

Dear Colleague:

New Tests

Specialty is now offering a panel for confirmation of **Benzodiazepines in urine**. This panel contains the following 17 analytes: Alpha-Hydroxyalprazolam, Alpha-Hydroxytriazolam, Alprazolam, Chlordiazepoxide, Diazepam, Estazolam, Flurazepam, Hydroxyethylflurazepam, Lorazepam, Midazolam, Nitrazepam, Norchlordiazepoxide, Nordiazepam, Norfludiazepam, Oxazepam, Temazepam, Triazolam. This new test is one of the most comprehensive benzodiazepine confirmation panels available and it uses the highly sensitive and specific, state-of-the-art liquid chromatography with tandem mass spectrometry technology.

In the second phase of the AmeriPath™ merger, *Specialty* is introducing 5 new FISH assays for evaluation of patients with suspected leukemias or lymphomas. These new tests include panels for:

- **Burkitt Lymphoma t(8;14)**
- **Follicular Lymphoma t(14;18)**
- **MALT Lymphoma**
- **Mantle Cell Lymphoma t(11;14)**
- **Multiple Myeloma**

An improved assay for **D-Dimer** testing will aid in assessment of coagulation disorders. A recent JAMA article [2006:295(2):172-9] offers an algorithm for combining clinical probability, D-Dimer testing and computed tomography for assessing the likelihood of pulmonary embolism in patients with suspected predisposition to thromboembolic disorders.

Low Molecular Weight Heparin (anti-Xa) testing [LMWH] to monitor therapeutic range and avoid complications such as bleeding is now available for patients being treated with these products. Testing is also available for those being treated with the unfractionated heparin.

The **Glomerular Filtration Rate** assay using the modified MDRD formula [Modification of Diet in Renal Disease] for adults (>18 yo) and using the Schwartz formula for pediatric (< or = 18 yo) patients provides calculations that are thought to be a better indicator of kidney function with regard to interindividual variability than creatinine clearance or serum creatinine testing.

Another new test, the **Influenza Virus, A & B Nucleoprotein Antigen** is a rapid and sensitive assay for use in assessing potential flu victims in the event of an outbreak.

Homocysteine

Please, note that we are switching to an enzymatic method for Homocysteine measurement effective 04/04/06. For most patients, results measured by this method are expected to be about 10 to 40% lower than with our previous method. Distribution of results for age groups is expected to be similar to that identified by HPLC.

Allergy Specimen Quantities

Allergy Food Panels are consistently on the list of tests that we are unable to perform completely due to insufficient specimen (QNS). If you request testing for many different allergens on a single sample or anticipate the need for additional (add-on) tests, we request that you allow at least 100 microliters for each additional allergen requested.

CPT Code Changes

We have made changes to CPT codes for some of our molecular-based tests based on additional information provided by reagent/diagnostics manufacturers and re-assessment of the procedures involved in testing. For any questions about CPT coding, please call Sandra Jones at 800-421-7110 ext. 6756.

CLMA Attendees

If you are planning to attend CLMA in Charlotte, please stop by our **booth #427** to find out more about *Specialty* and our comprehensive test menu.

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



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

New from *Specialty*

Effective Tuesday, March 21, 2006 or as noted

4090U Benzodiazepines Confirmation, Urine (effective 3/28/06)

Component	Method	Reference Range	Units
Alpha-Hydroxyalprazolam, Urine	LC/MS-MS	<100	ng/mL
Alpha-Hydroxytriazolam, Urine	LC/MS-MS	<100	ng/mL
Alprazolam, Urine	LC/MS-MS	<100	ng/mL
Chlordiazepoxide, Urine	LC/MS-MS	<100	ng/mL
Diazepam, Urine	LC/MS-MS	<100	ng/mL
Estazolam, Urine	LC/MS-MS	<100	ng/mL
Flurazepam, Urine	LC/MS-MS	<100	ng/mL
Hydroxyethylflurazepam Urine	LC/MS-MS	<100	ng/mL
Lorazepam, Urine	LC/MS-MS	<100	ng/mL
Midazolam, Urine	LC/MS-MS	<100	ng/mL
Nitrazepam, Urine	LC/MS-MS	<100	ng/mL
Norchlordiazepoxide, Urine	LC/MS-MS	<100	ng/mL
Nordiazepam, Urine	LC/MS-MS	<100	ng/mL
Norfludiazepam, Urine	LC/MS-MS	<100	ng/mL
Oxazepam, Urine	LC/MS-MS	<100	ng/mL
Temazepam, Urine	LC/MS-MS	<100	ng/mL
Triazolam, Urine	LC/MS-MS	<100	ng/mL

Specimen/Stability 6.0 (4.0) mL Urine; Refrigerated 2 weeks, Frozen 2 months
 Clinical Utility Confirmation of screen positive results. This panel contains the following 17 analytes: Alpha-Hydroxyalprazolam, Alpha-Hydroxytriazolam, Alprazolam, Chlordiazepoxide, Diazepam, Estazolam, Flurazepam, Hydroxyethylflurazepam, Lorazepam, Midazolam, Nitrazepam, Norchlordiazepoxide, Nordiazepam, Norfludiazepam, Oxazepam, Temazepam, Triazolam.

Performance Schedule Set-up: Tuesday and Friday Reported: within 2 days
 CPT Code 80154x17
 Notes Cut-off=100 ng/mL.

5868 Burkitt Lymphoma t(8;14) by FISH (effective 3/28/06)

Component t(8;14)	Method FISH	Reference Range By Report	Units
Specimen/Stability	3.0 (1.0) mL Heparinized Bone Marrow; Ambient 72 hrs		
Alternate Specimen	5.0 (3.0) mL Heparinized Whole Blood; Ambient 72 hrs		
Collection Instructions	This test requires SODIUM HEPARINIZED specimens. Lithium heparinized specimens are not acceptable. Do not refrigerate or freeze. Ship by overnight courier.		
Clinical Utility	For the detection of the juxtaposition of immunoglobulin heavy chain (<i>IGH</i>) locus and <i>MYC</i> gene region sequences. Inclusion of the CEP 8 serves as a control for chromosome 8, which is important when <i>MYC</i> amplification and loss of the der (8) chromosome occurs.		
Performance Schedule	Set-up: Sun-Sat	Reported: within 7 days	
CPT Code	88237, 88271x3, 88275		

5380 Cytochrome P450 2D6 GenotypR™ (effective 3/28/06)

Component CYP450 2D6 GenotypR	Method PCR	Reference Range By Report	Units
Specimen/Stability	5.0 (3.0) mL Whole Blood; Ambient 72 hrs, Refrigerated 72 hrs		
Collection Instructions	EDTA is the preferred anticoagulant, but ACD (A or B) is also acceptable. Do not freeze. Refrigerated specimens are also acceptable but not preferred. Heparinized whole blood is not acceptable.		
Clinical Utility	The cytochrome P450 enzyme encoded by the CYP2D6 gene is responsible for the metabolism of a large number of widely prescribed drugs (anti-arrhythmics, anti-depressants, anti-psychotics, beta-blockers, neuroleptic, and opioid agents). This gene is polymorphic, with allelic variations significantly affecting drug metabolism. The gene has at least 70 allelic variants resulting in four phenotypes: poor metabolizers with gene inactivation of both alleles, intermediate metabolizers with one reduced activity allele and one null allele, extensive metabolizers with at least one functional allele, and ultrarapid metabolizers with excess enzymatic activity due to multiple copies of functional alleles from gene duplication.		
Performance Schedule	Set-up: Tuesday	Reported: within 3 days	
CPT Code	83891, 83892x2, 83900, 83901x2, 83914x14, 83909, 83912		
Notes	Shipment should be sent by overnight courier to arrive at <i>Specialty</i> within 24 hrs of collection. Specimens will be stabilized upon departmental receipt. Also available is the FDA-approved AmpliChip™ CYP450 test for 2D6 and 2C19, #4565.		

5382 Cytochrome P450 2C19 GenotypR™ (effective 3/28/06)

Component	Method	Reference Range	Units
CYP450 2C19 GenotypR	PCR	By Report	
Specimen/Stability Collection Instructions	5.0 (3.0) mL Whole Blood; Ambient 72 hrs, Refrigerated 72 hrs EDTA is the preferred anticoagulant, but ACD (A or B) is also acceptable. Do not freeze. Refrigerated specimens are also acceptable but not preferred. Heparinized whole blood is not acceptable.		
Clinical Utility	Identification of patient CYP2C19 genotype can help predict expected drug metabolism enzyme activity allowing clinicians to individualize drug treatment for each patient. Individualized therapy may assist patients by reducing adverse drug reactions and optimizing drug dose requirements.		
Performance Schedule	Set-up: Tuesday	Reported: within 3 days	
CPT Code	83891, 83892x2, 83900, 83901x3, 83914x7, 83909, 83912		
Notes	Shipment should be sent by overnight courier to arrive at <i>Specialty</i> within 24 hrs of collection. Specimens will be stabilized upon departmental receipt. Also available is the FDA-approved AmpliChip™ CYP450 test for 2D6 and 2C19, #4565.		

4202 D-Dimer Quantitative (effective 3/28/06)

Component	Method	Reference Range	Units
D-Dimer Quant	Turb	0.43 - 2.90	mg/L
Specimen/Stability Collection Instructions	1.0 (0.5) mL Citrated Plasma; Frozen 2 months Platelet-Poor Plasma		
	<ol style="list-style-type: none"> 1. Draw a plain red-top tube to remove tissue fluid contamination. Discard this tube. 2. Draw blood into a buffered citrate collection tube (light blue top) filled to proper level. 3. The blood-to-anticoagulant ratio should be 9:1; inadequate filling of the collection device will decrease this ratio and may lead to inaccurate results. 4. Adjust the final citrate concentration in the blood of patients who have hematocrit values above 0.55 (55%). For hematocrits below 20%, there are no current data to support a recommendation for adjusting the citrate concentration. 5. The needle gauge could be between 19-22. For pediatric patients a 21-23 gauge needle may be used. 6. Invert gently 6 times to mix. Process immediately. 7. Centrifuge for 15 min at 2500 x g. 8. Remove plasma using a plastic pipette to transfer into a new tube. 9. Repeat centrifugation at 2500 x g for 15 minutes to assure complete platelet removal. 10. Dispense the plasma into 2 or more plastic tubes using a plastic transfer pipette. Label tubes appropriately. 11. Freeze immediately at -70° C. 12. Specimen must remain frozen at all times. Ship to <i>Specialty</i> within 24 hours on dry ice. 13. Specimen should not be submitted if: <ul style="list-style-type: none"> • it is hemolyzed • microclots are present • the tube is less than 90% filled • a specimen with hematocrit >55% is collected without anticoagulant adjustment 		
Clinical Utility	The D-dimer assay aids in the diagnosis of thromboembolic events. Elevated concentrations of D-dimer are indicative of the presence of a clot and have been reported in deep venous thrombosis, pulmonary embolism and disseminated intravascular coagulation.		
Performance Schedule	Set-up: Tuesday-Saturday	Reported: same day	
CPT Code	85379		

5872 Follicular Lymphoma t(14;18) by FISH (effective 3/28/06)

Component	Method	Reference Range	Units
t(14;18)	FISH	By Report	
Specimen/Stability Alternate Specimen Collection Instructions	3.0 (1.0) mL Heparinized Bone Marrow; Ambient 72 hrs 5.0 (3.0) mL Heparinized Whole Blood; Ambient 72 hrs This test requires SODIUM HEPARINIZED specimens. Lithium heparinized specimens are not acceptable. Do not refrigerate or freeze. Ship by overnight courier.		
Clinical Utility	For the detection of the juxtaposition of immunoglobulin heavy chain (<i>IGH</i>) locus and <i>BCL</i> gene sequences. Relocation of an <i>IGH</i> transcriptional enhancer next to the <i>BCL2</i> gene as a result of the t(14;18) is thought to cause constitutive over-expression of the anti-apoptotic <i>BCL2</i> protein. The t(14;18) is the most common cause of a 14q+ in Non-Hodgkin Lymphoma and is particularly associated with follicular lymphomas.		
Performance Schedule	Set-up: Sun-Sat	Reported: within 7 days	
CPT Code	88237, 88271x2, 88275		

1325 Glomerular Filtration Rate (GFR), Estimated (effective 3/28/06)

Component Creatinine	Method S	Reference Range			Units
		Age	Males	Females.	
		0 - 1 yo	Call Client Services		mg/mL
		2 yo - 18 yo	1.0-1.4.	0.8-1.3	mg/mL
		> 18 yo	0.9-1.3	0.6-1.1	mL/min
GFR (estimated)	Calculation			>90	/1.73m2
		<u>GFR (mL/min/1.73m2)</u>	<u>with Kidney Damage</u>	<u>without Kidney Damage</u>	
		> or = 90	Stage One	Normal	
		60 - 89	Stage Two	"Decreased GFR"	
		30 - 59	Stage Three	Stage Three	
		15 - 29	Stage Four	Stage Four	
		< 15 (or dialysis)	Stage Five	Stage Five	
		(Source: <i>K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification, and Stratification</i>)			
Specimen/Stability	1.0 (0.4) mL Serum or Heparinized Plasma; Ambient 7 days, Refrigerated 7 days, Frozen 2 months				
Clinical Utility	Glomerular Filtration Rate (GFR) is the index of kidney function.				
Performance Schedule	Set-up: Sunday - Saturday		Reported: same day		
CPT Code	82565				
Notes	Glomerular Filtration Rate (GFR) is calculated using the modified MDRD formula for adults (>18 yo), and using the Schwartz formula for pediatric (< or = 18 yo) patients. Client must supply patient's age/date of birth, gender, race and height in cm before <i>Specialty</i> can perform the necessary calculations.				

5947 Heparin (Anti-Xa), Low Molecular Weight (LMWH) (effective 3/28/06)

Component LMWH	Method Chrom	Reference Range <0.10	Units IU/mL
	<p><u>Therapeutic Range:</u> For twice daily administration of enoxaparin and nadroparin is 0.6 to 1.0 IU/ml. The measured peak of anti-factor Xa activities varies among individual LMWH preparations given in the same anti-factor Xa dose, due to variations in pharmacokinetics. In order to avoid an increased risk of bleeding, levels of >1.0 IU/ml should be avoided if the appropriateness of the dose is in question in patients with renal impairment or severe obesity. The peak range of anti-factor Xa for the once daily administration is less clear, but it is likely to be >1.0 IU/ml for enoxaparin (Levonox6). For a once-daily dose of other LMWH, the target mean is as follows:</p> <p> tinzaparin (Novo, Logiparin) is 0.85 IU/mL nadroparin is 1.3 IU/mL dalteparin (Fragmin6) is 1.05 IU/mL</p> <p>The target mean is measured approximately 4hrs after administration.</p> <p>(Source: <i>Heparin and Low Molecular Weight Heparin: The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy - Chest 2004: 126;188-203</i>)</p>		
Specimen/Stability	1.0 (0.5) mL Citrated Plasma; Frozen 2 months		
Collection Instructions	Platelet-Poor Plasma		
	1.	Draw a plain red-top tube to remove tissue fluid contamination. Discard this tube.	
	2.	Draw blood into a buffered citrate collection tube (light blue top) filled to proper level.	
	3.	The blood-to-anticoagulant ratio should be 9:1; inadequate filling of the collection device will decrease this ratio and may lead to inaccurate results.	
	4.	Adjust the final citrate concentration in the blood of patients who have hematocrit values above 0.55 (55%). For hematocrits below 20%, there are no current data to support a recommendation for adjusting the citrate concentration.	
	5.	The needle gauge could be between 19-22. For pediatric patients a 21-23 gauge needle may be used.	
	6.	Invert gently 6 times to mix. Process immediately.	
	7.	Centrifuge for 15 min at 2500 x g.	
	8.	Remove plasma using a plastic pipette to transfer into a new tube.	
	9.	Repeat centrifugation at 2500 x g for 15 minutes to assure complete platelet removal.	
	10.	Dispense the plasma into 2 or more plastic tubes using a plastic transfer pipette. Label tubes appropriately.	

**5947 Heparin (Anti-Xa), Low Molecular Weight (LMWH)
[continued]**

11. Freeze immediately at -70° C.
12. Specimen must remain frozen at all times. Ship to *Specialty* within 24 hours on dry ice.
13. Specimen should not be submitted if:
 - it is hemolyzed
 - microclots are present
 - the tube is less than 90% filled
 - a specimen with hematocrit >55% is collected without anticoagulant adjustment

Clinical Utility Monitors dose response to low molecular weight heparin.
 Performance Schedule Set-up: Monday, Wednesday, Friday Reported: same day
 CPT Code 85520

**8550 Influenza Virus, A & B Nucleoprotein Antigen
(effective 3/28/06)**

Component	Method	Reference Range	Units
Influenza A	ICMA	Not detected	
Influenza B	ICMA	Not detected	
Specimen/Stability	Nasopharyngeal Swab in Culturette; Refrigerated 24 hrs		
Collection Instructions	Collect nasopharyngeal specimen using a sterile cotton, rayon, foam, or polyester flexible-shaft NP swab. Calcium alginate swabs are NOT recommended.		
Clinical Utility	This assay serves as a rapid and sensitive front line screening assay during seasonal outbreaks of influenza A & B. In the event of an avian influenza (H5N1) pandemic, this assay would be a preferred rapid assay for screening of influenza A infection (including H5N1), since cell culture has a long incubation period and also presents risk to testing personnel. Positive influenza A results could then be differentiated by molecular diagnostic testing.		
Performance Schedule	Sunday - Saturday	Reported: same day	
CPT Code	87400x2		
Notes	The assay is 80% sensitive and 93% specific for influenza A when compared to cell culture. For influenza B, the comparison is 65% sensitive and 97% specific.		

**5866 MALT Lymphoma by FISH
(effective 3/28/06)**

Component	Method	Reference Range	Units
MALT Lymphoma	FISH	By Report	
Specimen/Stability	3.0 (1.0) mL Heparinized Bone Marrow; Ambient 72 hrs		
Alternate Specimen	5.0 (3.0) mL Heparinized Whole Blood; Ambient 72 hrs		
Collection Instructions	This test requires SODIUM HEPARINIZED specimens. Lithium heparinized specimens are not acceptable. Do not refrigerate or freeze. Ship by overnight courier.		
Clinical Utility	For the detection of chromosome rearrangements involving the <i>MALT1</i> (MALT lymphoma-associated translocation 1) gene on chromosome 18q21 observed in several types of lymphoma, such as t(11;18) and t(14;18), and for the detection of trisomy 3 found in NHL, mostly as a secondary anomaly accompanying the more specifically NHL-associated abnormalities.		
Performance Schedule	Set-up: Sun-Sat	Reported: within 7 days	
CPT Code	88237, 88271x7, 88275x4		

**5870 Mantle Cell Lymphoma t(11;14) by FISH
(effective 3/28/06)**

Component	Method	Reference Range	Units
t(11;14)	FISH	By Report	
Specimen/Stability	3.0 (1.0) mL Heparinized Bone Marrow; Ambient 72 hrs		
Alternate Specimen	5.0 (3.0) mL Heparinized Whole Blood; Ambient 72 hrs		
Collection Instructions	This test requires SODIUM HEPARINIZED specimens. Lithium heparinized specimens are not acceptable. Do not refrigerate or freeze. Ship by overnight courier.		
Clinical Utility	For the detection of the juxtaposition of the immunoglobulin heavy chain (<i>IGH</i>) locus and the Cyclin D1 gene (<i>CCND1</i>). The t(11;14) is the most common rearrangement giving rise to a 14q+ in B-CLL/SLL.		
Performance Schedule	Set-up: Sun-Sat	Reported: within 7 days	
CPT Code	88237, 88271x2, 88275		

5864 Multiple Myeloma by FISH
(effective 3/28/06)

Component	Method	Reference Range	Units
Multiple Myeloma	FISH		By Report
Specimen/Stability	3.0 (1.0) mL Heparinized Bone Marrow; Ambient 72 hrs		
Alternate Specimen	5.0 (3.0) mL Heparinized Whole Blood; Ambient 72 hrs		
Collection Instructions	This test requires SODIUM HEPARINIZED specimens. Lithium heparinized specimens are not acceptable. Do not refrigerate or freeze. Ship by overnight courier.		
Clinical Utility	For the detection of chromosome aberrations observed in multiple myeloma: IGH 14q32 translocations, t(11;14), t(4;14), t(14;16) deletions of 13q: 13q14 (RB1) and 13q34 deletion of 17p (p53) aneuploidy of chromosomes 9 and 15		
Performance Schedule	Set-up: Sun-Sat	Reported: within 7 days	
CPT Code	88237, 88271x13, 88275x9		

For New York Clients only

8942NY Borrelia burgdorferi IgG & IgM Abs w/reflex IB + Bands [NY]
(effective immediately)

Component	Method	Reference Range	Units
<i>B. burgdorferi</i> IgG	EIA	<0.8	Index
<i>B. burgdorferi</i> IgM	EIA	<0.8	Index
Specimen/Stability	2.0 (1.0) mL Serum; Ambient 7 days, Refrigerated 14 days, Frozen 2 months		
Clinical Utility	Aid in the diagnosis of infection with the Lyme disease agent. See #8941, <i>B. burgdorferi</i> IgG and IgM Abs (EIA) and #7711B <i>B. burgdorferi</i> IgG and IgM Abs (IB) for more detailed clinical utility information.		
Performance Schedule	Set-up: Sunday - Saturday	Reported: within 2 days	
CPT Code	86618x2		
Notes	If positive, <i>B. burgdorferi</i> IgG and IgM Immunoblot panel (New York criteria), code #7711B NY, is performed for an additional fee.		

Test Changes

Test Code	Effective Date	Test Name	Specific Change	Also Affected
2417	Immediately	Acid-Fast Bacilli Culture	<u>Alternate Specimens/Stability</u> Swab or Nasopharyngeal Swab; Ambient 24 hr, Refrigerated 7 days <u>Collection Instructions for Alternate Specimens</u> Culturette and nasopharyngeal swab collection may result in a potential decline in sensitivity of <i>Mycobacteria</i> isolation in culture. The yield of material is limited and, due to the hydrophobicity of <i>Mycobacteria</i> , the organisms may be entrapped within the fiber matrix and not readily transition into solution or onto media. False-negative cultures are possible, especially if few pathogens are present.	5320 Acid-fast Bacilli Stain 2419 Acid-fast Bacilli Culture & Stain
3742	02-08-06	Allergen Panel Adult Food	<u>Specimen</u> 5.0 (3.0) mL Serum Note: additional 100 microliter of specimen is required per additional food allergen requested.	
3724-3741	02-08-06	Allergen Respiratory Regional Panels	<u>Specimen</u> 5.0 (3.0) mL Serum Note: additional 100 microliter of specimen is required per additional respiratory allergen requested.	
5943	03-21-06	Heparin Assay (Anti-Xa Activity)	<u>Name</u> Heparin(Anti-Xa Activity), Unfractionated Note: this test differs from Heparin, Low Molecular Weight (LMWH)	

Test Code	Effective Date	Test Name	Specific Change	Also Affected
8315UR	Immediately	Histoplasma Antigen Urine	<u>Reference Range</u> <3.0 Negative 3.0 - 4.5 Borderline >4.5 Positive	
3334	04-04-06	Homocysteine UltraQuant™	<u>Method</u> Enzymatic For most patients, results measured by this method are expected to be about 10 to 40% lower than with our previous method. Distribution of results for age groups is expected to be similar to that identified by HPLC.	5990 Thrombotic Risk AssessR™ 5971 Thrombotic Risk Evaluation 2 5973 Thrombotic Risk Evaluation 3 4994 Megaloblastic Anemia AssessR™ 1537 Treatable Ischemia PredictR®
9896	03-21-06	HTLV I/II DNA DetectR™	<u>Stability</u> Whole Blood ACD/EDTA: Ambient 5 days, Refrigerated 5 days CSF or Fluid: Ambient 4 days, Refrigerated 4 days, Frozen 2 months Tissue: Frozen 2 months	
3310UR	immediately	5-Hydroxyindoleacetic Acid Random Urine	<u>Collection Instructions</u> Patients should abstain, if possible, from medications, over-the-counter drugs and herbal remedies for at least 72 hours prior to collection. Patients should not eat avocados, bananas, eggplant, pineapple, plums, tomatoes or walnuts for a 48 hour period prior to start of collection. Adjust pH to 2.0-4.0 with acetic or hydrochloric acid after collection.	
1245	04-11-06	IgE	<u>Method</u> FEIA (ImmunoCAP) <u>Reference Range in IU/mL</u> 0-6 weeks <5.2 5 yo <108 7 weeks-3 mo <9.2 6 yo <126 4-6 mo <16.4 7 yo <142 7-9 mo <22.6 8 yo <160 10-12 mo <29.2 9 yo <176 2 yo <51.7 10 yo <192 3 yo <72 >10 yo <114 4 yo <90	3701 Allergen Panel - Ped Food + IgE 3703 Allergen Panel - Food + IgE 3705 Allergen Panel - Molds + IgE 3719 Allergen Panel - Northeast + IgE 1147 Humoral Immune Status Survey (HISS) (Pneumo 7) 1147P /Pre-post 1148 HISS (Pneumo 14) 1148P /Pre-post 1149HISS (Pneumo 23) 1149P /Pre-post
3984	03-21-06	Inhibin A	<u>Stability</u> Refrigerated 5 days; Frozen 5 days	
4866R	03-28-06	Magnesium RBC	<u>Collection Instructions</u> Place whole blood specimen in ice-water immediately after collection, and separate Red Blood Cells within 15 min. Ship RBC's ambient, refrigerated or frozen. <u>Reference Range</u> 1.65 - 2.65 mmol/L <u>Stability</u> Ambient: 7 days, Refrigerated: 2 weeks, Frozen: 1 month	4165 Minerals Analysis RBC w/ K+
4174	03-28-06	Nucleotidase, 5'	<u>Reference Range</u> <12 U/L	
3550	02-15-06	Osteocalcin	<u>Method</u> ECLIA <u>Reference Range</u> Males: 8-37 ng/mL Females: 7-38 ng/mL Range found in Osteoporosis 17-49 ng/mL <u>Stability</u> Refrigerated: 3 days, Frozen: 2 months <u>Collection Instructions</u> Hemolyzed specimens are not suitable for analysis	

Test Code	Effective Date	Test Name	Specific Change	Also Affected
3964	02-15-06	Proinsulin	<u>Name</u> Change from Proinsulin Serum <u>Specimen</u> Either Serum or EDTA Plasma is acceptable <u>Reference Range</u> <23.2 pmol/L	

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/Date	Alternate or Replacement Tests
5834	BCR/ABL Gene Rearrangement (Philadelphia Chromosome) by FISH	Replaced by CML assay / immediately	5862 Chronic Myeloid Leukemia (CML) by FISH
S48786 S50812	Benzodiazepines Confirmation Urine	Replaced by in-house assay / 04-11-06	4090U Benzodiazepines Confirmation, Urine
8955 8955SR	<i>Borrelia burgdorferi</i> C6 Peptide AccuQuant® <i>Borrelia burgdorferi</i> C6 Peptide AccuQuant® w/serial report	Low volume for quantitative assay / immediately	8944 <i>B. burgdorferi</i> C6 Peptide DetectR™ 8946 <i>B. burgdorferi</i> C6 Peptide DetectR™ reflex to IgG/IgM IB + bands
S50730	D-Dimer	Replaced by in-house assay / 04-11-06	
S50955 S48674	Heparin, Low Molecular Weight	Replaced by in-house assay / 04-11-06	5947 Heparin (Anti-Xa), Low Molecular Weight (LMWH)
S50692	Mantle Cell Leukemia by FISH	Replaced by in-house assay / 04-11-06	5870 Mantle Cell Lymphoma t(11;14) by FISH
3964P	Proinsulin Plasma	Separate plasma test no longer necessary / immediately	3964 Proinsulin
S43145	Urine Carnitines	Replaced sendout lab / immediately	S49339 Carnitine Urine requires strict frozen sample

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