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 #**
91932	**HPV mRNA E6/E7, Rectal**	2/3/2014	2
91768	***Streptococcus* Group B DNA, PCR with Broth Enrichment**	2/3/2014	3
91770	***Streptococcus* Group B DNA, PCR with Broth Enrichment and Reflex to Susceptibility**	2/3/2014	4
92014	***Clostridium difficile* Culture with Reflex to Toxin**	3/10/2014	6
91923	**Methylphenidate Metabolite, Quantitative, Urine**	3/10/2014	7

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 #**
8369		Hepatitis B Virus DNA, Quantitative, Real Time PCR	3/3/2014	7
822	1345	**AST (Aspartate Aminotransferase)**	3/10/2014	8
91604		Cardio IQ™ Lipoprotein Fractionation, Ion Mobility	3/10/2014	9
37523		Neutrophil Function, Oxidative Burst	3/10/2014	10
38100	F78G	**Casein (f78) IgG**	3/17/2014	10
34678	F1G	**Egg White (f1) IgG**	3/17/2014	11
8927	K82	**Latex (k82) IgE**	3/17/2014	11
3025	RF266	**Mace (f266) IgE**	3/17/2014	12
3252	RF301	**Persimmon (Kaki Fruit) (f301) IgE**	3/17/2014	12
2350	RG203	**Salt Grass (g203) IgE**	3/17/2014	13
91996	M80	**Staphylococcal Enterotoxin A (m80) IgE**	3/17/2014	13
91997	M81	**Staphylococcal Enterotoxin B (m81) IgE**	3/17/2014	14
3412	RM204	***Ulocladium chartarum* (m204) IgE**	3/17/2014	14
30337	F4G	**Wheat (f4) IgG**	3/17/2014	15
16603	6110	QuantiFERON®-TB Gold, (Draw Site Incubated)	3/31/2014	15

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 #**
8954	*Borrelia burgdorferi* IgG & IgM Abs [EIA] Plus C6 Peptide	3/10/2014	17
8956	*Borrelia burgdorferi* IgG & IgM Abs + C6 Peptide w/Rfx IB [CDC]	3/10/2014	17
S52557	Heparin Anti-Xa (Unfractionated Heparin)	3/10/2014	17
8944	Lyme Disease C6 Antibodies, Total, ELISA	3/10/2014	17
S49785NY	Magnesium RBC [623Z][NY]	3/10/2014	17

RK82	Allergen - Latex Enhanced IgE	3/17/2014	18

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 #**
S47280		Amphetamines Panel, Serum/Plasma	3/3/2014	18
92021		**Fluphenazine, Serum/Plasma**	3/3/2014	18
S41755		Fluphenazine, Serum/Plasma	3/3/2014	19

New Test Offerings

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

HPV mRNA E6/E7, Rectal	
Clinical Significance	**The presence of E6/E7 messenger RNA from 14 high risk HPV types indicates incorporation of HPV DNA into the host cells. Proteins expressed from E6-E7 polycistronic mRNA alter cellular p53 and retinoblastoma protein functions, leading to disruption of cell-cycle check points and cell genome instability. This information, together with the physician's assessment of cytology history and other risk factors may be used to guide patient management.**
Effective Date	**2/3/2014**
Test Code	**91932**
CPT Codes	**87621**
Specimen Requirements	**3 mL (1.5 mL minimum) Dacron swab collected in Liquid Cytology (PreservCYT®) Preservative (Thin Prep®)**
Reject Criteria	**Digene vials; SurePath™ vials**
Instructions	**To collect an anal-rectal sample, a wetted, non-lubricated Dacron swab is used. The Dacron swab is inserted about 3 cm (or until resistance is met) into the anal canal past the anal verge, into the rectal vault. This is done without visualization of the anal canal. Firm lateral pressure is applied to the swab handle as it is rotated and slowly moved in and out. Slowly withdraw swab from the anal canal. Swish the swab vigorously in PreservCyt® fluid in the ThinPrep® vial. Discard the swab. Cap and tighten the ThinPrep® vial.** **Follow the same procedure if using a brush to collect an anal-rectal sample. Avoid using cotton swab on a wooden stick because the handle may break and splinter during collection. A swab that is grossly contaminated with feces should be discarded and the collection repeated.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 30 days** **Refrigerated: 28 days** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available 3-6 days**
Reference Range	**Not detected**
Always Message	**This test was performed using the APTIMA® HPV Assay (Gen-Probe Inc.).** **This assay detects E6/E7 viral messenger RNA (mRNA) from 14 high-risk HPV types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68).** **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	**Transcription-Mediated Amplification**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**Result Code** / **Result Name** **86010331** / **HPV mRNA E6/E7, Rectal**

***Streptococcus* Group B DNA, PCR with Broth Enrichment**	
Clinical Significance	**Detect Group B *Streptococcus* (GBS) vaginal/rectal colonization to prevent GBS sepsis and other GBS infections in newborns.**
Effective Date	**2/3/2014**
Test Code	**91768**
CPT Codes	**87081, 87150**
Specimen Requirements	**Preferred:** **Vaginal/Rectal swab in Amies gel (blue-cap) transport medium or Amies liquid (red-cap) transport medium** **Acceptable:** **Vaginal/Rectal swab in Liquid Stuart transport medium** **2 mL LIM broth tube (pre-incubated)**
Reject Criteria	**Specimens in transport media other than those listed; received frozen; LIM broth received at room temperature**
Instructions	**In order to obtain an adequate specimen, the procedure for specimen collection must be followed closely. Using recommended swab, vaginal-rectal specimens are collected according to the following procedure:** **1. Wipe away excessive amount of secretion or discharge from the vaginal area.** **2. Carefully insert the swab into the lower one-third part of vagina, and sample secretions from the mucosa.** **3. Carefully insert the same swab, approximately 2.5 cm beyond the anal sphincter, and gently rotate to sample anal crypts.** **4. Replace the swab in its container.** **If submitting broth, inoculate LIM broth with vaginal/rectal swab and incubate at 35-37° C for 18-24 hours.**
Transport Temperature	**Amies transport medium:** / **Room temperature** **LIM broth tube:** / **Refrigerated**
Specimen Stability	**Amies transport medium** / **Room temperature and Refrigerated: 48 hours** **Frozen: Unacceptable** **LIM broth tube** / **Room temperature: Unacceptable** **Refrigerated: 14 days** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Daily; Report available: 2 days**
Reference Range	**Not detected**
Always Message	**This test was performed using BD GeneOhm™ Streptococcus Group B Real-Time PCR Assay.** **The performance characteristics of this assay have been determined by Quest Diagnostics Nichols Institute. Performance characteristics refer to the analytical performance of the test.**

Methodology	**Polymerase Chain Reaction, Culture Enhanced**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

Result Code	Type	Result Name
86007404	**Prompt-Result**	**Specimen Source:**
86010442		**Group B Streptococcus**

***Streptococcus* Group B DNA, PCR with Broth Enrichment and Reflex to Susceptibility**	
Clinical Significance	**Detect Group B *Streptococcus* (GBS) vaginal/rectal colonization to prevent GBS sepsis and other GBS infections in newborns.**
Effective Date	**2/3/2014**
Test Code	**91770**
CPT Codes	**87081, 87150**
Specimen Requirements	**Preferred:** **Vaginal/Rectal swab in Amies gel (blue-cap) transport medium or Amies liquid (red-cap) transport medium** **Acceptable:** **Vaginal/Rectal swab in Liquid Stuart transport medium is acceptable** **2 mL LIM broth tube (pre-incubated)**
Reject Criteria	**Specimens in transport media other than those listed; received frozen; LIM broth received at room temperature**
Instructions	**In order to obtain an adequate specimen, the procedure for specimen collection must be followed closely. Using recommended swab, vaginal-rectal specimens are collected according to the following procedure:** **1. Wipe away excessive amount of secretion or discharge from the vaginal area.** **2. Carefully insert the swab into the lower one-third part of vagina, and sample secretions from the mucosa.** **3. Carefully insert the same swab, approximately 2.5 cm beyond the anal sphincter, and gently rotate to sample anal crypts.** **4. Replace the swab in its container.** **If submitting broth, inoculate LIM Broth with vaginal/rectal swab and incubate at 35-37° C for 18-24 hours.**
Transport Temperature	

Amies transport medium:	**Room temperature**
LIM broth tube:	**Refrigerated**

Specimen Stability

Amies transport medium:	**Room temperature and Refrigerated: 48 hours** **Frozen: Unacceptable**
LIM broth tube:	**Room temperature: Unacceptable** **Refrigerated: 14 days** **Frozen: Unacceptable**

Set-up/Analytic Time	**Set up: Daily; Report available: 3 days**
Reference Range	**Not detected**
Always Message	**This test was performed using BD GeneOhm™ Streptococcus Group B Real-Time PCR Assay.**

	The performance characteristics of this assay have been determined by Quest Diagnostics Nichols Institute. Performance characteristics refer to the analytical performance of the test.
Methodology	**Polymerase Chain Reaction, Culture Enhanced**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

91770 Streptococcus Group B PCR, Broth Enhanced

Result Code	Type	Result Name
86007404	Prompt-Result	Specimen Source:
86010442		Group B Streptococcus

This is a true reflex. Please build the unit code below separately.
Orderable Reflex: 14653X- Susceptibility, Aerobic Bacteria, MIC

Result Code	Type	Result Name
24614	Prompt-Result	Specimen Source:
26708	Prompt-Result	Organism Identification:
26652		Amikacin
26653		Amoxacillin-Clavulanic ACD
26654		Ampicillin
26655		Ampicillin/Sulbactam
31019		Aztreonam
26656		Cefazolin
26658		Cefepime
9991		Cefotaxime
26659		Cefoxitin
26662		Ceftazidime
26660		Ceftriaxone
26661		Cefuroxime
26657		Cephalothin
26663		Chloramphenicol
26664		Ciprofloxacin
26665		Clarithromycin
26666		Clindamycin
31020		Daptomycin
31021		Ertapenem
26667		Erythromycin
26668		Gentamicin
26645		Gentamicin 500
26682		Imipenem
26670		Levofloxacin

26647		**Linezolid**
26704		**Meropenem**
26672		**Nitrofurantoin**
26675		**Oxacillin**
26676		**Penicillin**
31022		**Piperacillin/Tazobactam**
26679		**Tetracycline**
26681		**Ticarcillin/Clavulanic ACD**
31023		**Tigecycline**
25875		**Tobramycin**
26680		**Trimethoprim/Sulfamethoxaz**
26649		**Vancomycin**
26648		**Comments**

Additional Information	**If GBS by PCR is Detected, an Antibiotic Susceptibility will be added at an additional charge (CPT code(s): 87186 or 87184).**

***Clostridium difficile* Culture with Reflex to Toxin**	
Clinical Significance	***C. difficile* causes 50-75% of antibiotic associated colitis and greater than 90% of antibiotic associated pseudomembranous colitis. Pathogenic *C. difficile* produce two potent toxins, toxin A and toxin B, that cause diarrhea and colitis.**
Effective Date	**3/10/2014**
Test Code	**92014**
CPT Codes	**87081**
Specimen Requirements	**5 grams or 5 mL (2 grams or 2 mL minimum) unpreserved stool collected in a sterile screw-cap container**
Reject Criteria	**Received room temperature; received in Cary-Blair transport; specimen other than liquid or semi-formed stool; stool in preservative or mixed with urine; specimen in wrong transport container.**
Instructions	**Toxin is heat labile. Freeze as soon as possible. Submit frozen stool in sterile screw-cap container or use anaerobic transport.**
Transport Temperature	**Frozen**
Specimen Stability	**Room temperature: Unacceptable** **Refrigerated: 48 hours** **Frozen -20°: Not established** **Frozen -70°: 7 days**
Set-up/Analytic Time	**Set up: Daily; Report available: 8-9 days**
Reference Range	***Clostridium difficile* Culture: Not isolated** ***Clostridium difficile* Toxin B, Qualitative Real-time PCR: Not detected**
Always Message	***Clostridium difficile* Toxin B, Qualitative Real-time PCR:**

	The performance characteristics of this assay for testing isolates has been determined by Quest Diagnostics Nichols Institute. Performance characteristics refer to the analytical performance of the test. **Methodology: BD GeneOhm™ *C. difficile* Toxin B Gene (tcdB) Real-time PCR Qualitative Assay.**
Methodology	**Conventional Culture, Real-Time Polymerase Chain Reaction**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**92014-1 Clostridium difficile Culture** **Result Code** / **Result Name** **85996814** / **C. difficile Culture** ***TR 92014-2 Clostridium difficile Toxin B, Qualitative Real-time PCR** **Result Code** / **Result Name** **86010665** / **C. difficile, QL PCR** ***TR (True Reflexing Flag)*** ***CPU interface clients: If you are set up to use our True Reflexing option, build the unit code with the TR flag (indicated above) separately.***
Additional Information	**If *Clostridium difficile* Culture is "Isolated" then the *Clostridium difficile* Toxin B, Qualitative Real-time PCR is performed at an additional charge (CPT code(s): 87493)**

Methylphenidate Metabolite, Quantitative, Urine	
Clinical Significance	**The analysis of the methylphenidate metabolite is utilized to monitor compliance with prescribed therapy.**
Effective Date	**3/10/2014**
Test Code	**91923**
CPT Codes	**80299**
Specimen Requirements	**20 mL (5 mL minimum) random urine collected in sterile plastic leak-proof container**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set-up: Tues-Sat; Report available: 2-3 days**
Reference Range	**<100 ng/mL**
Methodology	**Liquid Chromatography Tandem Mass Spectrometry**
Assay Category	**Laboratory Developed Test**
Performing Site	**Quest Diagnostics Nichols Institute, Valencia**
CPU Mappings	**Result Code** / **Result Name** **86010283** / **MethylphenidateMetab,QN,U**

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 B Virus DNA, Quantitative, Real Time PCR	
Effective Date	**3/3/2014**
Test Code	8369
Reference Range	Hepatitis B Virus DNA: <20 IU/mL **Hepatitis B Virus DNA: <1.30 LogIU/mL**
Always Message	**This test was performed using the COBAS(R) AmpliPrep/COBAS(R) TaqMan(R) HBV Test, v2.0 (Roche Molecular Systems, Inc.).** **To convert International Units/mL to copies/mL, use the following conversion factor: 1 IU/mL = 5.82 copies/mL.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

CPU Mappings

Result Code	Result Name	Unit of Measure
85997326	Hepatitis B Virus DNA	IU/mL
85992623	Hepatitis B Virus DNA	**Log IU/mL**

Tests Affected

Test Codes:	Name:
2479	Hepatitis B Virus MonitR, Chronic
8137	Hepatitis B Virus DNA, Quantitative, Real Time PCR

AST (Aspartate Aminotransferase)	
Clinical Significance	**AST is widely distributed throughout the tissues with significant amounts being in the heart and liver. Lesser amounts are found in skeletal muscles, kidneys, pancreas, spleen, lungs and brain. Injury to these tissues results in the release of the AST enzyme to general circulation. In myocardial infarction, serum AST may begin to rise within 6-8 hours after onset, peak within two days and return to normal by the fourth or fifth day post infarction. An increase in serum AST is also found with hepatitis, liver necrosis, cirrhosis and liver metastasis.**
Effective Date	**3/10/2014**
Former Test Code	*1345*
Test Code	**822**
Instructions	**Centrifuge serum or plasma specimens within 1 hour of collection, transfer serum or plasma to a sterile, plastic, screw-capped vial(s), and ship at room temperature.**

Reference Range

Age	Male Reference Range
< 1 month:	**3- 51 U/L**
1-11 months:	**3- 65 U/L**
1-3 years:	**3- 56 U/L**
4-6 years:	**20-39 U/L**
7-19 years:	**12-32 U/L**
20-49 years:	**10-40 U/L**

	> or = 50 years: — **10-35 U/L**
	Age — **Female Reference Range**
	< 1 month: — **3- 49 U/L**
	1-11months: — **3- 79 U/L**
	1-3 years: — **3- 69 U/L**
	4-6 years: — **20-39 U/L**
	7-19 years: — **12-32 U/L**
	20-44 years: — **10-30 U/L**
	> or = 45 years: — **10-35 U/L**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** | **Result Name** | **Unit of Measure** **25002300** | **Aspartate Aminotransferase** | **U/L**
Tests Affected	**Test Codes:** — **Name:** 5317 — Comprehensive Metabolic Panel 5318 — Hepatic Function Panel

Cardio IQ™ Lipoprotein Fractionation, Ion Mobility			
Effective Date	**3/10/2014**		
Test Code	91604		
Specimen Requirements	1 mL (0.25 mL minimum) serum **Plasma is no longer acceptable**		
Reference Range	Cardio IQ™ Lipoprotein Fractionation, Ion Mobility	Male	Female
	LDL Particle Number	1016-2185 nmol/L	1016-2185 nmol/L
	LDL Small	123-441 nmol/L	115-386 nmol/L
	LDL Medium	167-465 nmol/L	121-397 nmol/L
	HDL Large	4334-10815	5038-17886
	LDL Pattern	A Pattern	A Pattern
	LDL Peak Size	**> or = 218.2 Angstrom**	**> or = 218.2 Angstrom**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano		
CPU Mappings	**Result Code** | **Result Name** | **Unit of Measure**		
	86002760 | **LDL Particle Number** | nmol/L		
	86009431 | **LDL Small** | nmol/L		

	86009433	**LDL Medium**	nmol/L
	86006295	**HDL Large**	nmol/L
	86002762	**LDL Pattern**	Pattern
	86002761	**LDL Peak Size**	Angstrom
Additional Information	**Update report format**		

Neutrophil Function, Oxidative Burst	
Message	*****This test code is now available for New York patient testing at Quest Diagnostics Nichols Institute, San Juan Capistrano*****
Effective Date	**3/10/2014**
Test Code	37523
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Result Name** 85992637 / %Oxidation Pos Neutrophils **86010650** / **Specimen Age**
Additional Information	**Update report format.**

Casein (f78) IgG	
Effective Date	**3/17/2014**
Former Test Name	*Allergen - Casein IgG*
Former Test Code	*F78G*
Test Code	**38100**
Specimen Requirements	**0.3 mL (0.15 mL minimum)** serum
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Sun, Wed, Fri; Report available: 1-3 days**
Reference Range	**<2.0 mcg/mL**
Always Message	**This test(s) was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** **85995765** / **Casein (f78) IgG**

Tests Affected	

Test Codes:	Name:
14788	Food Specific IgG Allergy (Adult) Panel
14791	Food Specific IgG Allergy (Pediatric) Panel
29496	Food Specific IgG Allergy Panel 1
37334	Food Specific IgG Allergy Panel 2

Egg White (f1) IgG	
Effective Date	**3/17/2014**
Former Test Name	*Allergen - Egg White IgG*
Former Test Code	*F1G*
Test Code	**34678**
Specimen Requirements	**0.3 mL (0.15 mL minimum)** serum
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Sun, Wed, Fri; Report available: 1-3 days**
Reference Range	**<2.0 mcg/mL**
Always Message	**This test(s) was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name
85995766	**Egg White (f1) IgG**

Tests Affected	

Test Codes:	Name:
14788	Food Specific IgG Allergy (Adult) Panel
14791	Food Specific IgG Allergy (Pediatric) Panel
29496	Food Specific IgG Allergy Panel 1
37334	Food Specific IgG Allergy Panel 2

Latex (k82) IgE	
Effective Date	**3/17/2014**
Former Test Name	*Allergen-Latex (Brazilian Rubber Tree) IgE*

Former Test Code	*K82*
Test Code	**8927**
Specimen Stability	**Room temperature: 14 days** Refrigerated: 14 days Frozen: 30 days
Set-up/Analytic Time	**Set up: Daily; Report available: 1-3 day**
Reference Range	**<0.35 kU/L**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** **55109005** / **Latex (k82) IgE** **55109010** / **Class**

Mace (f266) IgE	
Effective Date	**3/17/2014**
Former Test Name	*Allergen - Mace IgE*
Former Test Code	*RF266*
Test Code	**3025**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** **55172905** / **Mace (f266) IgE** **55172910** / **Class**

Persimmon (Kaki Fruit) (f301) IgE	
Effective Date	**3/17/2014**
Former Test Name	*Allergen - Persimmon IgE*
Former Test Code	*RF301*
Test Code	**3252**

Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** **55177305** / **Persimmon (f301) IgE** **55177310** / **Class**

Salt Grass (g203) IgE	
Effective Date	**3/17/2014**
Former Test Name	*Allergen - Salt Grass IgE*
Former Test Code	*RG203*
Test Code	**2350**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** **55102205** / **Salt Grass (g203) IgE** **55102210** / **Class**

Staphylococcal Enterotoxin A (m80) IgE

Effective Date	**3/17/2014**
Former Test Name	*Allergen - Staphylococcal Enterotoxin A IgE*
Former Test Code	*M80*
Test Code	**91996**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** **86010458** / **S. Enterotoxin A (m80) IgE** **86010485** / **Class**

Staphylococcal Enterotoxin B (m81) IgE	
Effective Date	**3/17/2014**
Former Test Name	*Allergen - Staphylococcal Enterotoxin B IgE*
Former Test Code	*M81*
Test Code	**91997**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** **86010459** / **S. Enterotoxin B (m81) IgE** **86010633** / **Class**

***Ulocladium chartarum* (m204) IgE**	
Effective Date	**3/17/2014**

Former Test Name	*Allergen - Ulocladium chartarum IgE*
Former Test Code	*RM204*
Test Code	**3412**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name
55156405	**Ulocladium chartarum (m204) IgE**
55156410	**Class**

Wheat (f4) IgG	
Effective Date	**3/17/2014**
Former Test Name	*Allergen - Wheat IgG*
Former Test Code	*F4G*
Test Code	**30337**
Specimen Requirements	**0.3 mL (0.15 mL minimum)** serum
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Sun, Wed, Fri; Report available: 1-3 days**
Reference Range	**<2.0 mcg/mL**
Always Message	**This test(s) was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name
85995770	**Wheat (f4) IgG**

Tests Affected	

Test Codes:	Name:
14788	Food Specific IgG Allergy (Adult) Panel
14791	Food Specific IgG Allergy (Pediatric) Panel
29496	Food Specific IgG Allergy Panel 1
37334	Food Specific IgG Allergy Panel 2

QuantiFERON®-TB Gold, (Draw Site Incubated)	
Clinical Significance	**QuantiFERON® TB Gold IT is an indirect test for M. tuberculosis infection (including disease) and is intended for use in conjunction with risk assessment, radiography and other medical and diagnostic evaluations.**
Effective Date	**3/31/2014**
Former Test Code	*6110*
Test Code	**16603**
CPT Codes	**86480**
Specimen Requirements	**1 mL (0.8 mL minimum) whole blood collected in each QTF-Nil control, QTF-TB AG and QTF-Mitogen control tube**
Reject Criteria	**Received >72 hours (room temperature)**; **received frozen; specimens not collected in QuantiFERON® Gold IT blood collection tubes** **Remove: >72 hours (pre-incubated)**
Instructions	**1. For each patient, collect 1 mL of blood by venipuncture directly into each of the three (3) unique QuantiFERON®- TB Gold IT blood collection tubes. Tubes must be at room temperature prior to collection. Under or overfilling of the tubes may lead to erroneous results.** **2. Shake them ten (10) times just firmly enough to ensure the entire surface of the tube is coated with blood, to solubilize antigens on tube walls.** **3. Incubate the three (3) tubes upright at 36-38° C within 16 hours for 16 to 24 hours. The specimen rack should sit off the floor of the incubator. If the blood is not incubated immediately after collection, remixing of the tubes by inverting 10 times must be repeated immediately prior to incubation.** **4. Following incubation either:** **A. Immediately transport the three (3) transport tubes to Quest Diagnostics between 4° and 27° C. Samples will be stable for 72 hours at 4°-27° C (room temperature or refrigerated).** **OR** **B. Centrifuge each of the three (3) incubated collection tubes for 15 minutes at 2000 to 3000 RCF (g). Label with patient name, identification number, and date of collection. Deliver to Quest Diagnostics at 2-8 degrees C. Samples will be stable for 28 days at 2-8 degrees C (refrigerated).**
Transport Temperature	**See instructions**
Specimen Stability	**Uncentrifuged specimens:** **Room temperature and Refrigerated: 72 hours** **Frozen: Unacceptable** **Centrifuged specimens:** **Room temperature: 72 hours** **Refrigerated: 28 days** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Daily; Report available: 1-2 days**
Reference Range	**Negative**
Always Message	**The Nil tube value is used to determine if the patient has a preexisting immune response which could cause a false-positive reading on the test. In order for a test to be valid, the Nil tube must have a value of**

	less than or equal to 8.0 IU/mL. **The mitogen control tube is used to assure the patient has a healthy immune status and also serves as a control for correct blood handling and incubation. It is used to detect false-negative readings. The mitogen tube must have a gamma interferon value of greater than or equal to 0.5 IU/mL higher than the value of the Nil tube.** **The TB antigen tube is coated with the M. tuberculosis specific antigens. For a test to be considered positive, the TB antigen tube value minus the Nil tube value must be greater than or equal to 0.35 IU/mL.** **For additional information, please refer to http://education.questdiagnostics.com/faq/QFT (This link is being provided for informational/educational purposes only.)** **Data on the performance of the test in children younger than 5 years of age are limited, and the CDC advises that caution is warranted when using the assay in children aged <5 years (MMWR 2010;59(RR-05):1-25).**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** / **Unit of Measure** **40023705** / **QuantiFERON(R)TB,Incubated** / **40023710** / **NIL** / **IU/mL** **40023730** / **Mitogen-NIL** / **IU/mL** **40023720** / **TB-NIL** / **IU/mL**

Discontinued Tests

***Borrelia burgdorferi* IgG & IgM Abs [EIA] Plus C6 Peptide**	
Effective Date	**3/10/2014**
Test Code	8954
Additional Information	The recommended alternative is test code 8941- *Borrelia burgdorferi* IgG & IgM Abs [EIA]

***Borrelia burgdorferi* IgG & IgM Abs + C6 Peptide w/Rfx IB [CDC]**	
Effective Date	**3/10/2014**
Test Code	8956
Additional Information	The recommended alternatives are test codes: • 8942-*Borrelia burgdorferi* IgG & IgM Abs w/Reflex IB + Bands [CDC] • 8942NY-*Borrelia burgdorferi* IgG & IgM Abs w/Reflex IB + Bands [NY]

Heparin Anti-Xa (Unfractionated Heparin)	
Effective Date	**3/10/2014**
Test Code	S52557
Additional Information	The recommended alternative is 30292 - Heparin, Anti-Xa, in the Test Changes Section.

Lyme Disease C6 Antibodies, Total, ELISA	
Effective Date	**3/10/2014**
Test Code	8944
Additional Information	There is no recommended alternative.
Tests Affected	**Test Codes:** / **Name:** 8946 / Borrelia Burgdorferi C6 Peptide Ab DetectR w/Rfx IB [CDC]

Magnesium RBC [623Z][NY]	
Effective Date	**3/10/2014**
Test Code	S49785NY
Additional Information	The recommended alternative is test code 623 - Magnesium, RBC

Allergen - Latex Enhanced IgE	
Effective Date	**3/17/2014**
Test Code	RK82
Additional Information	The recommended alternative is 8927 -Latex (f82) IgE.

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.**

Amphetamines Panel, Serum/Plasma	
Effective Date	**3/3/2014**
Test Code	S47280
Specimen Requirements	**Preferred:** **1 mL (0.4 mL minimum)** serum collected in a red-top tube (no gel) **Acceptable:** Plasma collected in **an EDTA (lavender-top) or EDTA (pink-top) tube**

Fluphenazine, Serum/Plasma	
Effective Date	**3/3/2014**
Test Code	**92021**
Specimen Requirements	**Preferred:** **2 mL (0.7 mL minimum) serum collected in a red-top tube (no gel)** **Acceptable:** **Plasma collected in an EDTA (lavender-top or pink-top) tube** **Serum collected in a no additive (blue-top) tube or plasma collected in an EDTA (royal-blue-top) tube is not acceptable.**

Reject Criteria	**Received room temperature; polymer gel separation tube**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 24 hours** **Refrigerated and Frozen: 14 days**
Set-up/Analytic Time	**Set up: Wed; Report available: 3 days**
Reference Range	**Schizophrenic patients maintained with depot injections of fluphenazine decanoate had the following plasma fluphenazine concentrations:** **1 to 3 ng/mL following 12.5 mg per week** **4 to 7 ng/mL following 25 mg per week** **5 to 17 ng/mL following 50 mg per week** **Healthy subjects given single oral doses of 5 mg fluphenazine had peak plasma concentrations averaging 0.6 ng/mL (SEM +/- 0.1 ng/mL)**
Units Of Measure	**ng/mL**
Methodology	**High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)**
CPU Mappings	**Result Code** / **Result Name** **86010491** / **Fluphenazine, Serum/Plasma**

Fluphenazine, Serum/Plasma	
Effective Date	**3/3/2014**
Test Code	S41755
Additional Information	This test will be discontinued and the recommended alternative is test code 92021- Fluphenazine, Serum/Plasma.