

April 27, 2009

Dear Colleague:

On December 1st, Specialty Laboratories began performing the **Vitamin D, 25-Hydroxy Total [LC/MS/MS] assay [3541]** at our Valencia California facility. This sensitive and specific test performed by liquid chromatography with tandem mass spectrometry and a 3 day turnaround time provides the information endocrinologists need when evaluating patients for vitamin D deficiency and when monitoring treatment. To order Vitamin D, 25-Hydroxy Total by LC-MS-MS, please be sure to use **test code 3541**.

Specialty is pleased to announce a major improvement in our process for certain molecular diagnostic tests used in the assessment of venous thrombosis. Using our proprietary process, the individual assays for thrombotic risk **Factor V [Leiden] GenotypR™ [1966]**, **Factor II (Prothrombin) GenotypR™ [5371]**, **MTHFR C677T/A1298C GenotypR™ [4562]**, and **Plasminogen Activator Inhibitor (PAI-1) GenotypR™ [5375]** can all be performed on a single 5 (3) mL Whole Blood EDTA, ambient patient sample.

Now you can use rapid Warfarin (Coumadin®) genetic information for more accurate dosing, whether prior thrombotic risk assays have been performed or not. With **Warfarin Sensitivity DetectR™ (VKORC1 and CYP2C9) [5055]** assay, run daily Monday-Friday with same-to-next-day TAT (except Friday), *Specialty* can provide cost-effective results when you need them.

As *Specialty* further develops our Urology Center of Excellence, we have been making modifications in our urine chemistry tests to reflect best practices in support of urologists.

We thank you for choosing *Specialty* and look forward to your continued support. For additional information, please visit our Web site at www.specialtylabs.com or contact Client Relations at 800-421-4449.

Respectfully Yours,



Christopher Lockhart, M.D.
Laboratory Director

Test Changes:

1203	DNA Autoantibodies, Double-Stranded [Crithidia]	Effective CPT Code	Immediately 86256
4555	Thrombotic Risk AssessR™ for Obstetric Complications	Effective CPT Code	Immediately 83891, 83901x2, 83900, 83914x4, 83909, 83912x3
5640	<i>Escherichia coli</i> 0157: H7 Culture Confirmation	Effective Specimen/Stability Collection Instructions	May 27 Slant: Ambient 24 hours Send a freshly isolated pure culture of the organism on the appropriate media (plate or slant). Wrap Parafilm® around the properly labeled tube or plate. Send plates secured in a small box or send vials in a metal mailing container. On the outer container affix a label "Etiologic Agent/Biomedical Material". Ship the specimen to Specialty by overnight courier (following courier regulations) at ambient temperature. Note: Stool is no longer acceptable
1557	Oligoclonal Bands	Effective Specimen/Stability	May 27 Specimen 1: CSF 1.0 (0.5) mL: Refrigerated 7 days, Frozen 1 month Specimen 2: Serum 1.0 (0.5) mL: Refrigerated 7 days, Frozen 1 month Note: Ambient specimens no longer accepted and stability change for Refrigerated (previous 14 days) and Frozen (previous 2 months)
1055	Multiple Sclerosis Evaluation	Effective Specimen/Stability	May 27 Specimen 1: CSF 3.0 (2.0) mL: Refrigerated 7 days, Frozen 1 month Specimen 2: Serum 3.0 (2.0) mL: Refrigerated 7 days, Frozen 1 month Note: Ambient specimens no longer accepted and stability change for Frozen (previous 2 months)
9620	Nuclear Matrix Proteins (NMP)	Effective Collection Instructions	May 27 Collect a single void of urine between midnight and noon. Stabilize immediately. Stabilized urine collected with the NMP22 Urine Collection Kit should be blue/green in color. Stabilized samples may remain at room temperature for up to 96 hours before being processed. Keep sample away from direct sunlight. Transport specimens refrigerated.
3126	Calcitonin	Effective Specimen/Stability	May 27 Serum 2.0 (0.8) mL: Frozen 30 days Note: Stability change (previous Frozen 2 months)

Test Changes: (cont'd)

4875	Selenium	May 27
Effective		
Collection Instructions	Patient should refrain from taking vitamins or mineral supplements at least 3 days before specimen collection. Collect serum in special trace element collection system. Do not use gel barrier tubes. Centrifuge serum or plasma specimens within 1 hour of collection. Immediately separate serum or plasma specimens from the cells into special trace element collection vial(s).	
1505	IgG	June 23
Effective		
Panel Name	IgG, Serum	
Methodology	Immunoturbidimetric	
Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days, Frozen 3 months Note: Stability change (previous Ambient 7 days, Refrigerated 14 days, Frozen 2 months)	
Collection Instructions	Plasma specimens and specimens with gross hemolysis or lipemia will be rejected.	
Reference Range	1 Month: 213-765 mg/dL 2 – 5 Months: 170-595 mg/dL 6 – 9 Months: 187-765 mg/dL 10 – 12 Months: 247-910 mg/dL 1 - 3 Years: 533-1078 mg/dL 4 - 6 Years: 592-1723 mg/dL 7 – 9 Years: 673-1734 mg/dL 10 – 11 Years: 821-1835 mg/dL 12 – 13 Years: 893-1823 mg/dL 14 – 15 Years: 842-2013 mg/dL > 15 Years: 694-1618 mg/dL	
Also Affected	1045, 1055, 1147, 1147P, 1148, 1148P, 1149, 1149P, 1550, 1623, 7970, Reflex of 1584	
1508	IgM	June 23
Effective		
Panel Name	IgM, Serum	
Methodology	Immunoturbidimetric	
Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days, Frozen 3 months Note: Stability change (previous Ambient 7 days, Refrigerated 14 days, Frozen 2 months)	
Collection Instructions	Plasma specimens and specimens with gross hemolysis or lipemia will be rejected. Serum should be separated immediately from the clot.	
Reference Range	1 Month: 13-54 mg/dL 2 – 5 Months: 17-67 mg/dL 6 – 9 Months: 23-84 mg/dL 10 – 12 Months: 27-101 mg/dL 1 - 3 Years: 26-218 mg/dL 4 - 6 Years: 36-314 mg/dL 7 – 9 Years: 47-311 mg/dL 10 – 11 Years: 46-368 mg/dL 12 – 13 Years: 52-367 mg/dL 14 – 15 Years: 23-281 mg/dL > 15 Years: 48-271 mg/dL	
Also Affected	1045, 1055, 1147, 1147P, 1148, 1148P, 1149, 1149P, 1891 7970 Reflex of 1584	

Test Changes: (cont'd)

1506	IgA	
Effective		June 23
Panel Name		IgA, Serum
Methodology		Immunoturbidimetric
Specimen/Stability		Serum 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days, Frozen 3 months
		Note: Stability change (previous Ambient 7 days, Refrigerated 14 days, Frozen 2 months)
Collection Instructions		Plasma specimens and specimens with gross hemolysis or lipemia will be rejected. Serum should be separated immediately from the clot.
Reference Range		1 Month: 2-43 mg/dL 2 – 5 Months: 3-66 mg/dL 6 – 9 Months: 7-66 mg/dL 10 – 12 Months: 12-75 mg/dL 1 - 3 Years: 24-121 mg/dL 4 - 6 Years: 33-235 mg/dL 7 – 9 Years: 41-368 mg/dL 10 – 11 Years: 64-246 mg/dL 12 – 13 Years: 70-432 mg/dL 14 – 15 Years: 57-300 mg/dL > 15 Years: 81-463 mg/dL
Also Affected		1045, 1055, 1075, 1147, 1147P, 1148, 1148P, 1149, 1149P, 1896, 1931, Reflex of 1584

The CPT Codes provided are based on AMA Guidelines and are for informational purposes only. CPT Coding is the sole responsibility of the billing party. Please direct any questions regarding CPT Coding to the payer being billed.

Discontinued Tests:

Effective Immediately:

S51787NY JAK2 V617F Mutation, Qual PCR, Leumeta™ w/Ref to Exons 12, 13

Recommended replacement: 5394 – JAK2 V617F Mutation, Qual PCR, Plasma w/Reflex Exons 12, 13

1324F Protein, Total Fluid

Recommended replacements: S51834 – Protein, Total, Peritoneal Fluid [17428X]; S51835 – Protein, Total, Pleural Fluid [17427X]; S51836 – Protein, Total, Pericardial Fluid [17429X]

1324SF Protein, Total Synovial Fluid

Recommended replacement: S51833 – Protein, Total, Synovial Fluid [4404X]

Effective May 27:

3109F Alpha-Fetoprotein (AFP) Tumor Marker Body Fluid

Recommended replacement: S51850 – Alpha-Fetoprotein, Peritoneal Fluid [17410X]; S51851 – Alpha-Fetoprotein, Pericardial Fluid [17554X]

3258F Carcinoembryonic Ag Fluid

Recommended replacement: S51848 – CEA, Pleural Fluid [17584X]

3120F CA 19-9 Fluid

Recommended replacement: S51844 – CA 19-9, Pleural Fluid [17642X]; S51845 – CA 19-9, Pericardial Fluid [17643X]; S51846 – CA 19-9, Peritoneal Fluid [17638X]; S51847 – CA 19-9, CSF [17417X]

3121F CA 125 Fluid

Recommended replacement: S51837 – CA 125, Pleural Fluid [17580X]; S51838 – CA 125, CSF [17416X]; S51839 – CA 125, Peritoneal Fluid [17545X]

1540F Rheumatoid Factor Fluid

Recommended replacement: S51849 – Rheumatoid Factor, CSF [17407X]

1510F Albumin Fluid

Recommended replacement: S51840 – Albumin, Synovial Fluid [17646X]; S51841 – Albumin, Peritoneal Fluid [17412X]; S51842 – Albumin, Pericardial Fluid [17411X]; S51843 – Albumin, Pleural Fluid [17413X]

Effective June 30:

6810 HCV Liver Fibrosis GenotypR™

Recommended replacement: No replacement