Important Message!
The release date of the following New Tests announced in our March client letter have been delayed until further notice.

17303-Chlamydia trachomatis DNA, SDA
17615-Chlamydia trachomatis DNA, SDA, Pap Vial
17618-Chlamydia/N. gonorrhoeae DNA, SDA, Pap Vial
17305-Chlamydia/N. gonorrhoeae DNA, SDA
17304-Neisseria gonorrhoeae DNA, SDA
17617-Neisseria gonorrhoeae DNA, SDA, Pap Vial

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 #
91566	**SHOX (GHD) DNA Sequencing and Deletion**	5/6/2013	3
91335	**Influenza A and B Virus with Subtyping, Real-Time PCR**	5/21/2013	4
47543	**Anaplasma phagocytophilum (HGE Agent) IgG Antibody, IFA**	6/4/2013	5
4720	**Anaplasma phagocytophilum and Ehrlichia chaffeensis Ab Panel**	6/4/2013	6
47513	**Anaplasma phagocytophilum Antibodies (IgG, IgM)**	6/4/2013	7
20103	**Ehrlichia chaffeensis Antibodies (IgG, IgM)**	6/4/2013	7
91478	**Prostate Triple Stain (P504S, HMW Keratins, P63), IHC with Interpretation**	6/10/2013	8
91479	**Prostate Triple Stain (P504S, HMW Keratins, P63), IHC without Interpretation**	6/10/2013	9

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 #
15780		dRVVT Screen with Reflex to dRVVT Confirm and dRVVT 1:1 Mix	5/6/2013	9
1822		HPV DNA, High and Low Risk	5/6/2013	10
1821		HPV DNA, High Risk	5/6/2013	10
7079		Lupus Anticoagulant Evaluation with Reflex	5/6/2013	11
883		Thrombin Clotting Time	5/6/2013	11
S51446		CAH (21-Hydroxylase Deficiency) Common Mutations	5/13/2013	11
S51659		**Delta-Aminolevulinic Acid, 24 Hr Urine**	5/13/2013	12
S51660		**Delta-Aminolevulinic Acid, Random Urine**	5/13/2013	12
91283		FISH, MET Amplification	5/13/2013	12
1347		Alanine Aminotransferase (ALT)	6/3/2013	13
40085		HIV 1 RNA, Quantitative Real Time PCR	6/3/2013	13
4871		Lithium	6/3/2013	14

4143		Phenytoin, Free	6/3/2013	14
3250		TSH	6/3/2013	14
16160		AccuType® Warfarin	6/10/2013	15
19704		Activated Protein C Resistance with Reflex to Factor V (Leiden) Mutation	6/10/2013	16
22		Activated Protein C-Resistance	6/10/2013	16
2104		FTA-ABS	6/11/2013	17

REDIRECTS
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 #
91137	*S48629*	**Stachybotrys chartarum/atra (RGm24) IgE**	6/10/2013	17
91206	*S48628*	**Stachybotrys chartarum/atra (RGm24) IgG**	6/10/2013	18

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 #
S49748	IgA Fibronectin Aggregates & Serum IgA [4320]	5/6/2013	27
S49839	IgA Fibronectin Aggregates [41431]	5/6/2013	27
S51251	SHOX-DNA-Dx [504005]	5/6/2013	27
S51336	*Borrelia burgdorferi* IgG & IgM Antibody Panel, Fluid [70340]	5/20/2013	27
7844	*Anaplasma phagocytophila* (HGE) IgG & IgM Abs	6/4/2013	27
7844C	*Anaplasma phagocytophila* (HGE) IgG & IgM Abs CSF	6/4/2013	28
7842	*Anaplasma phagocytophila* (HGE) IgG Abs	6/4/2013	28
7842C	*Anaplasma phagocytophila* (HGE) IgG Abs CSF	6/4/2013	28
7843	*Anaplasma phagocytophila* (HGE) IgM Abs	6/4/2013	28
7843C	*Anaplasma phagocytophila* (HGE) IgM Abs CSF	6/4/2013	28
8968	*Borrelia, Babesia, Anaplasma*: Lyme Co-Infection	6/4/2013	28
7851	*Ehrlichia chaffeensis* (HME) IgG & IgM Abs	6/4/2013	28
7845	*Ehrlichia chaffeensis* (HME) IgG Abs	6/4/2013	29
7847	*Ehrlichia chaffeensis* (HME) IgM Abs	6/4/2013	29
7846	Ehrlichiosis (HGE) & Lyme Disease Evaluation	6/4/2013	29
7848	Ehrlichiosis (HME & HGE) IgG & IgM Abs Eval	6/4/2013	29
2102	*Treponema pallidum* IgM Abs [IFA]	6/4/2013	29
2102C	*Treponema pallidum* IgM Abs, FTA CSF	6/4/2013	29
2104C	*Treponema pallidum* Total Abs [IFA] CSF	6/4/2013	30
8080	West Nile Virus IgG & IgM Abs [IFA]	6/4/2013	30

8080C	West Nile Virus IgG & IgM Abs CSF [IFA]	6/4/2013	30
8077	West Nile Virus IgG Abs [IFA]	6/4/2013	30
8077C	West Nile Virus IgG Abs CSF [IFA]	6/4/2013	30
8078	West Nile Virus IgM Abs [IFA]	6/4/2013	30
8078C	West Nile Virus IgM Abs CSF [IFA]	6/4/2013	30
9471	Herpes Simplex Virus Types 1 & 2 IgM Abs [EIA] w/Reflex IFA	6/11/2013	31

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 #
S49693		**Benztropine, Serum or Plasma (0620SP)**	5/6/2013	18
S50039		**Bumetanide (0796U)**	5/6/2013	19
91596		**Diuretics Confirmation, Urine (5594U)**	5/6/2013	19
S48989		Diuretics Panel, Urine (1804U)	5/6/2013	20
91594		**Diuretics Screen, Urine (9318U)**	5/6/2013	20
S46130		**Methylphenidate and Metabolite, Urine (3020U**)	5/13/2013	21
91622		**Neo Encephalitis Paraneoplastic Evaluation with Recombx (447)**	5/13/2013	21
S49555		**NeoComplete Paraneoplastic Profile with Recombx (437)**	5/13/2013	22
91636		**NeoComplete Paraneoplastic Profile with Recombx (467)**	5/13/2013	22
S50379		**NeoEncephalitis Paraneoplastic Profile with Recombx [439]**	5/13/2013	23
S49556		**NeoPLAST® Paraneoplastic Profile [365]**	5/13/2013	23
S52193		Allergen-Pigeon Serum Proteins IgE [83010E]	5/28/2013	23
S50426		Rast- Kapok IgE [880]	5/28/2013	24
S48345		Diuretic Panel, **S/P (1804SP)**	6/3/2013	24
S47612		Furosemide, **Serum/Plasma (2140SP)**	6/3/2013	25
S49032		Furosemide, Urine **(2140U)**	6/3/2013	25
S48627		Hydrochlorothiazide, **S/P (2330SP)**	6/3/2013	26
S48534		Metolazone **(3042SP)**	6/3/2013	26

Announcements

New Test Offerings

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

SHOX (GHD) DNA Sequencing and Deletion	
Clinical Significance	Detects deletions and sequence variations in the SHOX gene
Effective Date	**5/6/2013**

Test Code	**91566**
CPT Codes	**81405, 81479**
Specimen Requirements	**10 mL whole blood collected in an EDTA (lavender-top) tube** **2 mL pediatric specimen**
Reject Criteria	**Received frozen**
Instructions	**Please label each specimen tube with two forms of patient identification. These forms of identification must also appear on the requisition form. Sample must be shipped same day and arrive at Athena on a weekday. Specimens should not be collected or sent on Friday or Saturday.** **Note: This test requires inform consent**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: Unacceptable** **Refrigerated: 72 Hours** **Frozen: Unacceptable**
Set-up/Analytic Time	**Reports available: 28 days**
Reference Range	**No deletions detected, no sequence variation detected**
Methodology	**Multiplex ligation-dependent probe amplification (MLPA), Polymerase chain reaction (PCR) and DNA sequencing**
Assay Category	**ASR Class I**
Performing Site	**Athena Diagnostics Inc.**

CPU Mappings

Result Code:	Result Name:
86009396	Interpretation
86009397	Technical Results
86009398	Methods
86009399	Comments
86009400	References
86009401	Summary
86009402	Interpretation
86009403	Technical Results
86009404	Methods
86009405	Comments
86009406	References
86009407	Interpretation
86009408	Technical Results
86009409	Methods
86009410	Comments
86009411	References

Influenza A and B Virus with Subtyping, Real-Time PCR

Message	***This test is not approved for New York patient testing***
Clinical Significance	This test is used to determine the presence of influenza A or B viral RNA in a patient's specimen, and to differentiate among possible influenza A virus subtypes.
Effective Date	**5/21/2013**
Test Code	**91335**
CPT Codes	**87502, 87503 (x3)**
Specimen Requirements	**3 mL (0.5 mL minimum) nasopharyngeal or nasal swabs in M4 media or equivalent**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Daily; Report available: Next day**
Reference Range	**Not Detected**
Always Message	**Reference Range: Not Detected** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test. This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.**
Methodology	**Real-Time RT-PCR**
Performing Site	**Focus Diagnostics, Inc.**
CPU Mappings	

Result Code	Type	Result Name
86007404	AOE	Specimen Source:
70043811		Influenza A RNA, PCR
70043813		Influenza B RNA, PCR
86006195		Influenza A H3
86008972		Influenza A H3N2V
70043809		2009 H1N1 Influenza RNA

Anaplasma phagocytophilum (HGE Agent) IgG Antibody, IFA	
Clinical Significance	Anaplasma phagocytophilum is the tick-borne agent causing Human Granulocytic Anaplasmosis (HGA). HGA is distinct and separate from Human Monocytic Ehrlichiosis (HME), caused by Ehrlichia chaffeensis. Single IgG titers of 1:64 or greater indicate exposure to A. phagocytophilum; a four-fold rise in IgG titer between acute and convalescent samples suggests recent or current infection.
Effective Date	**6/4/2013**
Test Code	**47543**
CPT Codes	**86666**
Specimen Requirements	**1 (0.1) mL Serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days**

	Refrigerated: 14 days **Frozen: 30 days**
Set-up/Analytic Time	**Set-up: Sun-Sat; Report available: 1-3 days**
Always Message	**REFERENCERANGE: IgG <1:64** **INTERPRETIVE CRITERIA:** **<1:64 Antibody not detected** **> or = 1:64 Antibody detected** **Anaplasma phagocytophilum is the tick-borne agent causing Human Granulocytic Ehrlichiosis (HGE). HGE is distinct and separate from Human Monocytic Ehrlichiosis (HME), caused by Ehrlichia chaffeensis. Serologic crossreactivity between A. phagocytophilum and E. chaffeensis is minimal (5-15%).** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. 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	**Immunofluorescence**
Performing Site	**Focus Diagnostics**
CPU Mappings	**Result Code** / **Result Name** **7531** / **A. phagocytophilum IgG titer**

Anaplasma phagocytophilum and Ehrlichia chaffeensis Ab Panel	
Effective Date	**6/4/2013**
Test Code	**4720**
CPT Codes	**86666 x4**
Specimen Requirements	**1 (0.2) mL Serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set-up; Sun-Sat; Report available: 1-4 days**
Always Message	***Ehrlichia chaffeensis Antibodies:*** **REFERENCE RANGE: IgG <1:64** **IgM <1:20** **Ehrlichia chaffeensis has been identified as the causative agent of Human Monocytic Ehrlichiosis (HME). Infected individuals produce specific antibodies to E. chaffeensis that can be detected by an immunofluorescent antibody (IFA) test. Single IgG IFA titers of 1:64 or greater indicate exposure to E. chaffeensis. A four-fold rise in IgG titers between acute and convalescent samples and/or the presence of IgM antibody against E.chaffeensis suggest recent or current infection.** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. 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.** ***Anaplasma phagocytophilum Antibodies:*** **REFERENCE RANGE IgG <1:64** **IgM <1:20** **Anaplasma phagocytophilum is the tick-borne agent causing Human Granulocytic Ehrlichiosis (HGE). HGE is distinct and separate from Human Monocytic Ehrlichiosis (HME), caused by Ehrlichia chaffeensis. Serologic crossreactivity between A. phagocytophilum and E. chaffeensis is minimal (5-15%).**

	This test was developed and its performance characteristics have been determined by Focus Diagnostics. 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	**Immunofluorescence**
Performing Site	**Focus Diagnostics**
CPU Mappings	

Result Code	Result Name
1010	E. chaffeensis IgG
1012	E. chaffeensis IgM
9999	INTERPRETATION
7510	A. phagocytophilum IgG
7511	A. phagocytophilum IgM
7520	INTERPRETATION

Anaplasma phagocytophilum Antibodies (IgG, IgM)	
Clinical Significance	Anaplasma phagocytophilum is the tick-borne agent causing Human Granulocytic Anaplasmosis (HGA). HGA is distinct and separate from Human Monocytic Ehrlichiosis (HME), caused by Ehrlichia chaffeensis. Single IgG titers of 1:64 or greater indicate exposure to A. phagocytophilum; a four-fold rise in IgG titer between acute and convalescent samples and/or the presence of IgM to A. phagocytophilum suggest recent or current infection.
Effective Date	**6/4/2013**
Test Code	**47513**
CPT Codes	**86666 x2**
Specimen Requirements	**1 (0.2) mL Serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Sun-Sat; Report available: 1-3 days**
Always Message	**REFERENCE RANGE: IgG <1:64** **IgM <1:20** **Anaplasma phagocytophilum is the tick-borne agent causing Human Granulocytic Ehrlichiosis (HGE). HGE is distinct and separate from Human Monocytic Ehrlichiosis (HME), caused by Ehrlichia chaffeensis. Serologic crossreactivity between A. phagocytophilum and E. chaffeensis is minimal (5-15%).** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. 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	**Immunofluorescence**
Performing Site	**Focus Diagnostics**
CPU Mappings	

Result Code	Result Name
7510	A. phagocytophilum IgG

7511	**A. phagocytophilum IgM**
7520	**INTERPRETATION**

Ehrlichia chaffeensis Antibodies (IgG, IgM)	
Clinical Significance	*Ehrlichia chaffeenis*has been identified as the causative agent of Human Monocytic Ehrlichiosis (HME). Infected individuals produce specific antibodies to *E. chaffeensis* that can be detected by an immunofluorescent antibody (IFA) test. Single IgG IFA titers of 1:64 or greater indicate exposure to *E. chaffeensis.* A four-fold rise in IgG titers between acute and convalescent samples and/or the presence of IgM antibody against *E. chaffeensis* suggest recent or current infection.
Effective Date	**6/4/2013**
Test Code	**20103**
CPT Codes	**86666 x2**
Specimen Requirements	**1 (0.2) mL Serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set-up: Mon-Sat; report available: 1-4 days**
Always Message	**REFERENCERANGE: IgG <1:64** **IgM <1:20** **Ehrlichia chaffeensis has been identified as the causative agent of Human Monocytic Ehrlichiosis (HME). Infected individuals produce specific antibodies to E. chaffeensis that can be detected by an immunofluorescent antibody (IFA) test. Single IgG IFA titers of 1:64 or greater indicate exposure to E. chaffeensis. A four-fold rise in IgG titers between acute and convalescent samples and/or the presence of IgM antibody against E. chaffeensis suggest recent or current infection.** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. 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	**Immunofluorescence**
Performing Site	**Focus Diagnostics**
CPU Mappings	**Result Code** / **Result Name** **1010** / **E. chaffeensis IgG** **1012** / **E. chaffeensis IgM** **9999** / **INTERPRETATION**

Prostate Triple Stain (P504S, HMW Keratins, P63), IHC with Interpretation	
Clinical Significance	Pathologic evaluation of prostate cancer can be challenging, especially when there is a small focus of cancer. Because benign prostate glands contain basal cells, while cancerous glands do not, differential staining of basal cells in the prostate may be useful for diagnosis. This test uses a combination of several antibodies (applied to a single slide) that differentially stain for basal cells and neoplastic cells in the prostate: P504S stains prostate adenocarcinoma, whereas p63 and the high molecular weight cytokeratins stain benign prostate basal epithelial tissue. This combination may help differentiate prostate cancer from precancerous lesions such as prostatic intraepithelial neoplasia (PIN), especially when tissue is limited.

Effective Date	**6/10/2013**
Test Code	**91478**
CPT Codes	**88342**
Specimen Requirements	**Formalin fixed paraffin embedded tissue collected in IHC specimen transport kit**
Instructions	**Please include Surgical Pathology Report**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: Indefinite** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 3-6 days**
Methodology	**Immunohistochemistry (IHC)**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

Result Code	Type	Result Name
86007405	**AOE**	**Paraffin Block Number:**
86007575	**AOE**	**Primary Tumor Site:**
86003734		**Quest Internal Number:**
86009152		**Prostate Triple Stain**

Prostate Triple Stain (P504S, HMW Keratins, P63), IHC without Interpretation	
Clinical Significance	Pathologic evaluation of prostate cancer can be challenging, especially when there is a small focus of cancer. Because benign prostate glands contain basal cells, while cancerous glands do not, differential staining of basal cells in the prostate may be useful for diagnosis. This test uses a combination of several antibodies (applied to a single slide) that differentially stain for basal cells and neoplastic cells in the prostate: P504S stains prostate adenocarcinoma, whereas p63 and high molecular weight cytokeratins stain benign prostate basal epithelial tissue. This combination may help differentiate prostate cancer from precancerous lesions such as prostatic intraepithelial neoplasia (PIN), especially when tissue is limited.
Effective Date	**6/10/2013**
Test Code	**91479**
CPT Codes	**88342**
Specimen Requirements	**Formalin fixed paraffin embedded tissue collected in IHC specimen transport kit**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: Indefinite** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 2-5 days**
Methodology	**Immunohistochemistry (IHC)**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

Result Code	Type	Result Name
86007405	**AOE**	**Paraffin Block Number:**
86007575	**AOE**	**Primary Tumor Site:**

86003734		**Quest Internal Number:**
86009264		**Prostate Triple Stain**

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.*

dRVVT Screen with Reflex to dRVVT Confirm and dRVVT 1:1 Mix	
Effective Date	**5/6/2013**
Test Code	15780
Reject Criteria	**Hemolysis**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
Tests Affected	**Test Codes:** / **Name:** 9759 / AntiPhospholipid Syndrome Evaluation Panel with Reflexes 7079 / Lupus Anticoagulant Evaluation with Reflex

HPV DNA, High and Low Risk	
Effective Date	**5/6/2013**
Test Code	1822
Instructions	**Instructions for SurePath® liquid based Pap smear sample:** **To submit HPV and SurePath® liquid cytology testing submit a SurePath® vial according to SurePath® collection instructions. If only HPV testing is requested and cytology will be performed elsewhere; Following cytology slide preparation, add 2 ml of fresh SurePath® fluid to the CytoRich® fraction. Vortex or mix gently for 5 seconds. Cap and transport this sample to the laboratory for HPV testing.** **Note: Pelleted samples are stable for 14 days from the date of sample collection** **If this sample is being collected for reflex to genotyping do not submit in a Digene® Cervical Sampler. The correct submission for reflex to genotyping is a SurePath® or ThinPrep® sample.**
Specimen Stability	Cervical broom or Digene® Cervical Sampler (brush): Room temperature: 14 days Refrigerated: 21 days Frozen: 90 days **Cervical biopsy:** **Room temperature and Refrigerated: 24 hours** **Frozen: Indefinitely** Cytyc® PreservCyt® (ThinPrep®): Room temperature and Refrigerated: 90 days Frozen: Unacceptable Cytorich® fraction, SurePath® **(pellet)**: Room temperature and Refrigerated: **14 days** Frozen: Unacceptable
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano, Valencia

<table>
<tr><th colspan="2">HPV DNA, High Risk</th></tr>
<tr><td>Effective Date</td><td>5/6/2013</td></tr>
<tr><td>Test Code</td><td>1821</td></tr>
<tr><td>Instructions</td><td>Instructions for SurePath® liquid based Pap smear sample:
To submit HPV and SurePath® liquid cytology testing submit a SurePath® vial according to SurePath® collection instructions. If only HPV testing is requested and cytology will be performed elsewhere; Following cytology slide preparation, add 2 ml of fresh SurePath® fluid to the CytoRich® fraction. Vortex or mix gently for 5 seconds. Cap and transport this sample to the laboratory for HPV testing.

Note: Pelleted samples are stable for 14 days from the date of sample collection

If this sample is being collected for reflex to genotyping do not submit in a Digene® Cervical Sampler. The correct submission for reflex to genotyping is a SurePath® or ThinPrep® sample.</td></tr>
<tr><td>Specimen Stability</td><td>Cervical broom or Digene® Cervical Sampler (brush):
Room temperature: 14 days
Refrigerated: 21 days
Frozen: 90 days

Cervical biopsy:
Room temperature and Refrigerated: 24 hours
Frozen: Indefinitely

Cytyc® PreservCyt® (ThinPrep®):
Room temperature and Refrigerated: 90 days
Frozen: Unacceptable

Cytorich® fraction, SurePath® (pellet):
Room temperature and Refrigerated: 14 days
Frozen: Unacceptable</td></tr>
<tr><td>Performing Site</td><td>Quest Diagnostics Nichols Institute, Valencia and San Juan Capistrano</td></tr>
<tr><td>Tests Affected</td><td><table><tr><th>Test Codes:</th><th>Name:</th></tr><tr><td>S52161</td><td>HPV High Risk, Hybrid Capture II Reflex Genotypes 16, 18</td></tr></table></td></tr>
</table>

<table>
<tr><th colspan="2">Lupus Anticoagulant Evaluation with Reflex</th></tr>
<tr><td>Effective Date</td><td>5/6/2013</td></tr>
<tr><td>Test Code</td><td>7079</td></tr>
<tr><td>Reject Criteria</td><td>Hemolysis</td></tr>
<tr><td>Performing Site</td><td>Quest Diagnostics Nichols Institute, San Juan Capistrano</td></tr>
<tr><td>Additional Information</td><td>Addition of reflex criteria

If the PTT-LA test is prolonged (>40 seconds), the Hexagonal Phase Confirm is performed at an additional charge. (CPT: 85598)

If the Hexagonal Phase Confirm is positive or weakly positive a Thrombin Clotting Time will be performed at an additional charge. (CPT: 85670)

If the dRVVT screen is prolonged (>45 seconds), the dRVVT Confirm is performed at an additional charge. (CPT: 85597)

If the dRVVT Confirm is positive, a dRVVT 1:1 Mix will be performed at an additional charge. (CPT: 85613)</td></tr>
<tr><td>Tests Affected</td><td><table><tr><th>Test Codes:</th><th>Name:</th></tr></table></td></tr>
</table>

	9762	Lupus Anticoagulant and Cardiolipin Antibody Panel with Reflexes

Thrombin Clotting Time	
Effective Date	**5/6/2013**
Test Code	883
Reference Range	**13-19 seconds**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

CAH (21-Hydroxylase Deficiency) Common Mutations	
Effective Date	**5/13/2013**
Test Code	S51446
Specimen Requirements	**Heparin samples are unacceptable**
Reject Criteria	**Sodium heparin**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Delta-Aminolevulinic Acid, 24 Hr Urine	
Effective Date	**5/13/2013**
Former Test Name	*Aminolevulinic Acid 24hr urine [219]*
Test Code	S51659
Specimen Requirements	**24-hour urine, no preservative**
Reject Criteria	**Received room temperature; Not protected from light**
Instructions	**Collect without preservative.** Refrigerate during and after collection. **Wrap container in aluminum foil to protect from light. Please specify on the request form and on the urine container the total 24-hour urine volume.** **Acceptable: urine preserved with 25 mL 6N HCl or 10 mL concentrated glacial acetic acid, preservative added after collection, and catherized urine in a sterile, plastic, screw-capped container.**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 2 days**
Performing Site	**This test previously performed at Quest Diagnostics Nichols Institute, San Juan Capistrano, will now be performed at Quest Diagnostics Nichols Institute, Chantilly.**

Delta-Aminolevulinic Acid, Random Urine	
Effective Date	**5/13/2013**
Former Test Name	*Aminolevulinic Acid Random Urine [6301]*
Test Code	S51660
Reject Criteria	**Received room temperature; Not protected from light**
Instructions	**Wrap container in aluminum foil to protect from light. Do not use preservatives.** Do not use first morning void, late evening specimen (after 8 p.m.), or specimen after excessive fluid intake. **Keep refrigerated and transport refrigerated (cold packs).** **Acceptable: urine preserved with 1 mL concentrated glacial acetic acid or 1 mL 6N HCl, protected from light, catherized urine in sterile, plastic, screw-capped container.**

Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 2 days**
Performing Site	**This test previously performed at Quest Diagnostics Nichols Institute, San Juan Capistrano will now be performed at Quest Diagnostics Nichols Institute, Chantilly.**

FISH, MET Amplification	
Effective Date	**5/13/2013**
Test Code	91283
Specimen Requirements	**Whole blood and bone marrow are unacceptable**
Instructions	**Acceptable samples: For MET determination in solid tumors, only biopsies with histologically proven tumor involvement should be tested. Samples that can be tested include tumor biopsy in tissue culture media, formalin fixed paraffin-embedded block or a minimum of 4 charged/+slides from formalin fixed paraffin embedded tissue.** Specimen MUST be fixed in 10% neutral buffered formalin. Fixation between 6 and 48 hours is recommended. Pathology report must accompany paraffin block or slides. SPECIMEN VIABILITY DECREASES DURING TRANSIT. SEND SPECIMEN TO TESTING LAB FOR VIABILITY DETERMINATION. DO NOT REJECT.
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Alanine Aminotransferase (ALT)

Effective Date	**6/3/2013**
Test Code	1347
Reject Criteria	**Remove Grossly hemolyzed specimen will be rejected. Avoid repeated freeze-thaw cycles.**
Specimen Stability	Serum and Plasma Room temperature: 72 hours Refrigerated: 5 days **Frozen: Unacceptable**

Reference Range

	Male	Female
<1 month	3-25 U/L	3-25 U/L
1-11 months	4-35 U/L	3-30 U/L
1 -3 years	5-30 U/L	5-30 U/L
4-12 years	8-30 U/L	8-24 U/L
13-15 years	7-32 U/L	6-19 U/L
16-19 years	8-46 U/L	5-32 U/L
> or = 20 years	**9-46 U/L**	**6-29 U/L**

Performing Site	Quest Diagnostics Nichols Institute, Valencia

Tests Affected

Test Codes:	**Name:**
5317	Comprehensive Metabolic Panel
5318	Hepatic Function Panel

HIV 1 RNA, Quantitative Real Time PCR

Effective Date	**6/3/2013**
Test Code	40085
Instructions	Separate plasma from cells by centrifugation within **24** hours of collection. Transfer the plasma to a separate plastic screw-cap vial. Ship frozen.
Performing Site	Quest Diagnostics Nichols Institute, Valencia and San Juan Capistrano
Tests Affected	

Test Codes:	**Name:**
34471	HIV 1 RNA, QN PCR with Reflex to Genotype
S52416	HIV 1 RNA, Qualitative TMA with Reflex to Quantitative Real-Time PCR
90926	HIV-1 RNA, Quantitative Real-Time PCR, with Reflex to Integrase Genotype
34949	HIV-1 Genotype
S52112	HIV-1 gp41 Envelope Genotype
90666	HIV-1 Coreceptor Tropism with Reflex to Ultradeep Sequencing
90955	HIV-1 Genotype and Coreceptor Tropism with Reflex to Ultradeep Sequencing
90954	HIV-1 Genotype with Reflex to Virtual Phenotype and HIV-1 Tropism with Reflex to UDS
S52113	HIV-1 Integrase Genotype
7485A	HIV 1 RNA, Quantitative Real Time PCR
7485ASR	HIV 1 RNA, Quantitative Real Time PCR w/Serial Reporting

Lithium	
Effective Date	**6/3/2013**
Test Code	4871
Units Of Measure	**mmol/L**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Phenytoin, Free	
Clinical Significance	**The unbound (free) drug is the pharmacologically active component of phenytoin. The percent free is influenced by renal disease, pregnancy, protein abnormalities, and other medical conditions.**
Effective Date	**6/3/2013**
Test Code	4143
Specimen Requirements	**2.5 mL (1.5 mL minimum)** serum collected in red-top tube (no gel) **Serum and plasma collected dark/royal blue-top and EDTA lavender-top tubes are no longer acceptable.**
Reject Criteria	**Plasma** **Remove hemolysis and lipemia**
Instructions	**Patient preparation: Collect as trough just prior to next dose. For patients receiving fosphenytoin therapy, collect as peak (at least 2 hours after IV infusion or at least 4 hours after IM injection).**
Specimen Stability	**Room temperature: 4 days** **Refrigerated: 7 days** **Frozen: 30 days**

Methodology	**Ultrafiltration/Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	

Test Codes:	**Name:**
4144	Phenytoin, Free & Total

TSH	
Effective Date	**6/3/2013**
Test Code	3250
Reference Range	

Premature infants, 28-36 weeks 1st week of life	0.20-27.90 mIU/L
Term infants, (>37 weeks) serum or cord blood	1.00-39.00 mIU/L
1-2 days	**3.20-34.60 mIU/L**
3-4 days	**0.70-15.40 mIU/L**
5 days-4 weeks	**1.70-9.10 mIU/L**
1-11 months	0.80-8.20 mIU/L
1-19 years	0.50-4.30 mIU/L
> or = 20 years	0.40-4.50 mIU/L
Pregnancy Ranges	
First Trimester	0.26-2.66 mIU/L
Second Trimester	0.55-2.73 mIU/L
Third Trimester	0.43-2.91 mIU/L

Always Message	**TSH levels decline rapidly during the first week of life in most children, but may remain transiently elevated in a few individuals despite normal free T4 levels. For proper interpretation of an abnormal TSH from a newborn thyroid screen, a Free T4 by Dialysis (TC 3954) or Total T4 (TC 3226) should be considered.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia and San Juan Capistrano
Tests Affected	

Test Codes:	**Name:**
S52476	TSH with HAMA Treatment
90123	Chronic Urticaria Panel 2 (Comprehensive)
2016	Infertility: Endocrine Evaluation (Female)
3060	Thyroid Abs Evaluation
3072	Thyroid Panel, Hyperthyroidism
1090	Thyrotropin Receptor Autoantibodies w/TSH
3074	Thyroid Panel, Hypothyroidism
3250SR	Thyroid Stimulating Hormone w/Serial Report

AccuType® Warfarin	
Effective Date	**6/10/2013**
Test Code	16160
CPT Codes	**81355, 81227**
Always Message	Warfarin (coumadin) therapy is associated with significant complications because of its narrow therapeutic index, and the large inter-patient variation in dosage required for an optimal therapeutic response. This variation is due to both genetic and environmental factors. Genetic factors include variants of the Vitamin K Epoxide Reductase Complex subunit 1 (VKORC1) and Cytochrome P450 2C9 (CYP2C9) genes, which account for approximately 25%-44% and 10%-15% of the variability respectively. Identification of these VKORC1 and CYP2C9 variants could allow a more individualized course of therapy, and reduce the risk of bleeding or thrombotic complications. **This assay detects variants from two genes, VKORC1 and CYP2C9. The variants detected by this assay are: the common warfarin sensitive polymorphism, -1639 G>A, and warfarin resistance polymorphisms, D36Y and V66M, of the VKORC1 gene and the four common poor metabolizer genetic variants of the CYP2C9 gene: CYP2C9*2 (RI44C), CYP2C9*3 (I359L), CYP2C9*5 (D360E) and CYP2C9*6 (818delA), as well as the wild type allele (CYP2C9*1). Approximately 42%-46% of Caucasians, 13% of African-Americans and 90%-95% of Asians carry at least one copy of the –1639A VKORC1 variant allele. Approximately 4% of the Ashkenazi Jewish individuals carry the D36Y warfarin resistance allele. Approximately 33% of Caucasians, 3%-13% of Africans, and 2%-8% of Asians are positive for at least one of the CYP2C9 poor metabolizer variant alleles.** **The VKORC1 and CYP2C9 variants described above are detected by polymerase chain reaction (PCR) amplification of the appropriate regions of the VKORC1 (promoter, exons 1 and 2) and CYP2C9 (exons 3, 5, and 7) genes, followed by a single nucleotide primer extension reaction and detection of fluorescent extension products on an automated DNA sequencer.** DNA-based testing is highly accurate, but rare false negative/false positive results may occur. Please contact the laboratory if you have questions about these test results. Since genetic variation and other problems can affect the accuracy of direct mutation testing, test results should always be interpreted in light of clinical and familial data. For assistance with the interpretation of these results, please contact your local Quest Diagnostics Genetic Counselor or call 1-866-GENEINFO (1-866-436-3463). This test was performed pursuant to a license agreement with Orchid Biosciences, Inc. 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.
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Activated Protein C Resistance with Reflex to Factor V (Leiden) Mutation	
Effective Date	**6/10/2013**
Test Code	19704
Reject Criteria	**Gross hemolysis**
Reference Range	19704-Activated Protein C-Resistance APC Resistance: **> or = 2.1 Ratio**
Always Message	**19704-Activated Protein C-Resistance** **Remove always message** 19704-2-Factor V (Leiden) Mutation Analysis MUTATION ANALYSIS: The Factor V Leiden (R506Q) mutation [NM 000130.2: c.1601G>A (p.R534Q)] in the Factor V gene is one of the most common causes of inherited thrombophilia. This mutation causes resistance to degradation of activated Factor V protein by activated protein C (APC). The Factor V Leiden (R506Q) mutation is detected by amplification of the selected region of Factor V gene by polymerase chain reaction (PCR) and fluorescent probe hybridization to the targeted region,

	followed by melting curve analysis with a real time PCR system. Although rare, false positive or false negative results may occur. All results should be interpreted in context of clinical findings, relevant history, and other laboratory data determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. 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. Health care providers please contact your local Quest Diagnostics' Genetic Counselor or call 1-866-GENEINFO (1-866-436-3463) for assistance with interpretation of these results.
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information	**If Activated Protein C-Resistance is <2.1 ratio, Factor V (Leiden) Mutation Analysis is performed at an additional charge (CPT code: 81241).**

Activated Protein C-Resistance	
Effective Date	**6/10/2013**
Test Code	22
Reject Criteria	Received room temperature; received refrigerated; clotted specimen; serum; **gross hemolysis**
Instructions	**Platelet-poor plasma: Centrifuge light blue-top tube 15 minutes at approx. 1500 x g within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial. Centrifuge a second time and transfer platelet-poor plasma into a new plastic vial. Plasma must be free of platelets (< 10,000/mcl). Freeze immediately and ship on dry ice.**
Reference Range	**> or = 2.1 Ratio**
Always Message	**Ratios > or =2.1: Negative for the Factor V Leiden phenotype.** **Ratios <2.1: A decreased APC-R is the phenotype for Factor V Leiden. The Factor V Leiden R506Q gene mutation analysis is suggested for confirmation.**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
Tests Affected	**Test Codes:** / **Name:** 11051 / Thrombosis Panel

FTA-ABS	
Effective Date	**6/11/2013**
Former Test Name	*Treponema pallidum Total Abs [IFA]*
Test Code	2104
Specimen Requirements	1.0 (0.5) mL Serum **Plasma is no longer acceptable**
Reject Criteria	**Plasma**
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days **Frozen: 30 days**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	**Test Codes:** / **Name:** 2104T / FTA-ABS [Blood Bank]

Redirects

Stachybotrys chartarum/atra (RGm24) IgE	
Effective Date	**6/10/2013**
Former Test Name	*RAST-Stachybotrys Atra (Chartarum) IgE [78210]*
Former Test Code	*S48629*
Test Code	**91137**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Reject Criteria	**Gross hemolysis; gross lipemia**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Mon-Sat; Report available: 2-4 days**
Reference Range	S chartarum (RGm24) IgE: <0.35 KU/L **Class:** **0**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. 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	**This test previously performed at ViraCor-IBT Laboratories will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**86008763** **S chartarum (RGm24) IgE** **86008764** **Class**

Stachybotrys chartarum/atra (RGm24) IgG	
Effective Date	**6/10/2013**
Former Test Name	*RAST-Stachybotrys Atra IgG [78220]*
Former Test Code	*S48628*
Test Code	**91206**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Reject Criteria	**Gross hemolysis; gross lipemia**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Tues, Fri; Report available: Next day**
Reference Range	**< or = 17.2 mcg/mL**

Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. 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	**This test previously performed at ViraCor-IBT Laboratories will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**Result Code** / **Result Name** **86008779** / **S chartarum (RGm24) IgG**

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.**

Benztropine, Serum or Plasma (0620SP)	
Effective Date	**5/6/2013**
Former Test Name	*Benztropine [0620SP]*
Test Code	S49693
Specimen Requirements	**5 mL** (2.2 mL minimum)
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.**
Set-up/Analytic Time	Set up: Mon, Wed, Fri; **Report available: 3 days**
Performing Site	NMS Labs

Bumetanide (0796U)	
Effective Date	**5/6/2013**
Former Test Name	*Bumetanide Quant Urine [0796]*
Test Code	S50039
Performing Site	NMS Labs
Additional Information	The vendor is discontinuing this test code. No recommended alternative.

Diuretics Confirmation, Urine (5594U)	
Effective Date	**5/6/2013**
Test Code	**91596**
Specimen Requirements	**1 mL (0.4 mL minimum) urine collected in a plastic urine container**
Reject Criteria	**Received room temperature**

Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: Not Stable** **Refrigerated: 14 days** **Frozen: 28 days**
Set-up/Analytic Time	**Set up: Tues, Thurs; Report available: 2 days (after set-up)**
Units Of Measure	**ng/mL**
Methodology	**High Performance Liquid Chromatography/Tandem Mass Spectrometry**
Performing Site	NMS Labs
CPU Mappings	

Result Code:	Result Name:
86009379	**Acetazolamide**
86009380	**Bumetanide**
86009381	**Canrenone**
86009382	**Chlorothiazide**
86009383	**Chlorthalidone**
86009384	**Furosemide**
86009385	**Hydrochlorothiazide**
86009386	**Hydroflumethiazide**
86009387	**Indapamide**
86009388	**Metolazone**
86009389	**Torsemide**
86009390	**Triamterene**

Diuretics Panel, Urine (1804U)	
Effective Date	**5/6/2013**
Test Code	S48989
Performing Site	NMS Labs
Additional Information	The vender is discontinuing this test code. The recommended alternatives are: • 91594 (NMS 9318U) - Diuretics Screen, Urine • 91596 (NMS 5594U) - Diuretics Confirmation, Urine

Diuretics Screen, Urine (9318U)	
Effective Date	**5/6/2013**
Test Code	**91594**
Specimen Requirements	**2 mL (0.8 mL minimum) urine collected in a plastic urine container**
Reject Criteria	**Received room temperature**

Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: Not Stable** **Refrigerated: 14 days** **Frozen : 28 days**
Set-up/Analytic Time	**Set up: Tues, Thurs; Report available: 2 days (after set-up)**
Units Of Measure	**ng/mL**
Methodology	**High Performance Liquid Chromatography/Tandem Mass Spectrometry**
Performing Site	NMS Labs
CPU Mappings	

Result Code:	Result Name:
86009367	**Acetazolamide**
86009368	**Bumetanide**
86009369	**Canrenone**
86009370	**Chlorothiazide**
86009371	**Chlorthalidone**
86009372	**Furosemide**
86009373	**Hydrochlorothiazide**
86009374	**Hydroflumethiazide**
86009375	**Indapamide**
86009376	**Metolazone**
86009377	**Torsemide**
86009378	**Triamterene**

Methylphenidate and Metabolite, Urine (3020U)	
Effective Date	**5/13/2013**
Former Test Name	*Methylphenidate Urine [3020U]*
Test Code	S46130
Specimen Requirements	1 mL random urine submitted in a plastic, leakproof, **preservative-free** container
Reject Criteria	**Received room temperature, received refrigerated.**
Set-up/Analytic Time	**Set up: Mon, Fri; Report available: 5 days**
Performing Site	NMS Labs

Neo Encephalitis Paraneoplastic Evaluation with Recombx (447)	
Message	*Includes: Amphiphysin Antibody Test* CASPR2 Antibody Test* GAD65 Antibody Test* LGI1 Antibody Test* NMDA Receptor (NR1) Antibody Test* Recombx MaTa Autoantibody Test* Recombx CV2 Antibody Test* Recombx Hu Autoantibody Test* VGKC Antibody Test*
Clinical Significance	Paraneoplastic disorders, autoimmune disorders of the CNS. Confirm a diagnosis of a paraneoplastic syndrome and direct the search for an underlying tumor as well as differentiate a paraneoplastic syndrome from a potentially treatable autoimmune disorder.

Effective Date	**5/13/2013**
Test Code	**91622**
CPT Codes	**83516 (x2), 83519, 84181, 84182 (x2), 86255 (x3)**
Specimen Requirements	**5 mL (3 mL minimum) serum collected in a red-top tube (no gel)**
Reject Criteria	**Received frozen**
Instructions	**Please label each specimen with two forms of patient identification. These forms of identification must also appear on the requisition form. Ship the same day. Refrigerate if not shipped the same day.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 72 hours Refrigerated: 14 days Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 28 days**
Reference Range	**Accompanies report**
Methodology	**Western Blot, Immunoassay, Indirect Fluorescence Assay, Enzyme Linked Immunosorbent Assay**
Performing Site	**Athena Diagnostics, Inc.**
CPU Mappings	

Result Code	Result Name
86009507	NeoencephalitisS Interpretation
86009508	Technical Results
86009509	Methods
86009510	Comments
86009511	References
86009512	Summary
85962090	Anti HUI Interpretation
86009513	Technical Results
86009514	Methods
86009515	Comments
86009516	References
86009517	Anti MAI and MA2 Interpretation
86009518	Technical results
86009519	Methods
86009520	Comments
86009521	References
86009458	Anti CV2 Interpretation
86009522	Technical Results
86009523	Methods
86009524	Comments

86009525	**References**
86009459	**Anti NR1 Interpretation**
86009526	**Technical Results**
86009527	**Methods**
86009528	**Comments**
86009529	**References**

NeoComplete Paraneoplastic Profile with Recombx (437)	
Effective Date	**5/13/2013**
Test Code	S49555
Additional Information	This test is being discontinued. The recommended alternative is **91636 (Athena 467) - NeoComplete Paraneoplastic Profile with Recombx**.

NeoComplete Paraneoplastic Profile with Recombx (467)	
Message	*Includes: Amphiphysin Antibody Test* CASPR2 Antibody Test* Ganglionic nAChR Antibody Test* LEMS Antibody Test* LGI1 Antibody Test* NMDA Receptor (NR1) Antibody Test* Recombx CAR (Anti-Recoverin) Autoantibody Test* Recombx MaTa Autoantibody Test* Recombx CV2 Antibody Test* Recombx Hu Autoantibody Test* Recombx Ri Autoantibody Test* Recombx Yo Autoantibody Test* Recombx Zic4 Antibody Test* VGKC Antibody Test*
Clinical Significance	Confirm a diagnosis of a paraneoplastic syndrome and direct the search for an underlying tumor as well as differentiate a paraneoplastic syndrome from a potentially treatable autoimmune disorder.
Effective Date	**5/13/2013**
Test Code	**91636**
CPT Codes	**83516 (x2), 83519 (x3), 84181, 84182 (x6), 86255 (x3)**
Specimen Requirements	**5 mL (3 mL minimum) serum collected in a red-top tube (no gel)**
Instructions	**Please label each specimen tube with two forms of patient identification. These forms of identification must also appear on the requisition form.** **Avoid freezing. Refrigerate sample if not shipped same day.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 72 hours** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 28 days**
Reference Range	**Accompanies report**
Methodology	**Western Blot, Indirect Fluorescence Assay, Immunoassay, Enzyme Linked Immunosorbent Assay**
Performing Site	**Athena Diagnostics, Inc**
CPU Mappings	

Result Code	**Result Name**
86009461	**Amphiphysin Antibody Test**
86009463	**CASPR2 Antibody Test**
86009697	**Ganglionic nAChR Antibody Test**
86009698	**LEMS Antibody Test**

	86009457 — **LGI1 Antibody Test** **86009459** — **NMDA Receptor (NR1) Antibody Test** **86000680** — **Recombx™ CAR (Anti-Recoverin) Autoantibody Test** **86000650** — **Recombx™ MaTa Autoantibody Test** **86009458** — **Recombx™ CV2 Antibody Test** **85962090** — **Recombx™ Hu Autoantibody Test** **86009464** — **Recombx™ Ri Autoantibody Test** **85962100** — **Recombx™ Yo Autoantibody Test** **86009465** — **Recombx™ Zic4 Antibody Test** **86009462** — **VGKC Antibody Test**
Additional Information	**If results are negative, GAD 65 Antibody Test (Athena 422) will be added at an additional charge (CPT code: 83516).**

NeoEncephalitis Paraneoplastic Profile with Recombx [439]	
Effective Date	**5/13/2013**
Test Code	S50379
Additional Information	This test is being discontinued. The recommended alternative is **91622 (Athena 447) - Neo Encephalitis Paraneoplastic Evaluation with Recombx.**

NeoPLAST® Paraneoplastic Profile [365]	
Effective Date	**5/13/2013**
Test Code	S49556
Additional Information	This test is being discontinued. The recommended alternative is **91636 (Athena 467) - NeoComplete Paraneoplastic Profile with Recombx.**

Allergen-Pigeon Serum Proteins IgE [83010E]	
Effective Date	**5/28/2013**
Test Code	S52193
Performing Site	ViraCor-IBT Laboratories
Additional Information	This test is being discontinued by the vendor.

Rast- Kapok IgE [880]	
Effective Date	**5/28/2013**
Test Code	S50426
Performing Site	ViraCor-IBT Laboratories
Additional Information	The test is being discontinued by the vendor. The recommended alternative is S51948-Allergen-Okra IgE [35310E]

Diuretic Panel, S/P (1804SP)	
Effective Date	**6/3/2013**
Former Test Name	*Diuretic Panel [1804 S,P]*
Test Code	S48345
Specimen Requirements	Preferred: **1 mL (0.4 mL minimum) serum collected in a red-top tube (no-gel)** Acceptable: Plasma collected in: **EDTA (lavender-top) tube** **EDTA (pink-top) tube**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 30 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Tues, Thurs; Report available: 2 (after set-up)**
Reference Range	Reference comment: **Chlorothiazide - Peak plasma levels following a single 500 mg oral dose of chlorothiazide were 400 - 900 ng/mL at approximately 1 to 2 hours post dose.** **Hydrochlorothiazide - Daily administration of oral hydrochlorothiazide produced the following plasma concentrations in hypertensive patients:** **25 mg = 17 + / - 8 ng/mL trough** **and 76 + / - 26 ng/mL 5 hours post dose** **75 mg = 34 + / - 17 ng/mL trough** **and 200 + / - 93 ng/mL 5 hours post dose.** **Furosemide - Mean peak serum levels of 2300 + / - 500 ng/mL were obtained approximately 1 hour after a single oral dose of 80 mg furosemide in fasting subjects.**
Units Of Measure	**ng/mL**
Methodology	High Performance Liquid Chromatography/**Tandem Mass Spectrometry**
Performing Site	NMS Labs
CPU Mappings	**Result Code:** / **Result Name:** 48345 / **Chlorothiazide** 48346 / Hydrochlorothiazide 48347 / **Furosemide**

Furosemide, Serum/Plasma (2140SP)	
Effective Date	**6/3/2013**
Former Test Name	*Furosemide [2140]*
Test Code	S47612
Specimen Requirements	Preferred: **1** mL **(0.4 mL minimum)** serum **collected in a red-top tube (no-gel)** Acceptable**:** Plasma collected in: **EDTA (lavender-top) tube** **EDTA (pink-top) tube**

Reject Criteria	Serum separator tube; **polymer gel separation tube**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 14 days** **Refrigerated: 30 days** **Frozen: 30 days**
Set-up/Analytic Time	Set up: Tues, Thurs; **Report available: 2 days (after set-up)**
Reference Range	Reference comment: **Mean peak serum levels of 2300 + / - 500 ng/mL were obtained approximately 1 hour after a single oral dose of 80 mg furosemide in fasting subjects.**
Units Of Measure	**ng/mL**
Methodology	High Performance Liquid Chromatography/**Tandem Mass Spectrometry**
Performing Site	NMS Labs
CPU Mappings	**Result Code:** 47612 — **Result Name:** Furosemide, **S/P**

Furosemide, Urine (2140U)	
Effective Date	**6/3/2013**
Test Code	S49032
Specimen Requirements	**1 mL (0.4 mL minimum) urine collected in a plastic urine container**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 28 days** **Refrigerated: 28 days** **Frozen: 28 days**
Set-up/Analytic Time	**Set up: Tues, Thurs; Report available: 2 days (after set-up)**
Reference Range	Reference comment: **A peak urine concentration of 16000 ng/mL was reported in a healthy volunteer at 8 hours following a single 40 mg oral dose of furosemide.**
Units Of Measure	**ng/mL**
Methodology	High Performance Liquid Chromatography/**Tandem Mass Spectrometry**
Performing Site	NMS Labs
CPU Mappings	**Result Code:** 101612 — **Result Name:** Furosemide**, Urine**

Hydrochlorothiazide, S/P (2330SP)	
Effective Date	**6/3/2013**
Former Test Name	*Hydrochlorothiazide [2330]*
Test Code	S48627
Specimen Requirements	Preferred:

	1 mL **(0.4 mL minimum)** serum **collected in a red-top tube (no-gel)** Acceptable**:** Plasma collected in: **EDTA (lavender-top) tube** **EDTA (pink-top) tube**
Reject Criteria	**Serum separator tube: polymer gel separation tube**
Instructions	**Promptly centrifuge and separate serum or plasma into a plastic screw-cap vial.**
Specimen Stability	Room temperature: 7 days **Refrigerated: 30 days** **Frozen: 30 days**
Reference Range	Reference comment: **Daily administration of oral hydrochlorothiazide produced the following plasma concentrations in hypertensive patients:** **25 mg = 17 + / - 8 ng/mL trough** **and 76 + / - 26 ng/mL 5 hours post dose** **75 mg = 34 + / - 17 ng/mL trough** **and 200 + / - 93 ng/mL 5 hours post dose.**
Units Of Measure	**ng/mL**
Methodology	High Performance Liquid Chromatography/**Tandem Mass Spectrometry**
Performing Site	NMS Labs
CPU Mappings	**Result Code:** / **Result Name:** 100135 / Hydrochlorothiazide**, S/P**

Metolazone (3042SP)	
Effective Date	**6/3/2013**
Test Code	S48534
Specimen Requirements	Preferred: **1** mL **(0.4 mL minimum)** serum **collected in a red-top tube (no-gel)** Acceptable**:** Plasma collected in: **EDTA (lavender-top) tube** **EDTA (pink-top) tube**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 30 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Tues, Thurs; Report available: 2 days (after set-up)**
Reference Range	Reference comment: **Peak blood concentrations averaged 70 ng/mL following a single 7.5 mg oral dose of metolazone in 6 healthy subjects.** **The blood to plasma ratio for metolazone is approximately 0.8 to 1.**
Units Of Measure	**ng/mL**
Methodology	High Performance Liquid Chromatography/**Tandem Mass Spectrometry**
Performing Site	NMS Labs

Discontinued

IgA Fibronectin Aggregates & Serum IgA [4320]	
Effective Date	**5/6/2013**
Test Code	S49748
Performing Site	Focus Diagnostics
Additional Information	No recommended alternative.

IgA Fibronectin Aggregates [41431]	
Effective Date	**5/6/2013**
Test Code	S49839
Performing Site	Focus Diagnostics
Additional Information	No recommended alternative.

SHOX-DNA-Dx [504005]	
Effective Date	**5/6/2013**
Test Code	S51251
Additional Information	Recommended alternative test code is: • 91566 SHOX (GHD) DNA Sequencing and Deletion

***Borrelia burgdorferi* IgG & IgM Antibody Panel, Fluid [70340]**	
Effective Date	**5/20/2013**
Test Code	S51336
Performing Site	Focus Diagnostics
Additional Information	Recommended alternative is S48280 (Focus 2034) Lyme Disease Antibodies (IgG,IgM), IBL (Serum).

***Anaplasma phagocytophila* (HGE) IgG & IgM Abs**	
Effective Date	**6/4/2013**
Test Code	7844
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 47513 Anaplasma phagocytophilum Antibodies (IgG, IgM)

***Anaplasma phagocytophila* (HGE) IgG & IgM Abs CSF**	
Effective Date	**6/4/2013**
Test Code	7844C
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Additional Information	There is no recommended alternative.

***Anaplasma phagocytophila* (HGE) IgG Abs**	
Effective Date	**6/4/2013**
Test Code	7842
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 47543 Anaplasma phagocytophilum (HGE Agent) IgG Antibody, IFA

***Anaplasma phagocytophila* (HGE) IgG Abs CSF**	
Effective Date	**6/4/2013**
Test Code	7842C
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	There is no recommended alternative.

***Anaplasma phagocytophila* (HGE) IgM Abs**	
Effective Date	**6/4/2013**
Test Code	7843
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	There is no recommended alternative.

***Anaplasma phagocytophila* (HGE) IgM Abs CSF**	
Effective Date	**6/4/2013**
Test Code	7843C
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	There is no recommended alternative.

***Borrelia, Babesia, Anaplasma*: Lyme Co-Infection**	
Effective Date	**6/4/2013**
Test Code	8968
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	There is no recommended alternative.

***Ehrlichia chaffeensis* (HME) IgG & IgM Abs**	
Effective Date	**6/4/2013**
Test Code	7851
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 20103 Ehrlichia chaffeensis Antibodies (IgG, IgM)

***Ehrlichia chaffeensis* (HME) IgG Abs**	
Effective Date	**6/4/2013**
Test Code	7845
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	There is no recommended alternative.

***Ehrlichia chaffeensis* (HME) IgM Abs**	
Effective Date	**6/4/2013**
Test Code	7847
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	There is no recommended alternative.

Ehrlichiosis (HGE) & Lyme Disease Evaluation	
Effective Date	**6/4/2013**
Test Code	7846
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternatives are: 47513 Anaplasma phagocytophilum Antibodies (IgG, IgM) performed at Focus Diagnostics and 8941 *Borrelia burgdorferi* IgG & IgM Abs [EIA]

Ehrlichiosis (HME & HGE) IgG & IgM Abs Eval	
Effective Date	**6/4/2013**
Test Code	7848
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 4720 Anaplasma phagocytophilum and Ehrlichia chaffeeensis Antibody Panel

***Treponema pallidum* IgM Abs [IFA]**	
Effective Date	**6/4/2013**
Test Code	2102
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternatives are: For patients under one year of age S49739 *Treponema pallidum* IgG and IgM Antibody Panel, Fetal [20493] performed at Focus Diagnostics For patients greater than 1 year of age 2104 FTA-ABS

***Treponema pallidum* IgM Abs, FTA CSF**	
Effective Date	**6/4/2013**

Test Code	2102C
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	There is no recommended alternative.

***Treponema pallidum* Total Abs [IFA] CSF**	
Effective Date	**6/4/2013**
Test Code	2104C
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 2366C VDRL, CSF

West Nile Virus IgG & IgM Abs [IFA]	
Effective Date	**6/4/2013**
Test Code	8080
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 8169 West Nile Virus IgG & IgM Abs [EIA]

West Nile Virus IgG & IgM Abs CSF [IFA]	
Effective Date	**6/4/2013**
Test Code	8080C
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 8169C West Nile Virus IgG & IgM Abs CSF [EIA]

West Nile Virus IgG Abs [IFA]	
Effective Date	**6/4/2013**
Test Code	8077
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 8167 West Nile Virus IgG Abs [EIA]

West Nile Virus IgG Abs CSF [IFA]	
Effective Date	**6/4/2013**
Test Code	8077C
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 8167C West Nile Virus IgG Abs CSF [EIA]

West Nile Virus IgM Abs [IFA]	
Effective Date	**6/4/2013**
Test Code	8078

Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 8168 West Nile Virus IgM Abs [EIA]

West Nile Virus IgM Abs CSF [IFA]	
Effective Date	**6/4/2013**
Test Code	8078C
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended alternative is 8168C West Nile Virus IgM Abs CSF [EIA]

Herpes Simplex Virus Types 1 & 2 IgM Abs [EIA] w/Reflex IFA	
Effective Date	**6/11/2013**
Test Code	9471
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended replacement is 9429 Herpes Simplex Virus 1/2 IgM Ab (EIA) w/Rflx to IFA