.	2772 MEM Panel 1341 Immune Status Panel-MMR 9716 Mumps IgG 9721 Mumps IgM
4910	11/15/05	Mycophenolic Acid	Alternate Specimens Serum and Plasma Heparin are also acceptable. Stability Refrigerated 7 days, Frozen 2 months	
8741	11/15/05	*Mycoplasma pneumoniae* IgG & IgM Abs	Reference Range *M. pneumoniae* IgG <0.8 Index *M. pneumoniae* IgM <0.8 Index Interpretation <0.8 Negative 0.8-1.0 Borderline >1.0 Positive	8746 *M. pneumoniae* IgG 8751 *M. pneumoniae* IgM 2011 Pneumonia, Atypical Antibodies Evaluation
5939	11/15/05	Prothrombin Fragment 1.2	Reference Range 69-229 pmol/L	
3945	10/12/05	PTH, C Terminal, Including Total Calcium Only	Name PTH, C Terminal, Including Total Calcium (remove word “Only” from these test names	3941 PTH Intact 3943 PTH Intact, Including Total Calcium
8756	11/15/05	Varicella-zoster Virus IgG & IgM Abs	Reference Range VZV IgG <0.8 Index VZV IgM <0.8 Index Interpretation <0.8 Negative 0.8-1.0 Borderline >1.0 Positive	2772 MEM Panel 8766 VZV IgM 8761 VZV IgG

Test Discontinuations

The following test(s) are no longer routinely available from *Specialty*. Whenever possible, alternate tests are recommended. Please note that if a test is designated as a "replacement," contractual pricing will be copied from discontinued test to replacement test. Contractual pricing does not apply to alternate tests or sendout tests. Please contact Client Services or your Sales Representative if you have any questions.

Test Code	Test Name	Reason	Alternate or Replacement Tests
4904	Fluconazole	Low volume	None identified at this time
4931	Ketoconazole	Low volume	None identified at this time
IHC151	Cytokeratin, AE1	Change of reagent kit	IHC 194 Cytokeratin AE1/AE3
IHC152	Cytokeratin, AE3	Change of reagent kit	IHC 194 Cytokeratin AE1/AE3

Referral Testing Changes

Discontinue Sendout S43150 and use #4491 Codeine, Serum *(effective 12/03/05)*
Discontinue Sendout S50839 and use #4495 Hydrocodone, Serum *(effective 12/03/05)*
Discontinue Sendout S50841 and use # 4492 Hydromorphone, Serum *(effective 12/03/05)*
Discontinue Sendout S50859 and use # 4496 Morphine, Serum *(effective 12/03/05)*
Discontinue Sendout S48537 ER Frozen and use #IHC01 ER (Paraffin embedded) *(effective immediately)*
Discontinue Sendout S48538 PR by IHC Frozen and use #IHC02 PR (Paraffin embedded) *(effective immediately)*
Discontinue Sendout S48598 and use #IHC81 Chromogranin *(effective immediately)*
Discontinue Sendout S48549and use #IHC15 BRST2 (GCDFP-15) *(effective immediately)*
Discontinue Sendout S50514 and use #IHC195 p57*(effective immediately)*
Discontinue Sendout S50887 and use #IHC31 Kappa light chain + IHC32 Lambda light chain *(effective immediately)*

Please visit our website at www.specialtylabs.com or call Client Services at 800-421-4449 for more information.

CPT Code Changes **(effective immediately)**

TEST CODE	NAME OF TEST	CPT CODES CURRENTLY LISTED AS:	CPT CODES CHANGE TO: (changes in bold)
1412	Acetylcholine Receptor Blocking Ab	83519	84238
1413	Acetylcholine Receptor Modulating Ab	83519	84238
5714	Aerobic Suscept: Enterococcus Aminoglycoside MIC	87186x2	87186
5713	Aerobic Suscept: Fastidious Organism MIC Panel	87186x8	87186
5685	Aerobic Suscept: Gram Neg MIC Panel, Urine/non-Ur	87186x13	87186
5687	Aerobic Suscept: Gram Neg Resist MIC, Urine/non-Ur	87186x13	87186
5686	Aerobic Suscept: Gram Pos MIC Panel, Urine/non-Ur	87186x10	87186
5712	Aerobic Suscept: *Streptococcus pneumoniae* MIC	87186x10	87186
2935	AFB Identification by DNA Probe	87149, 87550x2, 87560	87149x4
2939	AFB Identification by DNA Probe w/ reflex HPLC	87149, 87550x2, 87560	87149x4
5652	AFB Suscept: Rapidly Growing Mycobacteria	87147x10	87184
3109C	Alpha Fetoprotein Tumor Marker-CSF	86316	82105
3109F	Alpha Fetoprotein Tumor Marker-Fluid	86316	82105
4147	Amiodarone and Metabolites	83789	80299x2
5711	Anaerobic Suscept. Panel	87076, 87186x15	87076, 87186
1776	Antiphospholipid Evaluation	84081x3, 86147x12, 86148x6	84081x3, 86147x3, 86148x15
1082	Antiphospholipid Syndrome EvaluatR™	85613, 86147x12, 86148x3	85613, 86147x3, 86148x12
7511	*Bartonella quintana* DNA DetectR™	87472	87471
7711BNY	*Borrelia burgdoferi* IgG, IgM Ab Plus Bands NY	86618x2	86617x2
7716BNY	*Borrelia burgdoferi* IgG, IgM Ab w/ IB Plus Bands NY	86618x4	86617x2, 86618x2
4836UR	Calcium, Urine, Random	82340	82310
4133U	Cannabinoids Confirm., Urine	80102	80299
3123PL	Cholinesterase, Plasma	82482	82480
3123PLSR	Cholinesterase, Plasma w/ serial reporting	82482	82480
1995	Complement C4 Binding Protein	86329	86160
9189	Cryptococcus Ag	87899	87327
9189C	Cryptococcus Antigen, CSF	87449	87327
5660	Fungus Suscept: MIC Panel	87186x5	87186
5665	Gram Neg Suscept Panel, Urine/non-Urine	87184x2	87184
2405	Herpes Simplex Virus from Tissue Cult	87300	87253
9842	HIV p24 Antigen, Qual	87390	87449
7420	HIV Phenoscript	87903, 87904	87903, 87904x2
7420NY	HIV Phenoscript, NY	87903, 87904	87903, 87904x2
1376	HLA-A DetectR™	83891, 83894, 83896x44, 83901, 83912	83891, 83894, 83896x66, 83901, 83912
1368	HLA-A,B,C DetectR™	83891, 83894x3, 83896x139, 83901x3, 83912	83891, 83894x3, 83896x156, 86901x3, 83912
1369	HLA-A,B,C,DR DetectR™	83891, 83894x4, 83896x201, 83901x4, 83912	83891, 83894x4,83896x199, 83901x4, 83912
1377	HLA-B DetectR™	83891, 83894, 83896x67, 83901, 83912	83891, 83894, 83896x28, 83901, 83912
1378	HLA-C DetectR™	83891, 83894, 83896x28, 83901, 83912	83891, 83894, 83896x62, 83901, 83912
1379	HLA-DR DetectR™	83891, 83894, 83896x62, 83901, 83912	83891, 83894, 83896x43, 83901,83912
3535	Iron Status MonitR	82397, 82728, 83540, 83550	82728, 83540, 83550, 83883
4104U	Lysergic Acid Diethylamide (LSD) Urine	82542	80299x2
5420	Natural Killer Cell Function	86849	83519
5422	Natural Killer Cell EvaluatR™	85048, 86379, 86849	85048, 86379, 83519
1771	Phosphadtidic Acid IgG, IgM, IgA Abs	86147x3	86148x3
1751	Phosphatidylcholine IgG, IgM, IgA Abs	86147x3	86148x3
1791	Phosphatidylethanolamine IgG, IgM, IgA Abs	86147x3	86148x3
5172	Reticulocyte Count and Hgb	85045, 85046	85046
5700	Stool Comprehensive Cult w/ reflex Susceptibility	87045, 87046x4	87045, 87046x5
1520	Transferrin Receptor (TFR), Soluble	82397	83883
3530	Vitamin E (Alpha and Gamma Tocopherol)	82491, 84446	84446x2

Note: 2006 CPT Code changes will be published when available.