

January 2014 - Monthly Update, Quest Diagnostics Nichols Institute, Valencia

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 #
<b>91664</b>	<b><i>Clostridium difficile</i> Toxin/GDH with reflex to PCR</b>	2/3/2014	2
<b>37213</b>	<b>Cryptosporidium Antigen, DFA</b>	2/3/2014	3
<b>10018</b>	<b>Cyclospora and Isospora Examination</b>	2/3/2014	4
<b>39480</b>	<b>Giardia/Cryptosporidium Antigen Panel</b>	2/3/2014	5
<b>16186</b>	<b>HIV-1 RNA, Quantitative Real-Time PCR, CSF</b>	2/10/2014	5
<b>16018</b>	<b>Y Chromosome Microdeletion, DNA Analysis (NY)</b>	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
<b>90389</b>	2439	<b>Cryptosporidium Antigen, EIA</b>	2/3/2014	7
<b>3930X</b>	2960	Fecal Leukocyte Stain	2/3/2014	8
<b>3170</b>		Ferritin	2/3/2014	9
<b>478</b>	3176	Gastrin	2/3/2014	9
<b>8625</b>	7760	Giardia Antigen, EIA, Stool	2/3/2014	10
<b>10124</b>		<b>hs-CRP</b>	2/3/2014	10
<b>3562</b>	5720	<b>Microsporidia Exam</b>	2/3/2014	11
<b>681</b>	2361	Ova and Parasites, Concentrate and Permanent Smear	2/3/2014	12
<b>36170</b>		<b>Testosterone, Free (Dialysis) and Total (LC/MS/MS)</b>	2/3/2014	13
<b>17181</b>	S51399	<b>Aldosterone, LC/MS/MS</b>	2/10/2014	13
<b>29881</b>	S50398	<b>Amino Acid Analysis, LC/MS, CSF</b>	2/10/2014	13
<b>S51709</b>		FISH, B-Cell Malignancy, IGH, 14q32 Rearrangement	2/10/2014	17
<b>1266</b>	S52105	<b>Gliadin (Deamidated Peptide) Antibody (IgG,IgA)</b>	2/10/2014	17
<b>90924</b>		Hepatitis C Viral RNA NS3 Genotype	2/10/2014	18
<b>S51511</b>		Hepatitis E Antibody (IgG)	2/10/2014	18
<b>S51512</b>		Hepatitis E Antibody (IgM)	2/10/2014	18
<b>S52041</b>		Hypersensitivity Pneumonitis Screen	2/10/2014	19
<b>S51997</b>		IGF-I, LC/MS	2/10/2014	19
<b>37103</b>	S50110	<b>PM-Scl Antibody</b>	2/10/2014	19
<b>S51596</b>		Proinsulin	2/10/2014	20

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<a href="#">S49587</a>		PSA Post Prostatectomy	2/10/2014	20
<a href="#">16047</a>	S51994	RSV (Respiratory Syncytial Virus) RNA, Qualitative Real-Time PCR	2/10/2014	20
<a href="#">61025</a>	S52565	<b>Varicella-Zoster Virus (VZV) Ab (Total, IgM), ACIF/IFA, CSF</b>	2/10/2014	21
<a href="#">14679</a>	S51325	Y Chromosome Microdeletion, DNA Analysis	2/10/2014	21
<a href="#">S50450</a>		Norovirus, EIA (Stool)	2/24/2014	21
<a href="#">17086</a>		<i>Toxoplasma gondii</i> 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 #
<a href="#">2473</a>	Cryptosporidium/Giardia Direct Detection, DFA	2/3/2014	22
<a href="#">S50668</a>	HIV-1 RNA Quantitation PCR, CSF	2/3/2014	22
<a href="#">S50806</a>	Acetone Serum [90159]	2/10/2014	22
<a href="#">S50810</a>	Antidepressant Panel Urine	2/10/2014	22
<a href="#">S51555</a>	Echinococcus Granulosus Antibody IgG	2/10/2014	22
<a href="#">S52457</a>	Hepatitis C Viral RNA, Quantitative, TMA	2/10/2014	22
<a href="#">S51329</a>	IBD Serology 7	2/10/2014	23
<a href="#">S44510</a>	Lactate CSF	2/10/2014	23
<a href="#">S50860</a>	Morphine Free & Total Urine	2/10/2014	23
<a href="#">S50871</a>	Phenol Urine	2/10/2014	23
<a href="#">S50356</a>	Proinsulin	2/10/2014	23
<a href="#">S51184</a>	PSA Ultrasensitive	2/10/2014	23
<a href="#">S42270</a>	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 #
<a href="#">S41005</a>		Calcium-Total, RBCs	2/3/2014	24
<a href="#">S41170</a>		Clonidine, Serum/Plasma	2/3/2014	24
<a href="#">S48679</a>		Metformin, Serum/Plasma	2/3/2014	24
<a href="#">S49667</a>		<b>Acetone, Serum/Plasma</b>	2/10/2014	24
<a href="#">S51868</a>		<b>Antidepressants Panel, Urine</b>	2/10/2014	25
<a href="#">S51231</a>		Hypoglycemic Panel (Qualitative), Serum/Plasma	2/10/2014	26
<a href="#">S50358</a>		Morphine - Free and Total, Urine	2/10/2014	26
<a href="#">S40925</a>		Phenol Exposure, Urine	2/10/2014	27

**New Test Offerings**

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

<b><i>Clostridium difficile</i> Toxin/GDH with reflex to PCR</b>																	
Clinical Significance	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 <i>C. difficile</i> , current practice guidelines from the CDC recommend confirmation by Nucleic Acid Amplification Testing (NAAT) if the glutamate dehydrogenase of <i>C. difficile</i> (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.																
Effective Date	2/3/2014																
Test Code	91664																
CPT Codes	87449, 87324																
Specimen Requirements	5 grams or 5 mL (1 gram or 1 mL minimum) unformed stool																
Reject Criteria	Formed stool; stool submitted in transport media or swab; rectal swab; unfrozen stool greater than 72 hours old; received room temperature																
Instructions	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.																
Transport Temperature	Frozen																
Specimen Stability	Room temperature: Unacceptable Refrigerated: 72 hours Frozen: 30 days																
Reference Range	Not detected																
Methodology	Immunoassay																
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano																
CPU Mappings	<table border="1"> <thead> <tr> <th colspan="2">91664-1 GDH Antigen, Toxin A and B</th> </tr> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86009745</td> <td>GDH Antigen</td> </tr> <tr> <td>86009746</td> <td>Toxin A and B</td> </tr> <tr> <th colspan="2">*TR 91664-2 Clostridium difficile Toxin B, Qualitative Real-time PCR</th> </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> </tbody> </table>	91664-1 GDH Antigen, Toxin A and B		Result Code	Result Name	86009745	GDH Antigen	86009746	Toxin A and B	*TR 91664-2 Clostridium difficile Toxin B, Qualitative Real-time PCR		Result Code	Result Name	86006267	C difficile, QL PCR	*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.	
91664-1 GDH Antigen, Toxin A and B																	
Result Code	Result Name																
86009745	GDH Antigen																
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86006267	C difficile, QL PCR																
*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.																	
Additional Information	<p>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, <i>Clostridium difficile</i> Toxin B, Qualitative Real Time PCR will be performed at an additional charge. (CPT code(s): 87493)</p> <p>New recommendations per the American Society for Microbiology recommend that screening assays for <i>C. difficile</i> toxin be combined with GDH antigen, with discordant results being confirmed by Nucleic Acid Amplification testing.</p>																

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

<b>Cyclospora and Isospora Examination</b>	
Clinical Significance	<b>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.</b>
Effective Date	<b>2/3/2014</b>
Test Code	<b>10018</b>
CPT Codes	<b>87015, 87207</b>
Specimen Requirements	<b>10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial</b>
Reject Criteria	<b>Unpreserved stool; received frozen</b>
Instructions	<b>Transfer stool within 30 minutes of collection into suitable vial. Fill to the line on the transport vial.</b>

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	<b>Stool must not contain residual barium from diagnostic tests.</b>							
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	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>85993057</td> <td>Cyclospora Exam</td> </tr> <tr> <td>85993058</td> <td>Isospora Exam</td> </tr> </tbody> </table>		Result Code	Result Name	85993057	Cyclospora Exam	85993058	Isospora Exam
Result Code	Result Name							
85993057	Cyclospora Exam							
85993058	Isospora Exam							

<b>Giardia/Cryptosporidium Antigen Panel</b>	
Effective Date	2/3/2014
Test Code	39480
CPT Codes	87015, 87272, 87329
Specimen Requirements	<p><b>Preferred:</b> 10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial</p> <p><b>Acceptable:</b> Stool collected in Sodium Acetate-Acetic Acid Formalin (SAF)</p>
Reject Criteria	Specimens other than stool in 10% formalin or Total-Fix®; specimens other than SAF; stool in Polyvinyl Alcohol(PVA); received frozen
Instructions	<p>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.</p> <p>The patient must not use barium products, antacids, antidiarrheal medications, or laxatives containing oil prior to collection of a specimen for parasitological exam.</p>
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

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	37213- Cryptosporidium Antigen, DFA
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HIV-1 RNA, Quantitative Real-Time PCR, CSF										
Clinical Significance	<p>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.</p> <p>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.</p>									
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	<p>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.</p> <p>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.</p>									
Methodology	Polymerase Chain Reaction									
Assay Category	FDA Approved/Cleared/Modified FISH/Molecular assay									
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano									
CPU Mappings	<table border="1" style="width: 100%;"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>70055185</td> <td>HIV-1 RNA, QN PCR, CSF</td> <td>Copies/mL</td> </tr> <tr> <td>70055190</td> <td>HIV-1 RNA, QN PCR, CSF</td> <td>Log copies/mL</td> </tr> </tbody> </table>	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
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	<b>**This code is for New York patient testing. For non-New York patient testing, use test code 14679 Y Chromosome Microdeletion, DNA Analysis**</b>
Effective Date	2/10/2014
Test Code	16018
CPT Codes	83891; 83900; 83901 (x18); 83894; 83912

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Specimen Requirements	<b>4 mL (3 mL minimum) whole blood collected in an EDTA (lavender-top) tube</b>											
Instructions	<b>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.</b>											
Transport Temperature	<b>Room temperature</b>											
Specimen Stability	<b>Room temperature and Refrigerated: 8 days Frozen: Unacceptable</b>											
Set-up/Analytic Time	<b>Set up: Tues; Report available: 8 days</b>											
Reference Range	<b>Accompanies report</b>											
Methodology	<b>Polymerase Chain Reaction, Agarose Gel Electrophoresis</b>											
Assay Category	<b>Research Use Only</b>											
Performing Site	<b>Quest Diagnostics Nichols Institute, Chantilly</b>											
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Type</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>85997863</td> <td>Prompt-Result (no return)</td> <td>Referring Physician Phone</td> </tr> <tr> <td>86002280</td> <td></td> <td>Y Chromosome Microdeletion</td> </tr> </tbody> </table>			Result Code	Type	Result Name	85997863	Prompt-Result (no return)	Referring Physician Phone	86002280		Y Chromosome Microdeletion
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.

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

<b>Reflex Hepatitis C RNA, Qualitative TMA</b>							
Effective Date	<b>12/10/2013</b>						
Test Code	[RHO]						
Set-up/Analytic Time	Set up: Tue-Sat; <b>Report available: 5-7 days</b>						
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>[RIM]</td> <td>Reflex Hepatitis C RNA, Qualitative TMA</td> </tr> <tr> <td>[ROG]</td> <td>Reflex Hepatitis C RNA, Qualitative TMA</td> </tr> </tbody> </table>	Test Codes:	Name:	[RIM]	Reflex Hepatitis C RNA, Qualitative TMA	[ROG]	Reflex Hepatitis C RNA, Qualitative TMA
Test Codes:	Name:						
[RIM]	Reflex Hepatitis C RNA, Qualitative TMA						
[ROG]	Reflex Hepatitis C RNA, Qualitative TMA						

<b>Cryptosporidium Antigen, EIA</b>	
Clinical Significance	<b>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</b>

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	infection or death.										
Effective Date	2/3/2014										
Former Test Name	Cryptosporidium AG Detection										
Former Test Code	2439										
Test Code	90389										
Specimen Requirements	<p><b>Preferred:</b> 10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in 10% formalin or Total-Fix<sup>®</sup> transport vial</p> <p><b>Acceptable:</b> 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.</p>										
Reject Criteria	Concentrated specimens; stool with PVA										
Instructions	<p>1. Collect fresh stool in a clean, leak-proof plastic container.</p> <p>2. For preserved stools fill to line on transport vial.</p>										
Transport Temperature	<p>Preserved specimens: Room temperature</p> <p>Specimens in Cary-Blair transport medium: Refrigerated</p> <p>Fresh, untreated stool specimen &lt;48 hours: Refrigerated</p> <p>Fresh, untreated stool specimen &gt;48 hours: Frozen</p>										
Specimen Stability	<table border="1"> <tr> <td>Stool (fresh, unpreserved):</td> <td>Room temperature: Unacceptable Refrigerated: 48 hours Frozen: 60 days</td> </tr> <tr> <td>Cary-Blair Media:</td> <td>Room temperature: Unacceptable Refrigerated and Frozen: 7 days</td> </tr> <tr> <td>Preserved:</td> <td>Room temperature and Refrigerated: 60 days Frozen: Unacceptable</td> </tr> <tr> <td>Rectal Swab:</td> <td>Room temperature: Unacceptable Refrigerated: 7 days Frozen: Unacceptable</td> </tr> </table>		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	
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	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Type</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86007404</td> <td>Prompt-Result</td> <td>Specimen Source:</td> </tr> <tr> <td>86007574</td> <td></td> <td>Cryptosporidium Ag, EIA</td> </tr> </tbody> </table>		Result Code	Type	Result Name	86007404	Prompt-Result	Specimen Source:	86007574		Cryptosporidium Ag, EIA
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 <sup>®</sup> transport vial



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Reject Criteria	<b>Stool in Cary-Blair transport medium; received frozen; specimens containing barium; received in preservatives other than Zn-PVA or Total-Fix®; unpreserved stool</b>					
Instructions	<p><b>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.</b></p> <p><b>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.</b></p> <p><b>Patients should refrain from ingesting barium for 7 days before specimen collection.</b></p>					
Specimen Stability	<p><b>Room temperature: 6 months</b></p> <p><b>Refrigerated: Not recommended</b></p> <p>Frozen: Unacceptable</p>					
Set-up/Analytic Time	<b>Set up: Daily; Report available: 1-4 days</b>					
Methodology	<b>Microscopy</b>					
Performing Site	Quest Diagnostics Nichols Institute, Valencia					
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86010484</td> <td>Fecal Leukocytes</td> </tr> </tbody> </table>		Result Code	Result Name	86010484	Fecal Leukocytes
Result Code	Result Name					
86010484	Fecal Leukocytes					

<b>Ferritin</b>			
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**

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Effective Date	2/3/2014							
Former Test Code	3176							
Test Code	478							
Reject Criteria	Thawed specimens; gross hemolysis; gross lipemia; grossly icteric							
Reference Range	<table border="1"> <tr> <td>&lt;5 Years:</td> <td>Not Established</td> </tr> <tr> <td>5-17 Years:</td> <td>&lt;65 pg/mL</td> </tr> <tr> <td>&gt; or = 18 Years:</td> <td>&lt; or = 100 pg/mL</td> </tr> </table>		<5 Years:	Not Established	5-17 Years:	<65 pg/mL	> or = 18 Years:	< or = 100 pg/mL
<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	<table border="1"> <tr> <td>Result Code</td> <td>Result Name</td> </tr> <tr> <td>55010500</td> <td>Gastrin</td> </tr> </table>		Result Code	Result Name	55010500	Gastrin		
Result Code	Result Name							
55010500	Gastrin							
Tests Affected	<table border="1"> <tr> <td>Test Codes:</td> <td>Name:</td> </tr> <tr> <td>RGN</td> <td>Reflex Gastrin</td> </tr> </table>		Test Codes:	Name:	RGN	Reflex Gastrin		
Test Codes:	Name:							
RGN	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	<p><b>Preferred:</b> 10 grams or 10 mL (5 grams or 5 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial</p> <p><b>Acceptable:</b> Stool collected in Sodium Acetate-Acetic Acid Formalin (SAF), Cary-Blair or fresh unpreserved stool</p>				
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	<p><b>Preserved: Room temperature</b>  <b>Cary-Blair: Refrigerated</b>  <b>Fresh: Frozen</b></p>				
Methodology	Immunoassay				
Assay Category	FDA Approved/Cleared				
Performing Site	Quest Diagnostics Nichols Institute, Valencia				
CPU Mappings	<table border="1"> <tr> <td>Result Code</td> <td>Result Name</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Result Code	Result Name		
Result Code	Result Name				

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	85997899		Giardia Ag, EIA, Stool
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hs-CRP													
<b>Effective Date</b>	2/3/2014												
<i>Former Test Name</i>	Cardio CRP®												
Test Code	10124												
Always Message	<table border="1" style="width: 100%;"> <tr> <td colspan="2">For Ages &gt; 17 Years:</td> </tr> <tr> <td style="width: 20%;"><b>hs-CRP</b> mg/L</td> <td>Risk According to AHA/CDC Guidelines</td> </tr> <tr> <td>&lt;1.0</td> <td>Lower Relative Cardiovascular Risk</td> </tr> <tr> <td>1.0-3.0</td> <td>Average Relative Cardiovascular Risk</td> </tr> <tr> <td>3.1-10.0</td> <td>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.</td> </tr> <tr> <td>&gt;10.0</td> <td>Persistent elevations upon retesting, may be associated with infection and inflammation.</td> </tr> </table>	For Ages > 17 Years:		<b>hs-CRP</b> 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.
For Ages > 17 Years:													
<b>hs-CRP</b> 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	<table border="1" style="width: 100%;"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>45203715</td> <td>hs-CRP</td> </tr> </tbody> </table>	Result Code	Result Name	45203715	hs-CRP								
Result Code	Result Name												
45203715	hs-CRP												
Tests Affected	<table border="1" style="width: 100%;"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>1537</td> <td>Treatable Ischemia Predictr</td> </tr> </tbody> </table>	Test Codes:	Name:	1537	Treatable Ischemia Predictr								
Test Codes:	Name:												
1537	Treatable Ischemia Predictr												

Microsporidia Exam	
Clinical Significance	<b>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.</b>
<b>Effective Date</b>	2/3/2014
<i>Former Test Name</i>	<i>Microsporidia Spore Stain</i>
<i>Former Test Code</i>	5720
Test Code	3562
Specimen Requirements	<b>Preferred:</b> 5 grams or 5 mL (2 grams or 2 mL minimum) stool preserved in 10% formalin or Total-Fix® transport vial  <b>Acceptable:</b> 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).

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

<b>Ova and Parasites, Concentrate and Permanent Smear</b>	
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	<b>Preferred:</b> 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  <b>Acceptable:</b> 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	<b>Interfering substances - bismuth, barium (wait 7-10 days), antimicrobial agents (wait 2 weeks), gall bladder dye (wait 3 weeks after procedure).</b>  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.

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	<p><b>Note:</b> 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.</p> <p><b>Sputum:</b> 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.</p>													
Transport Temperature	<p><b>Stool and Sputum (preserved):</b> Room temperature  <b>Urine and Sputum (unpreserved):</b> Refrigerated</p>													
Specimen Stability	<table border="1"> <tr> <td>Stool</td> <td>Room temperature: 6 months Refrigerated: Not recommended Frozen: Unacceptable</td> </tr> <tr> <td>Urine</td> <td>Room temperature: Unacceptable Refrigerated: 48 hours Frozen: Unacceptable</td> </tr> <tr> <td>Sputum (unpreserved)</td> <td>Room temperature: Unacceptable Refrigerated: 48 hours Frozen: Unacceptable</td> </tr> <tr> <td>Sputum (preserved)</td> <td>Room temperature: 6 months Refrigerated: Not recommended Frozen: Unacceptable</td> </tr> </table>		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				
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	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Type</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86007404</td> <td>Prompt-Result</td> <td>Specimen Source:</td> </tr> <tr> <td>85986351</td> <td></td> <td>Concentrate Result</td> </tr> <tr> <td>85986352</td> <td></td> <td>Trichrome Result</td> </tr> </tbody> </table>		Result Code	Type	Result Name	86007404	Prompt-Result	Specimen Source:	85986351		Concentrate Result	85986352		Trichrome Result
Result Code	Type	Result Name												
86007404	Prompt-Result	Specimen Source:												
85986351		Concentrate Result												
85986352		Trichrome Result												
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>2362</td> <td>Ova &amp; Parasite: Comprehensive Exam w/Coccidia Evaluation</td> </tr> </tbody> </table>		Test Codes:	Name:	2362	Ova & Parasite: Comprehensive Exam w/Coccidia Evaluation								
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

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Tests Affected	<b>Test Codes:</b>	<b>Name:</b>
	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	<b>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.</b>								
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	<table border="1"> <thead> <tr> <th>Analyte</th> <th>Reference Range</th> </tr> </thead> <tbody> <tr> <td>Aspartic Acid:</td> <td>&lt;3 months: &lt; or = 3 umol/L 3 months-10 years: &lt;1 umol/L &gt;10 years: &lt; or = 2 umol/L</td> </tr> <tr> <td>Glutamic Acid:</td> <td>&lt;3 months: 1-9 umol/L 3-23 months: &lt; or = 5 umol/L 2-10 years: &lt; or = 11 umol/L &gt;10 years: 1-13 umol/L</td> </tr> <tr> <td>Hydroxyproline:</td> <td>&lt;3 months: 1-4 umol/L</td> </tr> </tbody> </table>	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
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								

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	3-23 months: < or = 2 umol/L 2-10 years: <1 umol/L >10 years: < or = 2 umol/L
<b>Serine:</b>	<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
<b>Asparagine:</b>	<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
<b>Alpha-Amino Adipic Acid:</b>	<1 umol/L
<b>Glycine:</b>	<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
<b>Glutamine:</b>	<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
<b>Sarcosine:</b>	<1 umol/L
<b>Beta-Alanine:</b>	<1 umol/L
<b>Taurine:</b>	<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
<b>Histidine:</b>	<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
<b>Citrulline:</b>	<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
<b>Arginine:</b>	<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
<b>Threonine:</b>	<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
<b>Alanine:</b>	<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
<b>Gamma-Amino Butyric Acid:</b>	<24 months: <1 umol/L 2-10 years: < or = 2 umol/L >10 years: < or = 3 umol/L
<b>Beta-Amino Isobutyric Acid:</b>	< or = 2 umol/L
<b>Proline:</b>	<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

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	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	<p><b>Note: Literature Reference Range Source:</b></p> <p>DI Heiblim, HE Evans, L Glass, MM Agbayani. Amino acid concentrations cerebrospinal fluid. Arch Neurol 35:765-768:1978.</p> <p>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.</p>			
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



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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

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Specimen Requirements	<p><b>Preferred:</b> 3 mL (1 mL minimum) bone marrow collected in <b>transport media</b></p> <p><b>Acceptable:</b> 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 <b>5 x 5 mm lymph node collected in transport media</b> <b>Formalin fixed paraffin embedded tissue block</b></p> <p><b>Lymph node submitted in Hanks' or Ringers' solution is no longer acceptable</b></p>
Instructions	<p><b>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.</b></p> <p>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.</p>
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Gliadin (Deamidated Peptide) Antibody (IgG,IgA)	
Effective Date	2/10/2014
Former Test Name	<i>Gliadin (Deamidated Peptide) Antibodies (IgG,IgA)</i>
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	<table border="1"> <tr> <td>HCV NS3 Subtype:</td> <td>Not Detected</td> </tr> <tr> <td>Boceprevir Resistance:</td> <td>Not Predicted</td> </tr> <tr> <td>Telaprevir Resistance:</td> <td>Not Predicted</td> </tr> <tr> <td><b>Simeprevir Resistance</b></td> <td><b>Not Predicted</b></td> </tr> </table>	HCV NS3 Subtype:	Not Detected	Boceprevir Resistance:	Not Predicted	Telaprevir Resistance:	Not Predicted	<b>Simeprevir Resistance</b>	<b>Not Predicted</b>		
HCV NS3 Subtype:	Not Detected										
Boceprevir Resistance:	Not Predicted										
Telaprevir Resistance:	Not Predicted										
<b>Simeprevir Resistance</b>	<b>Not Predicted</b>										
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano										
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86008373</td> <td>HCV NS3 Subtype</td> </tr> <tr> <td>86008374</td> <td>Boceprevir Resistance</td> </tr> <tr> <td>86008375</td> <td>Telaprevir Resistance</td> </tr> <tr> <td><b>86010353</b></td> <td><b>Simeprevir Resistance</b></td> </tr> </tbody> </table>	Result Code	Result Name	86008373	HCV NS3 Subtype	86008374	Boceprevir Resistance	86008375	Telaprevir Resistance	<b>86010353</b>	<b>Simeprevir Resistance</b>
Result Code	Result Name										
86008373	HCV NS3 Subtype										
86008374	Boceprevir Resistance										
86008375	Telaprevir Resistance										
<b>86010353</b>	<b>Simeprevir Resistance</b>										

Hepatitis E Antibody (IgG)
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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-Sci Antibody	
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Clinical Significance	<b>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.</b>					
<b>Effective Date</b>	<b>2/10/2014</b>					
<i>Former Test Name</i>	<i>PM-SCL ABS [20255]</i>					
<i>Former Test Code</i>	<i>S50110</i>					
Test Code	<b>37103</b>					
CPT Codes	<b>86235</b>					
Specimen Requirements	<b>1 mL (0.5 mL minimum) serum collected in red-top (no gel) tube</b>					
Reject Criteria	<b>Serum separator tubes (SST)</b>					
Transport Temperature	<b>Room temperature</b>					
Specimen Stability	<b>Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days</b>					
Set-up/Analytic Time	<b>Set up: Sun, Mon, Tue, Thur; Report available: 5 days</b>					
Reference Range	<b>Negative</b>					
Always Message	<b>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.</b>					
Assay Category	<b>Laboratory Developed Test</b>					
Performing Site	<b>This test previously performed at Focus Diagnostics, Inc. will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.</b>					
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>85991314</td> <td>PM-Scl Antibody</td> </tr> </tbody> </table>		Result Code	Result Name	85991314	PM-Scl Antibody
Result Code	Result Name					
85991314	PM-Scl Antibody					

<b>Proinsulin</b>		
Clinical Significance	<b>Proinsulin is used to detect and monitor excessive hormone production from insulinomas.</b>	
<b>Effective Date</b>	<b>2/10/2014</b>	
Test Code	S51596	
Reject Criteria	<b>Received room temperature, grossly lipemic serum, grossly hemolyzed serum</b>	
Instructions	<b>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.</b>	
Transport Temperature	<b>Frozen</b>	
Specimen Stability	<b>Room temperature: 24 hours Refrigerated: 72 hours Frozen: 6 months</b>	
Set-up/Analytic Time	<b>Set up: Mon; Report available: 6 days</b>	

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Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
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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	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Type</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86007404</td> <td>Prompt-Result</td> <td>Specimen Source:</td> </tr> <tr> <td>86002421</td> <td></td> <td>RSV RNA, Qualitative PCR</td> </tr> </tbody> </table>			Result Code	Type	Result Name	86007404	Prompt-Result	Specimen Source:	86002421		RSV RNA, Qualitative PCR
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	<b>**This code is for non-New York patient testing. For New York patient testing, use test code 16018 Y Chromosome Microdeletion, DNA Analysis (NY)**</b>
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

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

<b>Norovirus, EIA (Stool)</b>	
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.

<b>Toxoplasma gondii IgA Antibody, ELISA</b>	
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**

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

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<b>HIV-1 RNA Quantitation PCR, CSF</b>	
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.

<b>Acetone Serum [90159]</b>	
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.

<b>Antidepressant Panel Urine</b>	
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.

<b>Echinococcus Granulosus Antibody IgG</b>	
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.

<b>Hepatitis C Viral RNA, Quantitative, TMA</b>	
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.

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

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

<b>Morphine Free &amp; Total Urine</b>	
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<b>Effective Date</b>	<b>2/10/2014</b>
Test Code	S50860
Additional Information	The recommended alternative is test code S50358- Morphine - Free and Total, Urine

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

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

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

<b>Sulfonylurea Drug Screen</b>	
<b>Effective Date</b>	<b>2/10/2014</b>
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**.

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

<b>Clonidine, Serum/Plasma</b>	
<b>Effective Date</b>	<b>2/3/2014</b>
Test Code	S41170



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

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

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

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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	<p><b>Nortriptyline:</b> 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.</p> <p><b>Desipramine:</b> 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.</p> <p><b>Protriptyline:</b> 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.</p>		
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

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111647	Amoxapine	ng/mL
111648	Tranlycypromine	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	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Result Code	Result Name	Unit of Measure			
Result Code	Result Name	Unit of Measure					

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	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	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>40926</td> <td>Phenol - Total</td> <td>mg/L</td> </tr> <tr> <td>40927</td> <td>Phenol - Total (Creatinine corrected)</td> <td>mg/g Creat</td> </tr> <tr> <td>40925</td> <td>Creatinine</td> <td>mg/L</td> </tr> </tbody> </table>	Result Code	Result Name	Unit of Measure	40926	Phenol - Total	mg/L	40927	Phenol - Total (Creatinine corrected)	mg/g Creat	40925	Creatinine	mg/L
Result Code	Result Name	Unit of Measure											
40926	Phenol - Total	mg/L											
40927	Phenol - Total (Creatinine corrected)	mg/g Creat											
40925	Creatinine	mg/L											