NEW TESTS Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.			
Test Code	**Test Name**	**Effective Date**	**Page #**
91664	***Clostridium difficile* Toxin/GDH with reflex to PCR**	2/3/2014	2
37213	**Cryptosporidium Antigen, DFA**	2/3/2014	3
10018	**Cyclospora and Isospora Examination**	2/3/2014	4
39480	**Giardia/Cryptosporidium Antigen Panel**	2/3/2014	5
16186	**HIV-1 RNA, Quantitative Real-Time PCR, CSF**	2/10/2014	5
16018	**Y Chromosome Microdeletion, DNA Analysis (NY)**	2/10/2014	6

TEST CHANGES Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.				
Test Code	**Former Test Code**	**Test Name**	**Effective Date**	**Page #**
[7516]		Hepatitis C Viral RNA, Qualitative TMA	12/10/2013	7
[RHO]		Reflex Hepatitis C RNA, Qualitative TMA	12/10/2013	7
90389	2439	**Cryptosporidium Antigen, EIA**	2/3/2014	7
3930X	2960	Fecal Leukocyte Stain	2/3/2014	8
3170		Ferritin	2/3/2014	9
478	3176	Gastrin	2/3/2014	9
8625	7760	Giardia Antigen, EIA, Stool	2/3/2014	10
10124		**hs-CRP**	2/3/2014	10
3562	5720	**Microsporidia Exam**	2/3/2014	11
681	2361	Ova and Parasites, Concentrate and Permanent Smear	2/3/2014	12
36170		**Testosterone, Free (Dialysis) and Total (LC/MS/MS)**	2/3/2014	13
17181	S51399	**Aldosterone, LC/MS/MS**	2/10/2014	13
29881	S50398	**Amino Acid Analysis, LC/MS, CSF**	2/10/2014	13
S51709		FISH, B-Cell Malignancy, IGH, 14q32 Rearrangement	2/10/2014	17
1266	S52105	**Gliadin (Deamidated Peptide) Antibody (IgG,IgA)**	2/10/2014	17
90924		Hepatitis C Viral RNA NS3 Genotype	2/10/2014	18
S51511		Hepatitis E Antibody (IgG)	2/10/2014	18
S51512		Hepatitis E Antibody (IgM)	2/10/2014	18
S52041		Hypersensitivity Pneumonitis Screen	2/10/2014	19
S51997		IGF-I, LC/MS	2/10/2014	19
37103	S50110	**PM-Scl Antibody**	2/10/2014	19
S51596		Proinsulin	2/10/2014	20

S49587		PSA Post Prostatectomy	2/10/2014	20
16047	S51994	RSV (Respiratory Syncytial Virus) RNA, Qualitative Real-Time PCR	2/10/2014	20
61025	S52565	**Varicella-Zoster Virus (VZV) Ab (Total, IgM), ACIF/IFA, CSF**	2/10/2014	21
14679	S51325	Y Chromosome Microdeletion, DNA Analysis	2/10/2014	21
S50450		Norovirus, EIA (Stool)	2/24/2014	21
17086		*Toxoplasma gondii* IgA Antibody, ELISA	2/24/2014	21

DISCONTINUED TESTS
Please Note: Not all test codes assigned to each assay are listed in the table of contents.
Please refer to the complete listing on the page numbers indicated.

Test Code	Test Name	Effective Date	Page #
2473	Cryptosporidium/Giardia Direct Detection, DFA	2/3/2014	22
S50668	HIV-1 RNA Quantitation PCR, CSF	2/3/2014	22
S50806	Acetone Serum [90159]	2/10/2014	22
S50810	Antidepressant Panel Urine	2/10/2014	22
S51555	Echinococcus Granulosus Antibody IgG	2/10/2014	22
S52457	Hepatitis C Viral RNA, Quantitative, TMA	2/10/2014	22
S51329	IBD Serology 7	2/10/2014	23
S44510	Lactate CSF	2/10/2014	23
S50860	Morphine Free & Total Urine	2/10/2014	23
S50871	Phenol Urine	2/10/2014	23
S50356	Proinsulin	2/10/2014	23
S51184	PSA Ultrasensitive	2/10/2014	23
S42270	Sulfonylurea Drug Screen	2/10/2014	23

SEND OUTS
Please Note: Not all test codes assigned to each assay are listed in the table of contents.
Please refer to the complete listing on the page numbers indicated.

Test Code	Former Test Code	Test Name	Effective Date	Page #
S41005		Calcium-Total, RBCs	2/3/2014	24
S41170		Clonidine, Serum/Plasma	2/3/2014	24
S48679		Metformin, Serum/Plasma	2/3/2014	24
S49667		**Acetone, Serum/Plasma**	2/10/2014	24
S51868		**Antidepressants Panel, Urine**	2/10/2014	25
S51231		Hypoglycemic Panel (Qualitative), Serum/Plasma	2/10/2014	26
S50358		Morphine - Free and Total, Urine	2/10/2014	26
S40925		Phenol Exposure, Urine	2/10/2014	27

New Test Offerings

The following tests will be available through Quest Diagnostics on the dates indicated below.

<table>
<tr><th colspan="2">Clostridium difficile Toxin/GDH with reflex to PCR</th></tr>
<tr><td>Clinical Significance</td><td>After treatment with antibiotics, many patients develop gastrointestinal problems ranging from mild diarrhea to severe pseudomembranous colitis. This organism is an opportunistic anaerobic bacterium that grows in the intestine once the normal flora has been altered by the antibiotic. For diagnosis of toxigenic C. difficile, current practice guidelines from the CDC recommend confirmation by Nucleic Acid Amplification Testing (NAAT) if the glutamate dehydrogenase of C. difficile (GDH) Antigen is positive, and toxin is not detected by Enzyme immunoassay. Additionally, if toxin is detected without the presence of GDH antigen, confirmation by NAAT is also recommended.</td></tr>
<tr><td>Effective Date</td><td>2/3/2014</td></tr>
<tr><td>Test Code</td><td>91664</td></tr>
<tr><td>CPT Codes</td><td>87449, 87324</td></tr>
<tr><td>Specimen Requirements</td><td>5 grams or 5 mL (1 gram or 1 mL minimum) unformed stool</td></tr>
<tr><td>Reject Criteria</td><td>Formed stool; stool submitted in transport media or swab; rectal swab; unfrozen stool greater than 72 hours old; received room temperature</td></tr>
<tr><td>Instructions</td><td>Collect fresh stool in sterile, leak-proof container without media, preservative, or metal ion. For patients requiring the use of diapers, first line the diaper with clean plastic to prevent absorption. Then transfer 5 grams or 5 mL of the stool specimen from the plastic lined diaper to the sterile container. Do not submit the diaper itself. Cap securely. Do not use any preservative, media or additive.</td></tr>
<tr><td>Transport Temperature</td><td>Frozen</td></tr>
<tr><td>Specimen Stability</td><td>Room temperature: Unacceptable
Refrigerated: 72 hours
Frozen: 30 days</td></tr>
<tr><td>Reference Range</td><td>Not detected</td></tr>
<tr><td>Methodology</td><td>Immunoassay</td></tr>
<tr><td>Performing Site</td><td>Quest Diagnostics Nichols Institute, San Juan Capistrano</td></tr>
<tr><td>CPU Mappings</td><td>
<table>
<tr><th colspan="2">91664-1 GDH Antigen, Toxin A and B</th></tr>
<tr><th>Result Code</th><th>Result Name</th></tr>
<tr><td>86009745</td><td>GDH Antigen</td></tr>
<tr><td>86009746</td><td>Toxin A and B</td></tr>
<tr><td colspan="2">*TR 91664-2 Clostridium difficile Toxin B, Qualitative Real-time PCR</td></tr>
<tr><th>Result Code</th><th>Result Name</th></tr>
<tr><td>86006267</td><td>C difficile, QL PCR</td></tr>
<tr><td colspan="2">*TR (True Reflex Flag)
CPU interface clients: If you are set up to use our True Reflexing option, build the unit codes with the TR flag (indicated above) separately.</td></tr>
</table>
</td></tr>
<tr><td>Additional Information</td><td>If the GDH Antigen is detected and the Toxin A and B are not detected or the GDH Antigen is not detected and the Toxin A and B are detected, Clostridium difficile Toxin B, Qualitative Real Time PCR will be performed at an additional charge. (CPT code(s): 87493)

New recommendations per the American Society for Microbiology recommend that screening assays for C. difficile toxin be combined with GDH antigen, with discordant results being confirmed by Nucleic Acid Amplification testing.</td></tr>
</table>

Cryptosporidium Antigen, DFA	
Clinical Significance	**Cryptosporidium parvum is an intracellular parasite that causes severe and chronic diarrhea in patients who are immunocompromised.**
Effective Date	**2/3/2014**
Test Code	**37213**
CPT Codes	**87015, 87272**
Specimen Requirements	**Preferred:** **10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial** **Acceptable:** **Stool collected in Sodium Acetate-Acetic Acid Formalin (SAF)**
Reject Criteria	**Unpreserved stool; stool in Polyvinyl Alcohol(PVA); received frozen**
Instructions	**The specimen must be passed into a clean dry container and must not be contaminated with urine. Add stool to the 10% formalin or Total-Fix® vial to bring the liquid level to the "fill to here" line on the vial. Mix the contents thoroughly until homogenous.** **The patient must not use barium products, antacids, antidiarrheal medications, or laxatives containing oil prior to collection of a specimen for parasitological exam.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 6 months** **Refrigerated: Not Recommended** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Daily; Report available: 1-3 days**
Reference Range	**Not detected**
Methodology	**Direct Immunofluorescence Assay (DFA)**
Assay Category	**FDA Approved/Cleared**
Performing Site	**Quest Diagnostics Nichols Institute, Valencia**
CPU Mappings	**Result Code** / **Result Name** **85997060** / **Cryptosporidium Ag, DFA**

Cyclospora and Isospora Examination	
Clinical Significance	**Cyclospora cayetanensis and Isospora belli are coccidian parasites which cause malaise, low grade fever, and diarrhea. Fatigue, anorexia, vomiting, myalgia and weight loss occur. The clinical presentation for those patients infected with either disease is similar.**
Effective Date	**2/3/2014**
Test Code	**10018**
CPT Codes	**87015, 87207**
Specimen Requirements	**10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial**
Reject Criteria	**Unpreserved stool; received frozen**
Instructions	**Transfer stool within 30 minutes of collection into suitable vial. Fill to the line on the transport vial.**

	Stool must not contain residual barium from diagnostic tests.
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 6 months** **Refrigerated: Not recommended** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Daily; Report available: 3-4 days**
Reference Range	**Not detected**
Methodology	**Microscopic Exam of Modified Acid-Fast Stain**
Assay Category	**Laboratory Developed Test**
Performing Site	**Quest Diagnostics Nichols Institute, Valencia**
CPU Mappings	**Result Code** / **Result Name** **85993057** / **Cyclospora Exam** **85993058** / **Isospora Exam**

Giardia/Cryptosporidium Antigen Panel	
Effective Date	**2/3/2014**
Test Code	**39480**
CPT Codes	**87015, 87272, 87329**
Specimen Requirements	**Preferred:** **10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial** **Acceptable:** **Stool collected in Sodium Acetate-Acetic Acid Formalin (SAF)**
Reject Criteria	**Specimens other than stool in 10% formalin or Total-Fix®; specimens other than SAF; stool in Polyvinyl Alcohol(PVA); received frozen**
Instructions	**Transfer stool within 30 minutes of collection into formalin or Total-Fix® vial. Fill to the line on the transport vial. Mix contents thoroughly until homogenous.** **The patient must not use barium products, antacids, antidiarrheal medications, or laxatives containing oil prior to collection of a specimen for parasitological exam.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 60 days** **Refrigerated: Not Recommended** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Daily; Report available: 1-2 days**
Reference Range	**Not detected**
Methodology	**Immunoassay, Direct Immunofluorescence Assay (DFA)**
Assay Category	**FDA Approved/Cleared**
Performing Site	**Quest Diagnostics Nichols Institute, Valencia**
CPU Mappings	**8625- Giardia Antigen, EIA, Stool**

	37213- Cryptosporidium Antigen, DFA

HIV-1 RNA, Quantitative Real-Time PCR, CSF	
Clinical Significance	**This test is intended for use in conjunction with clinical presentation and other laboratory markers of disease progress for the clinical management of HIV-1 infected patients.** **This test is not intended for use as a screening test for the presence of HIV-1 in blood or blood products or as a diagnostic test to confirm the presence of HIV-1 infection.**
Effective Date	**2/10/2014**
Test Code	**16186**
CPT Codes	**87536**
Specimen Requirements	**3 mL (1.1 mL minimum) CSF collected in a sterile leak-proof container**
Reject Criteria	**Specimen collected using heparin as anticoagulant; leaking, uncapped or broken containers**
Instructions	**CSF: Collect at least 3 mL in a sterile screw-capped container (1.1 mL min). Do not use heparin tube for collection as heparin inhibits PCR. Ship CSF frozen.**
Transport Temperature	**Frozen**
Specimen Stability	**Room temperature: 24 hours** **Refrigerated: 6 days** **Frozen: 42 days**
Set-up/Analytic Time	**Set up: Mon-Sat; Report available: 2-3 days**
Reference Range	**HIV-1 RNA, QN PCR, CSF: <20 Copies/mL** **HIV-1 RNA, QN PCR, CSF: <1.30 Log copies/mL**
Always Message	**This test was performed using the Cobas® AmpliPrep/Cobas® Taqman® HIV-1 test kit version 2.0 (Roche Molecular Systems, Inc.). Use of this test on CSF specimen is a modification of the test's intended use.** **The performance characteristics of this assay have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Polymerase Chain Reaction**
Assay Category	**FDA Approved/Cleared/Modified FISH/Molecular assay**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

Result Code	Result Name	Unit of Measure
70055185	HIV-1 RNA, QN PCR, CSF	Copies/mL
70055190	HIV-1 RNA, QN PCR, CSF	Log copies/mL

Y Chromosome Microdeletion, DNA Analysis (NY)	
Message	*****This code is for New York patient testing. For non-New York patient testing, use test code 14679 Y Chromosome Microdeletion, DNA Analysis*****
Effective Date	**2/10/2014**
Test Code	**16018**
CPT Codes	**83891; 83900; 83901 (x18); 83894; 83912**

Specimen Requirements	**4 mL (3 mL minimum) whole blood collected in an EDTA (lavender-top) tube**
Instructions	**Whole Blood: Specimen stability is crucial. Store and ship room temperature immediately. Do not freeze. Extracted DNA: Please call 866-GENE-INFO (866-436-3463) for additional information.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 8 days** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Tues; Report available: 8 days**
Reference Range	**Accompanies report**
Methodology	**Polymerase Chain Reaction, Agarose Gel Electrophoresis**
Assay Category	**Research Use Only**
Performing Site	**Quest Diagnostics Nichols Institute, Chantilly**
CPU Mappings	

Result Code	Type	Result Name
85997863	**Prompt-Result (no return)**	**Referring Physician Phone**
86002280		**Y Chromosome Microdeletion**

Test Changes

The following test changes will be effective on the dates indicated below. **Please note that only the information that is changing appears in this update.** *Former test names and test codes have been italicized.*

Hepatitis C Viral RNA, Qualitative TMA	
Effective Date	**12/10/2013**
Test Code	[7516]
Set-up/Analytic Time	Set up: Tue-Sat; **Report available: 5-7 days**

Reflex Hepatitis C RNA, Qualitative TMA	
Effective Date	**12/10/2013**
Test Code	[RHO]
Set-up/Analytic Time	Set up: Tue-Sat; **Report available: 5-7 days**
Tests Affected	

Test Codes:	Name:
[RIM]	Reflex Hepatitis C RNA, Qualitative TMA
[ROG]	Reflex Hepatitis C RNA, Qualitative TMA

Cryptosporidium Antigen, EIA	
Clinical Significance	**Cryptosporidium is the causative agent of cryptosporidiosis. Symptoms include diarrhea, abdominal pain and respiratory problems lasting from several days to more than a month and often leading to persistent**

	infection or death.
Effective Date	**2/3/2014**
Former Test Name	*Cryptosporidium AG Detection*
Former Test Code	*2439*
Test Code	**90389**
Specimen Requirements	**Preferred:** **10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial** **Acceptable:** **Rectal swab collected in a bacterial swab transport (gel, Stuarts, ESwab), stool collected in Sodium Acetate-Acetic acid Formalin (SAF), Cary-Blair or fresh unpreserved stool.**
Reject Criteria	**Concentrated specimens; stool with PVA**
Instructions	**1. Collect fresh stool in a clean, leak-proof plastic container.** **2. For preserved stools fill to line on transport vial.**
Transport Temperature	**Preserved specimens: Room temperature** **Specimens in Cary-Blair transport medium: Refrigerated** **Fresh, untreated stool specimen <48 hours: Refrigerated** **Fresh, untreated stool specimen >48 hours: Frozen**
Specimen Stability	**Stool (fresh, unpreserved):** — **Room temperature: Unacceptable** **Refrigerated: 48 hours** **Frozen: 60 days** **Cary-Blair Media:** — **Room temperature: Unacceptable** **Refrigerated and Frozen: 7 days** **Preserved:** — **Room temperature and Refrigerated: 60 days** **Frozen: Unacceptable** **Rectal Swab:** — **Room temperature: Unacceptable** **Refrigerated: 7 days** **Frozen: Unacceptable**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Type** / **Result Name** **86007404** / **Prompt-Result** / **Specimen Source:** **86007574** / / **Cryptosporidium Ag, EIA**

Fecal Leukocyte Stain	
Clinical Significance	**The presence of leukocytes is an indicator of inflammation. Generally, inflammation is a product of bacteria-host interaction.**
Effective Date	**2/3/2014**
Former Test Code	*2960*
Test Code	**3930X**
Specimen Requirements	**10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in Zn-PVA or Total-Fix® transport vial**

Reject Criteria	**Stool in Cary-Blair transport medium; received frozen; specimens containing barium; received in preservatives other than Zn-PVA or Total-Fix®; unpreserved stool**
Instructions	**1. The specimen must be passed into a clean dry container and must not be contaminated with urine or water. If a toilet is used, the water supply may be cut off and the bowl drained.** **2. Add stool to bring the liquid level the "Fill to here" line on the Para-Pak Zn-PVA or Total-Fix® vial. Mix contents thoroughly until homogeneous.** **Patients should refrain from ingesting barium for 7 days before specimen collection.**
Specimen Stability	**Room temperature: 6 months** **Refrigerated: Not recommended** Frozen: Unacceptable
Set-up/Analytic Time	**Set up: Daily; Report available: 1-4 days**
Methodology	**Microscopy**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name
86010484	Fecal Leukocytes

Ferritin

Effective Date	**2/3/2014**
Test Code	3170
Reference Range	

Age	Male	Female
<4 Days	Not established	Not established
4-14 Days	100-717 ng/mL	100-717 ng/mL
15 Days - 5 Months	14-647 ng/mL	14-647 ng/mL
6-11 Months	8-182 ng/mL	8-182 ng/mL
1-4 Years	5-100 ng/mL	5-100 ng/mL
5-13 Years	14-79 ng/mL	14-79 ng/mL
14-15 Years	13-83 ng/mL	6-67 ng/mL
16-19 Years	11-172 ng/mL	6-67 ng/mL
20-39 Years	20-345 ng/mL	10-154 ng/mL
40-59 Years	20-380 ng/mL	10-232 ng/mL
>59 Years	20-380 ng/mL	20-288 ng/mL

Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	

Test Codes:	Name:
3535	Iron Status MonitR

Gastrin

Effective Date	**2/3/2014**
Former Test Code	*3176*
Test Code	**478**
Reject Criteria	**Thawed specimens; gross hemolysis; gross lipemia; grossly icteric**
Reference Range	<5 Years: Not Established 5-17 Years: **<65** pg/mL > or = 18 Years: < or = 100 pg/mL
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code**: **55010500** — **Result Name**: **Gastrin**
Tests Affected	**Test Codes:** RGN — **Name:** Reflex Gastrin

Giardia Antigen, EIA, Stool	
Clinical Significance	**Giardia is a protozoan that can cause diarrhea. Infection occurs after ingestion of contaminated food or water. Antigen detection is considered an alternative to stool examination.**
Effective Date	**2/3/2014**
Former Test Name	*Giardia Lamblia Ag Detection*
Former Test Code	*7760*
Test Code	**8625**
Specimen Requirements	**Preferred:** **10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial** **Acceptable:** **Stool collected in Sodium Acetate-Acetic Acid Formalin (SAF), Cary-Blair or fresh unpreserved stool**
Reject Criteria	**Specimens other than stool in 10% formalin, Total-Fix®, SAF, Cary-Blair or fresh unpreserved stool.**
Instructions	**Transfer stool within 30 minutes of collection into formalin or Total-Fix® vial. Fill to line on transport vial. Mix contents thoroughly until homogenous.**
Transport Temperature	**Preserved: Room temperature** **Cary-Blair: Refrigerated** **Fresh: Frozen**
Methodology	**Immunoassay**
Assay Category	**FDA Approved/Cleared**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name**

85997899	**Giardia Ag, EIA, Stool**

hs-CRP	
Effective Date	**2/3/2014**
Former Test Name	*Cardio CRP®*
Test Code	10124
Always Message	For Ages > 17 Years: **hs-CRP** mg/L — Risk According to AHA/CDC Guidelines <1.0 — Lower Relative Cardiovascular Risk 1.0-3.0 — Average Relative Cardiovascular Risk 3.1-10.0 — Higher Relative Cardiovascular Risk Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation. >10.0 — Persistent elevations upon retesting, may be associated with infection and inflammation.
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code**: 45203715 — **Result Name**: **hs-CRP**
Tests Affected	**Test Codes:** 1537 — **Name:** Treatable Ischemia Predictr

Microsporidia Exam	
Clinical Significance	**Microsporidia infection was first recognized as a cause of chronic diarrhea in patients infected with HIV. Microsporidia may also cause pneumonia, acute bilateral keratoconjunctivitis, and infection of the biliary and pancreatic ducts.**
Effective Date	**2/3/2014**
Former Test Name	*Microsporidia Spore Stain*
Former Test Code	*5720*
Test Code	**3562**
Specimen Requirements	**Preferred:** **5 grams or 5 mL (2 grams or 2 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial** **Acceptable:** **Duodenal aspirate, CSF, Conjunctival/corneal scrapings, or BAL/Nasal secretions, urine sediments**
Reject Criteria	**Unpreserved stool; stool in Cary-Blair or PVA; received frozen**
Instructions	**1. Stool and duodenal aspirates fixed in 10% formalin or Total-Fix®** **2. Urine sediments, CSF, BAL/Nasal secretions: preferred in sterile container, acceptable on microscope slide, methanol (or 10% formalin).** **3. Conjunctival/corneal scrapings, preferred on microscope slide, methanol (or 10% formalin).** **Ship preserved specimens at room temperature (preferred).**

Transport Temperature	**Preserved or Fixed: Room temperature** **Raw specimens: Refrigerated**
Specimen Stability	**Preserved or Fixed** — **Room temperature and Refrigerated: 30 days** **Frozen: Unacceptable** **Raw Specimens** — **Room temperature: Unacceptable** **Refrigerated: 7 days** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 1-3 days**
Always Message	**One negative sample does not necessarily rule out the presence of a parasitic infection.**
Methodology	**Microscopy**
Assay Category	**Laboratory Developed Test**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Type** / **Result Name** **86007404** / **Prompt-Result** / **Specimen Source:** **85985050** / **Microsporidia Spores**

Ova and Parasites, Concentrate and Permanent Smear	
Clinical Significance	**Diseases caused by human parasites remain on a worldwide basis among the principle causes of morbidity and mortality. Correct diagnosis of intestinal parasitic infection depends on proper collection, transport, detection and identification of parasites in stool specimens. Symptoms range from malaise to death. Treatment is dependent upon examining multiple stool specimens due to the erratic shed rates of some parasites.**
Effective Date	**2/3/2014**
Former Test Name	*Ova & Parasite: Routine Exam*
Former Test Code	*2361*
Test Code	**681**
Specimen Requirements	**Preferred:** **10 grams or 10 mL (5 grams or 5 mL minimum) Fresh stool preserved in 10% formalin and Polyvinyl Alcohol Transport or single Total-Fix® transport vial** **Acceptable:** **25 mL (10 mL minimum) urine collected in a sterile screw-cap container, fresh stool collected in Sodium Acetate-Acetic Acid Formalin (SAF) transport vial, or 10 mL (2 mL minimum) sputum collected in a sterile screw-cap container or in 10% formalin**
Reject Criteria	**Unpreserved stool; specimens containing barium; stool not preserved in 10% formalin or Total-Fix®, specimens other than PVA or SAF ; received frozen; stool submitted in expired transport vial; preserved urine; unpreserved sputum and urine received room temperature or frozen**
Instructions	**Interfering substances - bismuth, barium (wait 7-10 days), antimicrobial agents (wait 2 weeks), gall bladder dye (wait 3 weeks after procedure).** **Place fresh stool in 10% formalin transport vial, as well as PVA transport medium or single Total-Fix® vial, within 30 minutes of collection. Add stool to bring the liquid level to the "fill to here" line on the vial. Mix well. Send specimen(s) at room temperature in the same shipping container. If parasite infestation is strongly suspected, collect at least 3 stool specimens every other day, since a single specimen can be negative. If Giardia is strongly suspected, please see Giardia Antigen, EIA, Stool, Test Code 8625.**

	Note: Urine may be submitted unpreserved for exam for Schistosoma. Collect at mid day. Peak egg secretion occurs between noon and 3 p.m. Do not submit first morning specimen. In patients with hematuria, eggs may be found trapped in blood and mucous in the terminal portion (last-voided portion) of the urine specimen. **Sputum: The specimen should be a deep expectorated sputum, preferably collected in the early morning. A 24 hour sputum collection is also acceptable. Submit in a sterile screw-capped container, unpreserved or in 10% formalin to increase stability.**
Transport Temperature	**Stool and Sputum (preserved): Room temperature** **Urine and Sputum (unpreserved): Refrigerated**
Specimen Stability	**Stool** — **Room temperature: 6 months** **Refrigerated: Not recommended** **Frozen: Unacceptable** **Urine** — **Room temperature: Unacceptable** **Refrigerated: 48 hours** **Frozen: Unacceptable** **Sputum (unpreserved)** — **Room temperature: Unacceptable** **Refrigerated: 48 hours** **Frozen: Unacceptable** **Sputum (preserved)** — **Room temperature: 6 months** **Refrigerated: Not recommended** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Daily; Report available: 7 days**
Reference Range	**No ova and parasites seen**
Always Message	**One negative sample does not necessarily rule out the presence of a parasitic infection.**
Methodology	**Microscopic Examination of Concentrate and Permanent Stained Smear**
Assay Category	**Laboratory Developed Test**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Type** / **Result Name** **86007404** / **Prompt-Result** / **Specimen Source:** **85986351** / / **Concentrate Result** **85986352** / / **Trichrome Result**
Tests Affected	**Test Codes:** / **Name:** 2362 / Ova & Parasite: Comprehensive Exam w/Coccidia Evaluation

Testosterone, Free (Dialysis) and Total (LC/MS/MS)	
Effective Date	**2/3/2014**
Former Test Name	*Testosterone, Free and Total, LC/MS/MS*
Test Code	36170
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Tests Affected	

Test Codes:	Name:
37073	Testosterone, Total and Free and Sex Hormone Binding Globulin
3922	Testosterone, Free and Total, LC/MS/MS

Aldosterone, LC/MS/MS	
Effective Date	**2/10/2014**
Former Test Name	*Aldosterone, LC/MS/MS, Serum*
Former Test Code	*S51399*
Test Code	**17181**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Amino Acid Analysis, LC/MS, CSF	
Message	*For New York patient testing, use test code 19768.*
Clinical Significance	**Amino Acid analysis is necessary for the diagnosis of a variety of inborn errors of metabolism. These include, but are not limited to, phenylketonuria, tyrosinemia, citrullinemia, non-ketotic hyperglycinemia, maple syrup urine disease, and homocystinuria. The assay is also key for the continued monitoring of treatment plans for these disorders and useful for assessing nutritional status of patients. Our methodology is highly accurate at very low levels as well as at elevated levels.**
Effective Date	**2/10/2014**
Former Test Name	*Amino Acid Analysis Quant CSF*
Former Test Code	*S50398*
Test Code	**29881**
CPT Codes	**82139**
Specimen Requirements	**1 mL (0.25 mL minimum) CSF collected in a sterile screw cap container**
Reject Criteria	**Received room temperature; gross hemolysis**
Instructions	**Patient age is required for correct reference range. Freeze CSF below -20° C.**
Transport Temperature	**Frozen**
Specimen Stability	**Room temperature: Unstable** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 5-8 days**
Reference Range	

Analyte	Reference Range
Aspartic Acid:	**<3 months: < or = 3 umol/L** **3 months-10 years: <1 umol/L** **>10 years: < or = 2 umol/L**
Glutamic Acid:	**<3 months: 1-9 umol/L** **3-23 months: < or = 5 umol/L** **2-10 years: < or = 11 umol/L** **>10 years: 1-13 umol/L**
Hydroxyproline:	**<3 months: 1-4 umol/L**

	3-23 months: < or = 2 umol/L **2-10 years: <1 umol/L** **>10 years: < or = 2 umol/L**
Serine:	**<3 months: 30-88 umol/L** **3-23 months: 22-61 umol/L** **2-10 years: 15-62 umol/L** **>10 years: 9-41 umol/L**
Asparagine:	**<3 months: < or = 27 umol/L** **3-23 months: < or = 13 umol/L** **2-10 years: < or = 25 umol/L** **>10 years: < or = 24 umol/L**
Alpha-Amino Adipic Acid:	**<1 umol/L**
Glycine:	**<3 months: 3-26 umol/L** **3-23 months: < or = 12 umol/L** **2-10 years: < or = 13 umol/L** **>10 years: < or = 10 umol/L**
Glutamine:	**<3 months: 525-1583 umol/L** **3-23 months: 386-742 umol/L** **2-10 years: 377-1738 umol/L** **>10 years: 361-1175 umol/L**
Sarcosine:	**<1 umol/L**
Beta-Alanine:	**<1 umol/L**
Taurine:	**<3 months: 0-18 umol/L** **3-23 months: < or = 8 umol/L** **2-10 years: 1-8 umol/L** **>10 years: 1-8 umol/L**
Histidine:	**<3 months: 8-32 umol/L** **3-23 months: 4-25 umol/L** **2-10 years: 7-25 umol/L** **>10 years: 7-22 umol/L**
Citrulline:	**<3 months: 1-4 umol/L** **3-23 months: < or = 3 umol/L** **2-10 years: 1-2 umol/L** **>10 years: < or = 2 umol/L**
Arginine:	**<3 months: 2-27 umol/L** **3-23 months: 7-32 umol/L** **2-10 years: 9-31 umol/L** **>10 years: 10-32 umol/L**
Threonine:	**<3 months: 23-104 umol/L** **3-23 months: 10-55 umol/L** **2-10 years: 8-85 umol/L** **>10 years: 12-64 umol/L**
Alanine:	**<3 months: 13-50 umol/L** **3-23 months: 8-48 umol/L** **2-10 years: 5-62 umol/L** **>10 years: 1-107 umol/L**
Gamma-Amino Butyric Acid:	**<24 months: <1 umol/L** **2 -10 years: < or = 2 umol/L** **>10 years: < or = 3 umol/L**
Beta-Amino Isobutyric Acid:	**< or = 2 umol/L**
Proline:	**<3 months: < or = 4 umol/L** **3-23 months: < or = 2 umol/L** **2-10 years: < or = 2 umol/L** **>10 years: < or = 6 umol/L**

Alpha-Amino Butyric Acid:	**<24 months: < or = 6 umol/L >=2 years: 1-11 umol/L**
Tyrosine:	**<3 months: 9-41 umol/L 3-23 months: 5-20 umol/L 2-10 years: 5-32 umol/L >10 years: 5-18 umol/L**
Valine:	**<3 months: 11-31 umol/L 3-23 months: 8-19 umol/L 2-10 years: 2-37 umol/L >10 years: 7-42 umol/L**
Methionine:	**<3 months: 2-14 umol/L 3-23 months: 1-7 umol/L 2-10 years: < or = 9 umol/L >10 years: 1-8 umol/L**
Isoleucine:	**<3 months: 3-11 umol/L 3-23 months: 3-7 umol/L 2-10 years: 2-13 umol/L >10 years: 3-10 umol/L**
Leucine:	**<3 months: 7-22 umol/L 3-23 months: 7-12 umol/L 2-10 years: 8-27 umol/L >10 years: 9-32 umol/L**
Homocystine:	**0-23 months: <1 umol/L 2-10 years: < or = 3 umol/L >10 years: < or = 2 umol/L**
Phenylalanine:	**<3 months: 4-31 umol/L 3-23 months: 4-14 umol/L 2-10 years: < or = 25 umol/L >10 years: 6-31 umol/L**
Tryptophan:	**<3 months: < or = 6 umol/L 3-23 months: < or = 8 umol/L 2-10 years: 1-5 umol/L >10 years: < or = 9 umol/L**
Ornithine:	**<3 months: < or = 26 umol/L 3-23 months: < or = 5 umol/L 2-10 years: < or = 5 umol/L >10 years: < or = 14 umol/L**
Lysine:	**<3 months: 6-38 umol/L 3-23 months: 3-29 umol/L 2-10 years: 9-58 umol/L >10 years: 19-60 umol/L**

Always Message	**Note: Literature Reference Range Source:** **DI Heiblim, HE Evans, L Glass, MM Agbayani. Amino acid concentrations cerebrospinal fluid. Arch Neurol 35:765-768:1978.** **RF Goldsmith, JW Earl and AM Cunningham. Determination of delta-aminobutyric acid and other amino acids in cerebrospinal fluid of pediatric patients by reversed-phase liquid chromatography. Clin Chem 33:1736-1740:1987.**
Methodology	**Liquid Chromatography Mass Spectrometry**
Assay Category	**Laboratory Developed Test**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	

Result Code	Type	Result Name	Unit of Measure

85987970	**Prompt-Result**	**Date of Birth**	
85987670		**Aspartic Acid**	**umol/L**
85987671		**Glutamic Acid**	**umol/L**
86004718		**Hydroxyproline**	**umol/L**
85987672		**Serine**	**umol/L**
85987673		**Asparagine**	**umol/L**
86004719		**Alpha-Amino Adipic Acid**	**umol/L**
85987674		**Glycine**	**umol/L**
85987675		**Glutamine**	**umol/L**
86004720		**Sarcosine**	**umol/L**
86004721		**Beta-Alanine**	**umol/L**
85987676		**Taurine**	**umol/L**
85987677		**Histidine**	**umol/L**
85987678		**Citrulline**	**umol/L**
85987681		**Arginine**	**umol/L**
85987679		**Threonine**	**umol/L**
85987680		**Alanine**	**umol/L**
86004722		**Gamma-Amino Butyric Acid**	**umol/L**
86004723		**Beta-Amino Isobutyric Acid**	**umol/L**
85987682		**Proline**	**umol/L**
86004724		**Alpha-Amino Butyric Acid**	**umol/L**
85987683		**Tyrosine**	**umol/L**
85987684		**Valine**	**umol/L**
85987685		**Methionine**	**umol/L**
85987686		**Isoleucine**	**umol/L**
85987687		**Leucine**	**umol/L**
86004725		**Homocystine**	**umol/L**
85987688		**Phenylalanine**	**umol/L**
85987689		**Tryptophan**	**umol/L**
85987690		**Ornithine**	**umol/L**
85987691		**Lysine**	**umol/L**

FISH, B-Cell Malignancy, IGH, 14q32 Rearrangement	
Effective Date	**2/10/2014**
Test Code	S51709

Specimen Requirements	**Preferred:** 3 mL (1 mL minimum) bone marrow collected in **transport media** **Acceptable:** Bone marrow collected in sodium heparin (green-top), sodium heparin (royal blue-top) or sodium heparin lead-free (tan-top) tube OR 5 mL (3 mL minimum) whole blood collected in a sodium heparin (green-top), sodium heparin (royal blue-top) or sodium heparin lead-free (tan-top) tube **5 x 5 mm lymph node collected in transport media** **Formalin fixed paraffin embedded tissue block** **Lymph node submitted in Hanks' or Ringers' solution is no longer acceptable**
Instructions	**Submit 1-3 mL of bone marrow in transport media or sodium heparin tube or 3-5 mL of peripheral blood in sodium heparin tube.** Lymph node biopsy 5x5 mm in transport media or formalin-fixed paraffin embedded tissue block. Transport media available upon request. SPECIMEN VIABILITY DECREASES DURING TRANSIT. SEND SPECIMEN TO TESTING LAB FOR VIABILITY DETERMINATION. DO NOT REJECT.
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Gliadin (Deamidated Peptide) Antibody (IgG,IgA)	
Effective Date	**2/10/2014**
Former Test Name	*Gliadin (Deamidated Peptide) Antibodies (IgG,IgA)*
Former Test Code	*S52105*
Test Code	**1266**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Hepatitis C Viral RNA NS3 Genotype	
Effective Date	**2/10/2014**
Test Code	90924
Reference Range	HCV NS3 Subtype: — Not Detected Boceprevir Resistance: — Not Predicted Telaprevir Resistance: — Not Predicted **Simeprevir Resistance** — **Not Predicted**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** — **Result Name** 86008373 — HCV NS3 Subtype 86008374 — Boceprevir Resistance 86008375 — Telaprevir Resistance **86010353** — **Simeprevir Resistance**

Hepatitis E Antibody (IgG)

Clinical Significance	**Hepatitis E virus (HEV) is the major etiologic agent of enterically transmitted non-A, non-B hepatitis worldwide and has a high case-fatality rate in pregnant women. Both IgM and IgG antibody to HEV (anti-HEV) are produced following infection. The titer of IgM anti-HEV declines rapidly during early convalescence; IgG anti-HEV persists and appears to provide at least short-term protection against disease.**
Effective Date	**2/10/2014**
Test Code	S51511
Specimen Requirements	**0.5 mL (0.1 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Mon, Thur; Report available: 1-5 days**
Performing Site	Focus Diagnostics, Inc.

Hepatitis E Antibody (IgM)	
Clinical Significance	**Hepatitis E causes an acute, self-limiting infection. Antibody IgG is detected after Antibody IgM is detected, typically 1 month post-infection. Antibody IgM is detected 1-4 weeks post-infection.**
Effective Date	**2/10/2014**
Test Code	S51512
Specimen Requirements	**0.5 mL (0.1 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Mon, Thur; Report available: 1-5 days**
Performing Site	Focus Diagnostics, Inc.

Hypersensitivity Pneumonitis Screen	
Effective Date	**2/10/2014**
Test Code	S52041
Reference Range	**Negative**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

IGF-I, LC/MS	
Effective Date	**2/10/2014**
Test Code	S51997
Reject Criteria	Received in glass tube, **gross hemolysis, gross lipemia, grossly icteric**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

PM-Scl Antibody

Clinical Significance	**Scleroderma may be localized or diffuse [Progressive Systemic Sclerosis (PSS)] that may involve skin, gastrointestinal tracts, lungs, vascular and cardiac systems, and kidneys. PM-1 (PM-Scl) Antibody is present in approximately one-fourth of patients with the polymyositis/scleroderma overlap syndrome, 8% of patients with polymyositis alone and 2-5% of patients with scleroderma alone. Patients who have PM-1 Antibody have a better prognosis than patients with scleroderma.**
Effective Date	**2/10/2014**
Former Test Name	*PM-SCL ABS [20255]*
Former Test Code	*S50110*
Test Code	**37103**
CPT Codes	**86235**
Specimen Requirements	**1 mL (0.5 mL minimum) serum collected in red-top (no gel) tube**
Reject Criteria	**Serum separator tubes (SST)**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Sun, Mon, Tue, Thur; Report available: 5 days**
Reference Range	**Negative**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.**
Assay Category	**Laboratory Developed Test**
Performing Site	**This test previously performed at Focus Diagnostics, Inc. will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.**
CPU Mappings	**Result Code** / **Result Name** **85991314** / **PM-Scl Antibody**

Proinsulin	
Clinical Significance	**Proinsulin is used to detect and monitor excessive hormone production from insulinomas.**
Effective Date	**2/10/2014**
Test Code	S51596
Reject Criteria	**Received room temperature, grossly lipemic serum, grossly hemolyzed serum**
Instructions	**Allow blood to fully clot (about 1/2 hour) at room temperature (20-25° C). Centrifuge in a refrigerated centrifuge and separate serum immediately. Specimens collected in serum separation tubes should be removed from the gel after centrifugation.** **Overnight fasting is required.**
Transport Temperature	**Frozen**
Specimen Stability	**Room temperature: 24 hours** **Refrigerated: 72 hours** **Frozen: 6 months**
Set-up/Analytic Time	**Set up: Mon; Report available: 6 days**

Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

PSA Post Prostatectomy	
Effective Date	**2/10/2014**
Test Code	S49587
Specimen Requirements	**1 mL (0.5 mL minimum)** serum
Specimen Stability	**Room temperature: 4 days** **Refrigerated: 10 days** **Frozen: 1 year**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 3-6 days**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

RSV (Respiratory Syncytial Virus) RNA, Qualitative Real-Time PCR	
Effective Date	**2/10/2014**
Former Test Code	*S51994*
Test Code	**16047**
Performing Site	Focus Diagnostics, Inc.
CPU Mappings	

Result Code	**Type**	**Result Name**
86007404	Prompt-Result	**Specimen Source:**
86002421		**RSV RNA, Qualitative PCR**

Varicella-Zoster Virus (VZV) Ab (Total, IgM), ACIF/IFA, CSF	
Effective Date	**2/10/2014**
Former Test Name	*Varicella-Zoster Virus(VZV) Antibody(Total,IgM),ACIF/IFA,CSF*
Former Test Code	*S52565*
Test Code	**61025**

Y Chromosome Microdeletion, DNA Analysis	
Message	*****This code is for non-New York patient testing. For New York patient testing, use test code 16018 Y Chromosome Microdeletion, DNA Analysis (NY)*****
Effective Date	**2/10/2014**
Former Test Code	*S51325*
Test Code	**14679**
Instructions	**Whole Blood: Specimen stability is crucial. Store and ship room temperature immediately. Do not freeze.** **Extracted DNA: Please call 866-GENE-INFO (866-436-3463) for additional information.**
Set-up/Analytic Time	**Set up: Tues; Report available: 8 days**
Reference Range	**Accompanies report**

Performing Site	**This test previously performed at Quest Diagnostics Nichols Institute, San Juan Capistrano, will now be performed at Quest Diagnostics Nichols Institute, Chantilly.**
CPU Mappings	

Result Code	Type	Result Name
85997863	Prompt-Result (no return)	Referring Physician Phone
86000933		Y Chromosome Microdeletion

Norovirus, EIA (Stool)	
Effective Date	**2/24/2014**
Test Code	S50450
Specimen Requirements	**2 grams unpreserved freshly collected stool**
Reject Criteria	**Rectal swabs; stool in transport media that contains preservatives, animal sera, metal ions, oxidizing agents or detergents**
Transport Temperature	**Frozen**
Specimen Stability	**Room temperature: Unacceptable** **Refrigerated: 72 hours** **Frozen: 21 days**
Reference Range	**Not detected**
Always Message	**A negative result does not exclude norovirus infection.**
Performing Site	Focus Diagnostics, Inc.

***Toxoplasma gondii* IgA Antibody, ELISA**	
Effective Date	**2/24/2014**
Test Code	17086
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 4 days** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Tues, Fri; Report available: 1-5 days**
Performing Site	Focus Diagnostics, Inc.

Discontinued Tests

Cryptosporidium/Giardia Direct Detection, DFA	
Effective Date	**2/3/2014**
Test Code	2473
Additional Information	The recommended alternative is 37213 Cryptosporidium Antigen, DFA in the New Test Offering section.

HIV-1 RNA Quantitation PCR, CSF	
Effective Date	**2/3/2014**
Test Code	S50668
Additional Information	The recommended alternative is test code 16186- HIV-1 RNA, Quantitative Real-Time PCR, CSF in New Test Offering section.

Acetone Serum [90159]	
Effective Date	**2/10/2014**
Test Code	S50806
Additional Information	The recommended alternative is test code S49667- Acetone, Serum/Plasma in Test Send Outs section.

Antidepressant Panel Urine	
Effective Date	**2/10/2014**
Test Code	S50810
Additional Information	The recommended alternative is test code S51868- Antidepressants Panel, Urine in the Test Send Outs section.

Echinococcus Granulosus Antibody IgG	
Effective Date	**2/10/2014**
Test Code	S51555
Additional Information	The recommended alternative is test code 91307-Echinococcus Antibody (IgG), EIA with Reflex to Western Blot.

Hepatitis C Viral RNA, Quantitative, TMA	
Effective Date	**2/10/2014**
Test Code	S52457
Additional Information	The recommended alternative is test code 35645-Hepatitis C Viral RNA, Quantitative, Real-Time PCR.

IBD Serology 7	
Effective Date	**2/10/2014**
Test Code	S51329
Additional Information	The recommended alternative is test code S52567- IBD SGI Diagnostic

Lactate CSF	
Effective Date	**2/10/2014**
Test Code	S44510
Additional Information	The recommended alternative is test code 1659X-Lactic Acid, CSF.

Morphine Free & Total Urine

Effective Date	**2/10/2014**
Test Code	S50860
Additional Information	The recommended alternative is test code S50358- Morphine - Free and Total, Urine

Phenol Urine	
Effective Date	**2/10/2014**
Test Code	S50871
Additional Information	The recommended alternative is test code S40925- Phenol Exposure, Urine

Proinsulin	
Effective Date	**2/10/2014**
Test Code	S50356
Additional Information	The recommended alternative is test code S51596- Proinsulin

PSA Ultrasensitive	
Effective Date	**2/10/2014**
Test Code	S51184
Additional Information	The recommended alternative is test code S49587- PSA Post Prostatectomy

Sulfonylurea Drug Screen	
Effective Date	**2/10/2014**
Test Code	S42270
Additional Information	The recommended alternative is test code S51231- Hypoglycemic Panel (Qualitative), Serum/Plasma.

Test Send Outs (Referrals)

Due to these assays being performed by outside vendors, we are unable to use our normal method of communication. Some of the changes listed in this document may be effective in less than 30 days. Please note the individual effective dates below, as these changes may require **IMMEDIATE ACTION.**

Calcium-Total, RBCs	
Effective Date	**2/3/2014**
Test Code	S41005
Additional Information	This test will be discontinued due to low use, there is no recommended alternative.

Clonidine, Serum/Plasma	
Effective Date	**2/3/2014**
Test Code	S41170

Specimen Requirements	**Plasma collected in an EDTA (pink-top) tube is acceptable.**
Instructions	**Promptly centrifuge and separate serum or plasma into a plastic, preservative-free, screw-capped vial.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 30 days** **Refrigerated: 30 days** **Frozen: 2 years**

Metformin, Serum/Plasma	
Effective Date	**2/3/2014**
Test Code	S48679
Specimen Requirements	**Preferred:** **1 mL (0.3 mL minimum) serum collected in a red-top tube (no gel)** **Acceptable:** **Plasma collected in an EDTA (lavender-top) or EDTA (pink-top) tube**
Reject Criteria	**Polymer gel separation tube (SST or PST)**
Instructions	**Promptly centrifuge and separate serum or plasma into a plastic, preservative-free, screw-capped vial using approved guidelines**
Transport Temperature	**Room temperature**
Specimen Stability	Room temperature and Refrigerated: 30 days **Frozen: 2 years**
Set-up/Analytic Time	Set up: Wed; **Report available: 5 days**

Acetone, Serum/Plasma	
Effective Date	**2/10/2014**
Test Code	**S49667**
CPT Codes	**82010**
Specimen Requirements	**1 mL (0.25 mL minimum) serum collected in a red-top (no gel) tube or plasma**
Reject Criteria	**Polymer gel separation tube (SST or PST)**
Instructions	**Collect sample using alcohol free skin preparation. Promptly centrifuge and separate Serum or Plasma into an plastic screw capped vial using approved guidelines.** **Specimen Container: Plastic container (preservative-free)**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 90 days** **Frozen: 1 year**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 4 days**
Always Message	**Reporting Limit: 5.0** **Normal: Up to 3 mg/dL.** **Blood Acetone concentrations are markedly elevated during diabetic or fasting ketoacidosis and may range from 10 - 70 mg/dL.** **The blood to plasma ratio of acetone is 1.0 - 1.1.**

Methodology	**Headspace Gas Chromatography (GC)**
Assay Category	**Laboratory Developed Test**
CPU Mappings	

Result Code	Result Name	Unit of Measure
103866	**Acetone**	**mg/dL**

Antidepressants Panel, Urine	
Effective Date	**2/10/2014**
Test Code	**S51868**
CPT Codes	**82542**
Set-up/Analytic Time	**Set up: Tue,Thur; Report available: 7 days**
Always Message	**Nortriptyline:** **Nortriptyline is a metabolite of Amitriptyline and is also available as an independent therapeutic agent. Less than 5% of a given dose is typically excreted as unchanged drug in 24-hour post-dose urine.** **Desipramine:** **Desipramine is a metabolite of Imipramine and is also available as an independent therapeutic agent. 24-hour post-dose urine typically contains less than 1% of an administered dose.** **Protriptyline:** **Norcyclobenzaprine, a cyclobenzaprine metabolite, and desmethylsertraline, a sertraline metabolite, interfere with protriptyline in this analysis. The presence of norcyclobenzaprine and desmethylsertraline will adversely affect the quantitation of protriptyline. If an individual has taken cyclobenzaprine and/or sertraline call the laboratory for alternate quantitative procedures.**
Assay Category	**Laboratory Developed Test**
CPU Mappings	

Result Code	Result Name	Unit of Measure
111632	**Amitriptyline**	ng/mL
111633	**Nortriptyline**	ng/mL
111634	**Clomipramine**	ng/mL
111635	**Desmethylclomipramine**	ng/mL
111636	**Imipramine**	ng/mL
111637	**Desipramine**	ng/mL
111638	**Doxepin**	ng/mL
111639	**Desmethyldoxepin**	ng/mL
111640	**Trimipramine**	ng/mL
111641	**Desmethyltrimipramine**	ng/mL
111642	**Fluoxetine**	ng/mL
111643	**Norfluoxetine**	ng/mL
111644	**Protriptyline**	ng/mL
111645	**Maprotiline**	ng/mL
111646	**Trazodone**	**mcg/mL**

	111647	**Amoxapine**	ng/mL
	111648	**Tranylcypromine**	ng/mL
	111649	**Venlafaxine**	ng/mL
	111650	**Mirtazapine**	ng/mL

Hypoglycemic Panel (Qualitative), Serum/Plasma	
Effective Date	**2/10/2014**
Test Code	S51231
Specimen Requirements	**1 mL (0.4 mL minimum) serum collected in a red-top (no gel) tube or plasma**
Reject Criteria	**Polymer gel separation tube (SST or PST)**
Instructions	**Promptly centrifuge and separate Serum or Plasma into a plastic screw capped vial using approved guidelines.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 7 days** **Frozen: 4 months**
Set-up/Analytic Time	**Set up: Tue, Thur; Report available: 2 days**

Morphine - Free and Total, Urine	
Effective Date	**2/10/2014**
Test Code	S50358
CPT Codes	**83925 (x2)**
Specimen Requirements	**2 mL (0.91 mL minimum) urine collected in a plastic container (preservative-free)**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 10 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 4 days** **Morphine total is setup x2 a week**
Always Message	**(Morphine - Free) Reporting Limit: 0.50** **No reference data available.** **Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)** **(Morphine - Total) Reporting Limit: 50** **Up to 90% of a parenteral dose will be excreted in the urine within 24 hours and up to 60% of an oral dose will be excreted in the urine within 24 hours.** **Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)**
Methodology	**High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)**
Assay Category	**Laboratory Developed Test**
CPU Mappings	

Result Code	**Result Name**	**Unit of Measure**

105664	**Morphine - Free**	**ng/mL**
105665	**Morphine - Total**	**ng/mL**

Phenol Exposure, Urine	
Effective Date	**2/10/2014**
Test Code	S40925
CPT Codes	**84600, 82570**
Specimen Requirements	**4 mL (1.9 mL minimum) urine**
Reject Criteria	**Received room temperature**
Instructions	**Samples preserved with Benzoic Acid are unsuitable for analysis. Preservative-free Urine samples are recommended.** **Specimen Container: Plastic container (preservative-free)**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 4 days** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Tue, Thur; Report available: 4 days**
Always Message	**(Phenol - Total) Reporting Limit: 1.0** **Less than 10 mg/L in unexposed individuals.** **Less than 30 mg/L when chronically exposed to 0.5 to 4.0 ppm Benzene in air.** **Average 200 mg/L during chronic exposure to 25 ppm Benzene in air.** **(Phenol - Total (Creatinine corrected)) Reporting Limit: 6.6** **Biological Exposure Index (ACGIH):** **250 mg Phenol/g Creatinine measured in an end of shift urine.** **Analysis by Gas Chromatography (GC)** **(Creatinine) Reporting Limit: 100** **U.S. Population (10th - 90th percentiles, median)** **All participants:** **335 - 2370 mg/L, median 1180 (n=22,245)** **Males: 495 - 2540 mg/L, median 1370 (n=10,610)** **Females: 273 - 2170 mg/L, median 994 (n=11,635)** **Analysis by Colorimetry (C)**
Assay Category	**Laboratory Developed Test**

CPU Mappings

Result Code	Result Name	Unit of Measure
40926	**Phenol - Total**	**mg/L**
40927	**Phenol - Total (Creatinine corrected)**	**mg/g Creat**
40925	**Creatinine**	**mg/L**