

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

ANNOUNCEMENTS		
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.		
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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.			
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15031	<i>Chlamydia trachomatis</i> , TMA (Alternate Target)	6/9/2014	5
11362	<i>Neisseria gonorrhoeae</i> RNA, TMA	6/9/2014	6
15033	<i>Neisseria gonorrhoeae</i> , TMA (Alternate Target)	6/9/2014	7
19728	HIV Antibodies, HIV-1/2 EIA, with Reflexes	6/16/2014	8
8401	HIV-1 DNA, Qualitative PCR	6/16/2014	9
91432	HIV-1/2 Antibody Differentiation	6/16/2014	9
833X	Peripheral Blood Smear Interpretation	6/16/2014	10
91994	Synthetic Stimulants, Quantitative, Urine	6/16/2014	11
4496	Pinworm Examination	6/30/2014	11
10108	<i>Salmonella/Shigella/Campylobacter</i> , Culture and Shiga Toxin, EIA with Reflex to <i>Escherichia coli</i> , Culture	6/30/2014	12
30264	Shiga Toxins, EIA with Reflex to <i>Escherichia coli</i> O157 Culture	6/30/2014	13

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 #
9721		Mumps IgM Abs	5/12/2014	14
90123		Chronic Urticaria Panel 2 (Comprehensive)	6/2/2014	14
15561	3255	Quantitative Thyroglobulin without Thyroglobulin Antibodies	6/2/2014	15
267	1110	Thyroglobulin Antibodies	6/2/2014	15
30278	3251	Thyroglobulin Panel	6/2/2014	16
3062		Thyroid Peroxidase Antibodies	6/2/2014	16
745	3163	Progesterone	6/9/2014	17
15220		Cyclosporine A Trough, LCMSMS, Blood	6/16/2014	18
15082	S51731	Enterovirus RNA, Qualitative Real-Time PCR	6/16/2014	18
34977	S50567	HIV-2 DNA/RNA Qualitative Real-Time PCR	6/16/2014	19

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36175	S52045	HTLV-I/II Antibody, with Reflex to Confirmation Assay	6/16/2014	19
<u>S51997</u>		IGF-I LC/MS	6/16/2014	20
4475	5704	<i>Campylobacter</i>, Culture	6/30/2014	20
8631	5639	<i>Escherichia coli</i> O157, Culture	6/30/2014	21
29273	9874	HIV-1 RNA, Quantitative, bDNA	6/30/2014	21
10019	5700	<i>Salmonella and Shigella</i>, Culture	6/30/2014	22
4489	5703	<i>Vibrio</i>, Culture	6/30/2014	23
4487	5702	<i>Yersinia</i>, Culture	6/30/2014	24

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 #
<u>9921</u>	HIV-2 Abs w/Reflex WB	6/16/2014	25
<u>P40340E</u>	Custom NLS HIV Antibodies and Bands with Reflex	6/16/2014	25
<u>P36531U</u>	Custom St. Vincent HIV-1 Abs WB Reflex to HIV-2 Abs WB+Bands	6/16/2014	25
<u>S49519</u>	Enterovirus RNA, Qualitative Real-Time PCR	6/16/2014	25
<u>3015</u>	HIV-1 & 2 Abs [WB]	6/16/2014	25
<u>3012</u>	HIV-1 Abs [WB]	6/16/2014	25
<u>3021</u>	HIV-1 Abs [WB] w/Reflex HIV-2 Abs [WB]	6/16/2014	26
<u>3013B</u>	HIV-1 Abs + Bands [WB] w/Reflex HIV-2 Abs [EIA]	6/16/2014	26
<u>90954</u>	HIV-1 Genotype w/rfl to Virtual Phenotype and HIV-1 Tropism w/rfl to UDS	6/16/2014	26
<u>9874SR</u>	HIV-1 RNA Quantitative, bDNA w/Serial Reporting	6/16/2014	26
<u>9915</u>	HIV-1/HIV-2 Antibodies [EIA] w/Reflex WB	6/16/2014	26
<u>9915B</u>	HIV-1/HIV-2 Antibodies [EIA] w/Reflex WB + Bands	6/16/2014	26
<u>9926</u>	HIV-2 IgG Abs Western Blot	6/16/2014	26
<u>S49889</u>	Coccidioides Antibody, LA	6/30/2014	27
<u>S50580</u>	<i>E. coli</i> O157:H7 Serotyping	6/30/2014	27
<u>S49505</u>	<i>E. coli</i> , Enterohemorrhagic, Shiga-Like Toxin Det, EIA	6/30/2014	27
<u>10596</u>	HIV-1 RNA, Quantitative bDNA with Reflex to HIV-1 Genotype	6/30/2014	27

NY UPDATE
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	Page #
	New York Patient Testing Update - Now Available for NY patient testing	27
	New York Patient Testing Update - Not Available for NY Patient Testing	28
15983	Testosterone, Total LC/MS/MS	28

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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 #
S49798		Coccidioides Antibody IgG	6/16/2014	29
S49449		HTLV-I/II By RIPA	6/16/2014	29
S50671		NMR Lipo-Profile	6/16/2014	29
S44870		Very Long Chain Fatty Acids	6/16/2014	29

Announcements

Instructions for Co-Collection of Pap test and Molecular STI (CT, NG, Trich, HSV, etc.)	
Message	<p>Quest Diagnostics offers numerous molecular tests using fluid from a ThinPrep or SurePath collection vial. The ability to do select molecular tests from a single vial is convenient and reduces collection steps:</p> <ul style="list-style-type: none"> • A single ThinPrep vial collection can be tested for: Pap, HPV mRNA, HPV DNA, HPV Genotyping, CT, NG, Trich and HSV • A single SurePath vial collection can be tested for: Pap, HPV DNA, HPV Genotyping, CT, NG, Trich and HSV <p>If your practice decides to use a separate collection for molecular assays using a swab or other appropriate device, then the <u>Pap specimen must be collected first</u>. Failure to collect the Pap specimen first may cause a false negative Pap result.</p>

New Test Offerings

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

Melanoma, BRAF V600E and V600K Mutation Analysis, THxID™	
Clinical Significance	The THxID™-BRAF test is intended to be used as an aid in selecting melanoma patients whose tumors carry the BRAF V600E mutation for treatment with dabrafenib [Tafinlar®] and as an aid in selecting melanoma patients whose tumors carry the BRAF V600E or V600K mutation for treatment with trametinib [Mekinist™].
Effective Date	5/19/2014
Test Code	92131
CPT Codes	81210
Specimen Requirements	Formalin fixed, paraffin embedded tissue block
Instructions	Paraffin embedded tissue containing less than 50% tumor cell will undergo microdissection. If frozen paraffin block is received, call 1(800) 642-4657 ext. 2906.
Transport Temperature	Room temperature
Specimen Stability	Room temperature and Refrigerated: Indefinite Frozen: Unacceptable
Set-up/Analytic Time	Set up: Tues, Fri; Report available: 3-7 days
Reference Range	Not detected
Methodology	Real-Time Polymerase Chain Reaction

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Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano		
CPU Mappings	Result Code	Type	Result Name
	86007839	Prompt-Result	Block/Specimen ID:
	86007404	Prompt-Result	Specimen Source:
	86010728		V600E
	86010729		V600K

<i>Chlamydia trachomatis</i> RNA, TMA	
Clinical Significance	<i>C. trachomatis</i> infections are the leading cause of sexually transmitted diseases in the United States. <i>C. trachomatis</i> is known to cause cervicitis, pelvic inflammatory disease (PID), epididymitis and proctitis. It is also the most frequent cause of non-gonococcal urethritis in men. Among women, the consequences of chlamydial infections are severe if left untreated. Approximately half of chlamydial infections are asymptomatic.
Effective Date	6/9/2014
Test Code	11361
CPT Codes	87491
Specimen Requirements	<p>Preferred: 1 mL liquid cytology (PreservCyt®) preservative (ThinPrep®) collected in APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Kit (orange label) or APTIMA® Unisex Swab Specimen Collection Kit.</p> <p>0.5 mL of SurePath® preservative fluid collected in APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Kit (orange label).</p> <p>Endocervical or urethral swabs in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit.</p> <p>Vaginal swabs in the APTIMA® Combo 2 Assay Vaginal Swab Collection Kit.</p> <p>Acceptable: 2 mL urine using APTIMA® Urine Specimen Collection Kit.</p>
Reject Criteria	Transport tubes with 2 swabs; transport tubes with non-APTIMA® swabs; specimens in broken containers; swab submitted in M4 transport media.
Instructions	<p>Labs performing cytology: Aliquot PreservCyt® or SurePath® solution before performance of liquid based cytology testing.</p> <p>PreservCyt®: Transfer 1 mL of PreservCyt® solution into APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Tube (orange label). Ship to lab.</p> <p>SurePath®: SurePath® fluid must be transferred to APTIMA® STM within 4 days of collection. Transfer 0.5 mL of SurePath® preservative fluid to APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Tube (orange label). Ship to lab.</p> <p>Endocervical or urethral swabs: Follow instructions in the APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit. In females, to ensure collection of cells infected with <i>C. trachomatis</i>, columnar epithelial cells lining the endocervix should be obtained. To that effect, excess mucus should be removed prior to sampling.</p> <p>Vaginal swabs: Follow instructions in the APTIMA® Combo 2 Assay Vaginal Swab Collection Kit.</p> <p>Urine: Patient should not have urinated within one hour prior to collection. Female patients should not cleanse the labial area prior to providing the specimen. Direct patient to provide a first-catch urine (a maximum of 20-30 mL of the initial urine stream) into a urine collection cup free of any preservatives. 2 mL of urine specimen must be transferred into the APTIMA® Specimen Transport within 24 hours of collection and before being assayed. Use tube provided in the urine specimen collection kit for urine</p>

	specimens. The fluid (urine plus transport media) level in the urine transport tube must fall within the clear pane on the tube label.	
Transport Temperature	Room temperature	
Specimen Stability	Liquid cytology (PreservCyt®) preservative (ThinPrep®):	Room temperature: 14 days Refrigerated: 30 days Frozen: Not established
	SurePath® preservative fluid:	Room temperature and Refrigerated 14 days Frozen: Not established
	Urine in APTIMA® transport:	Room temperature and Refrigerated: 30 days Frozen: 1 year
	Cervical/Vaginal swabs in APTIMA® transport:	Room temperature and Refrigerated: 60 days Frozen: 1 year
	Urethral swabs in APTIMA® transport:	Room temperature and Refrigerated: 60 days Frozen: 1 year
	Endocervical swab in APTIMA® transport:	Room temperature and Refrigerated: 60 days Frozen: 1 year
Set-up/Analytic Time	Set up: Mon, Wed, Fri; Report available: 1-3 days	
Reference Range	Not detected	
Always Message	This test was performed using the APTIMA® COMBO2 Assay (GEN-PROBE).	
Methodology	Target Capture, Transcription-Mediated Amplification, and Dual Kinetic Assay	
Performing Site	Quest Diagnostics Nichols Institute, Valencia	
CPU Mappings	Result Code	Result Name
	70043800	C. trachomatis RNA, TMA

<i>Chlamydia trachomatis</i>, TMA (Alternate Target)	
Clinical Significance	Several methods are available for the detection of <i>C. trachomatis</i> in clinical specimens, including giemsa staining of tissue, fluorescent antibody staining, culture, and nucleic acid detection. Although culture is very specific, it lacks sensitivity, so recommendations have been put forth to include multiple tests in assisting with a diagnosis of infection, including tests such as the CT/NG APTIMA® TMA Assay.
Effective Date	6/9/2014
Test Code	15031
CPT Codes	87491
Specimen Requirements	Preferred: Endocervical swab or Urethral swabs in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit or 2 mL urine using APTIMA® Combo 2 Assay Urine Specimen Collection Kit. Acceptable: Vaginal swabs in the APTIMA® Vaginal Swab Collection Kit
Reject Criteria	Transport tubes with 2 swabs; transport tubes with non-GenProbe swabs; specimens in broken containers; swab submitted in M4 transport media

Instructions	<p>SWABS: Swab must be submitted in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Tube. Follow instructions in the APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens package insert. In females, to ensure collection of an adequate specimen, columnar epithelial cells lining the endocervix should be obtained. To that effect, excess mucus should be removed prior to sampling by using the white shaft cleaning swab which is discarded after use.</p> <p>COLLECTION CONTAINER: Gen-Probe APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit.</p> <p>URINE: Urine MUST be submitted in APTIMA® Combo 2 Assay Urine Specimen Collection Tube within 24 hours of collection. The patient should not have urinated for at least one hour prior to specimen collection. Direct patient to provide a first-catch urine (approximately 20-30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Female patients should not cleanse the labial area prior to providing the specimen. Thus, a urine sample collected from a female for <i>Chlamydia</i>/GC TMA cannot be collected at the same voiding event as that urine which would be intended for bacterial culture. Remove the cap of the APTIMA® Combo 2 Assay Urine Specimen Collection Tube and transfer 2 mL of urine into the urine specimen transport tube using the disposable pipette provided. The correct volume of urine has been added when the fluid level is between the black lines within the clear pane on the urine specimen transport tube label.</p> <p>COLLECTION CONTAINER: Gen-Probe APTIMA® Combo 2 Assay Urine Specimen Collection Kit.</p>					
Transport Temperature	Room temperature					
Specimen Stability	<table border="1"> <tr> <td>Swab:</td> <td>Room temperature and Refrigerated: 60 days Frozen: 1 year</td> </tr> <tr> <td>Urine:</td> <td>Room temperature and Refrigerated: 30 days Frozen: 1 year</td> </tr> </table>		Swab:	Room temperature and Refrigerated: 60 days Frozen: 1 year	Urine:	Room temperature and Refrigerated: 30 days Frozen: 1 year
Swab:	Room temperature and Refrigerated: 60 days Frozen: 1 year					
Urine:	Room temperature and Refrigerated: 30 days Frozen: 1 year					
Set-up/Analytic Time	Set up: Mon, Fri; Report available: 3-5 days					
Reference Range	Not detected					
Methodology	Target Capture, Transcription-Mediated Amplification (TMA), and Dual Kinetic Assay (DKA)					
Performing Site	Quest Diagnostics Nichols Institute, Valencia					
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>85668656</td> <td>C. trachomatis TMA Alt Targ</td> </tr> </tbody> </table>		Result Code	Result Name	85668656	C. trachomatis TMA Alt Targ
Result Code	Result Name					
85668656	C. trachomatis TMA Alt Targ					

<i>Neisseria gonorrhoeae</i> RNA, TMA	
Effective Date	6/9/2014
Test Code	11362
CPT Codes	87591
Specimen Requirements	<p>Preferred: 1 mL liquid cytology (PreservCyt®) preservative (ThinPrep®) collected in APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Kit (orange label) or APTIMA® Unisex Swab Specimen Collection Kit.</p> <p>0.5 mL of SurePath® preservative fluid collected in APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Kit (orange label).</p> <p>Endocervical or urethral swabs in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit.</p> <p>Vaginal swabs in the APTIMA® Combo 2 Assay Vaginal Swab Collection Kit.</p>

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	<p>Acceptable: 2 mL urine using APTIMA® Urine Specimen Collection Kit.</p>													
Reject Criteria	<p>Transport tubes with 2 swabs; transport tubes with non-APTIMA® swabs; specimens in broken containers; swab submitted in M4 transport media.</p>													
Instructions	<p>Labs performing cytology: Aliquot PreservCyt® or SurePath® solution before performance of liquid based cytology testing.</p> <p>PreservCyt®: Transfer 1 mL of PreservCyt® solution into APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Tube (orange label). Ship to lab.</p> <p>SurePath®: SurePath® fluid must be transferred to APTIMA® STM within 4 days of collection. Transfer 0.5 mL of SurePath® preservative fluid to APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Tube (orange label). Ship to lab.</p> <p>Endocervical or urethral swabs: Follow instructions in the APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit. In females, to ensure collection of cells infected with <i>N. gonorrhoeae</i>, columnar epithelial cells lining the endocervix should be obtained. To that effect, excess mucus should be removed prior to sampling.</p> <p>Vaginal swabs: Follow instructions in the APTIMA® Combo 2 Assay Vaginal Swab Collection Kit.</p> <p>Urine: Patient should not have urinated within one hour prior to collection. Female patients should not cleanse the labial area prior to providing the specimen. Direct patient to provide a first-catch urine (a maximum of 20-30 mL of the initial urine stream) into a urine collection cup free of any preservatives. 2 mL of urine specimen must be transferred into the APTIMA® Specimen Transport within 24 hours of collection and before being assayed. Use tube provided in the urine specimen collection kit for urine specimens. The fluid (urine plus transport media) level in the urine transport tube must fall within the clear pane on the tube label.</p>													
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Specimen Stability	<table border="1"> <tr> <td>Liquid cytology (PreservCyt®) preservative (ThinPrep®):</td> <td>Room temperature: 14 days Refrigerated: 30 days Frozen: Not established</td> </tr> <tr> <td>SurePath® preservative fluid:</td> <td>Room temperature and Refrigerated 14 days Frozen: Not established</td> </tr> <tr> <td>Urine in APTIMA® transport:</td> <td>Room temperature and Refrigerated: 30 days Frozen: 1 year</td> </tr> <tr> <td>Vaginal swabs in APTIMA® transport:</td> <td>Room temperature and Refrigerated: 60 days Frozen: 1 year</td> </tr> <tr> <td>Urethral swabs in APTIMA® transport:</td> <td>Room temperature and Refrigerated: 60 days Frozen: 1 year</td> </tr> <tr> <td>Endocervical swab in APTIMA® transport:</td> <td>Room temperature and Refrigerated: 60 days Frozen: 1 year</td> </tr> </table>		Liquid cytology (PreservCyt®) preservative (ThinPrep®):	Room temperature: 14 days Refrigerated: 30 days Frozen: Not established	SurePath® preservative fluid:	Room temperature and Refrigerated 14 days Frozen: Not established	Urine in APTIMA® transport:	Room temperature and Refrigerated: 30 days Frozen: 1 year	Vaginal swabs in APTIMA® transport:	Room temperature and Refrigerated: 60 days Frozen: 1 year	Urethral swabs in APTIMA® transport:	Room temperature and Refrigerated: 60 days Frozen: 1 year	Endocervical swab in APTIMA® transport:	Room temperature and Refrigerated: 60 days Frozen: 1 year
Liquid cytology (PreservCyt®) preservative (ThinPrep®):	Room temperature: 14 days Refrigerated: 30 days Frozen: Not established													
SurePath® preservative fluid:	Room temperature and Refrigerated 14 days Frozen: Not established													
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Endocervical swab in APTIMA® transport:	Room temperature and Refrigerated: 60 days Frozen: 1 year													
Set-up/Analytic Time	<p>Set up: Mon, Wed, Fri; Report available: 1-3 days</p>													
Reference Range	<p>Not detected</p>													
Always Message	<p>This test was performed using the APTIMA® COMBO2 Assay (GEN-PROBE).</p>													
Methodology	<p>Target Capture, Transcription-Mediated Amplification, and Dual Kinetic Assay</p>													
Performing Site	<p>Quest Diagnostics Nichols Institute, Valencia</p>													
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> </table>		Result Code	Result Name										
Result Code	Result Name													

	70043900	N. gonorrhoeae RNA, TMA
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Neisseria gonorrhoeae, TMA (Alternate Target)					
Clinical Significance	<p>Several methods are available for the detection of <i>N. gonorrhoeae</i> in clinical specimens. These methods include: Observation of gram-negative intracellular diplococci in gram-stained smears of urethral discharges from men and of endocervical secretions from women; Growth of <i>N. gonorrhoeae</i> from the urethra (men) or endocervix on selective culture media followed by demonstration of typical colonial morphology; And/or detection of <i>N. gonorrhoeae</i> with non-culture laboratory tests. A definitive diagnosis of <i>gonorrhoea</i> requires: Isolation of <i>N. gonorrhoeae</i> from the sites of exposure by culture; Demonstration of typical colonial morphology, a positive oxidase test, and typical gram-negative morphology; and finally, a confirmation by specific identification methods. These confirmation methods may include acid production from carbohydrates, rapid enzyme tests, serologic assays, and tests for specific nucleic acids, such as is performed by the CT/NG APTIMA® TMA Assay.</p>				
Effective Date	6/9/2014				
Test Code	15033				
CPT Codes	87591				
Specimen Requirements	<p>Preferred: Endocervical swab or Urethral swabs in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit</p> <p>Acceptable: 2 mL urine using APTIMA® Combo 2 Assay Urine Specimen Collection Kit or vaginal swabs in the APTIMA® Vaginal Swab Collection Kit</p>				
Reject Criteria	Transport tubes with 2 swabs; transport tubes with non-GenProbe swabs; specimens in broken containers; swab submitted in M4 transport media				
Instructions	<p>SWABS: Swab must be submitted in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Tube. Follow instructions in the APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens package insert. In females, to ensure collection of an adequate specimen, columnar epithelial cells lining the endocervix should be obtained. To that effect, excess mucus should be removed prior to sampling by using the white shaft cleaning swab which is discarded after use.</p> <p>COLLECTION CONTAINER: Gen-Probe APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit.</p> <p>URINE: Urine MUST be submitted in APTIMA® Combo 2 Assay Urine Specimen Collection Tube within 24 hours of collection. The patient should not have urinated for at least one hour prior to specimen collection. Direct patient to provide a first-catch urine (approximately 20-30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Female patients should not cleanse the labial area prior to providing the specimen. Thus, a urine sample collected from a female for <i>Chlamydia</i>/GC TMA cannot be collected at the same voiding event as that urine which would be intended for bacterial culture. Remove the cap of the APTIMA® Combo 2 Assay Urine Specimen Collection Tube and transfer 2 mL of urine into the urine specimen transport tube using the disposable pipette provided. The correct volume of urine has been added when the fluid level is between the black lines within the clear pane on the urine specimen transport tube label.</p> <p>COLLECTION CONTAINER: Gen-Probe APTIMA® Combo 2 Assay Urine Specimen Collection Kit.</p>				
Transport Temperature	Room temperature				
Specimen Stability	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Swab:</td> <td>Room temperature and Refrigerated: 60 days Frozen: 1 year</td> </tr> <tr> <td>Urine:</td> <td>Room temperature and Refrigerated: 30 days Frozen: 1 year</td> </tr> </table>	Swab:	Room temperature and Refrigerated: 60 days Frozen: 1 year	Urine:	Room temperature and Refrigerated: 30 days Frozen: 1 year
Swab:	Room temperature and Refrigerated: 60 days Frozen: 1 year				
Urine:	Room temperature and Refrigerated: 30 days Frozen: 1 year				
Set-up/Analytic Time	Set up: Mon, Fri; Report available: 3-5 days				

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Reference Range	Not detected	
Methodology	Target Capture, Transcription-Mediated Amplification and Dual Kinetic Assay	
Performing Site	Quest Diagnostics Nichols Institute, Valencia	
CPU Mappings	Result Code	Result Name
	85998655	N. gonorrhoeae, TMA Alt Targ

HIV Antibodies, HIV-1/2 EIA, with Reflexes		
Clinical Significance	The combination HIV-1/HIV-2 includes detection of subtypes of HIV-1 not included in HIV-1 alone. Repeatedly reactive results are confirmed by HIV-1/2 Antibody Differentiation Assay.	
Effective Date	6/16/2014	
Test Code	19728	
CPT Codes	86703	
Specimen Requirements	3 mL (2 mL minimum) serum collected in a serum separator tube	
Instructions	Tube must be labeled with patient identifier and submitted only for HIV testing. Tube should be spun after clotting and remain unopened.	
Transport Temperature	Room temperature	
Specimen Stability	Room temperature: 72 hours Refrigerated: 5 days Frozen: 30 days	
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 1-3 days	
Reference Range	Non-reactive	
Methodology	Immunoassay	
Performing Site	Quest Diagnostics Nichols Institute, Valencia	
CPU Mappings	Result Code	Result Name
	70055100	HIV 1/2 EIA Ab Screen
	<i>This test is a true reflex performed at Quest Diagnostics Nichols Institute, Valencia. Please build the unit code below separately. Non-orderable Reflex: RRS Reflex HIV-1/2 Antibody Differentiation</i>	
	Result Code	Result Name
	86009056	HIV 1 Antibody
	86009057	HIV 2 Antibody
	<i>This reflex is performed at Quest Diagnostics, San Juan Capistrano. Please build the unit code below separately. Orderable Reflex: 16185-HIV-1 RNA, Qualitative, TMA</i>	
	Result Code	Result Name
86003824	HIV-1 RNA, QL TMA	
Additional Information	If the HIV Antibodies, HIV-1/2, EIA, with Reflexes is repeatedly reactive, HIV-1/2 Antibody Differentiation will be performed at an additional charge (CPT code(s): 86701, 86702). If the HIV-1/2 Antibody Differentiation is negative or indeterminate, HIV-1 RNA, Qualitative TMA will be performed at an additional charge (CPT code(s): 87535).	

HIV-1 DNA, Qualitative PCR					
Clinical Significance	HIV-1 DNA PCR is a sensitive method for detection of pro-viral DNA. It has been used in the management of perinatal HIV infection. HIV-1 RNA has recently been confirmed equally as sensitive and specific for this purpose.				
Effective Date	6/16/2014				
Test Code	8401				
CPT Codes	87535				
Specimen Requirements	1 mL (0.5 mL minimum) whole blood collected in an EDTA (lavender-top) tube				
Reject Criteria	Hemolysis; received frozen; heparinized whole blood				
Transport Temperature	Room temperature				
Specimen Stability	Room temperature and Refrigerated: 6 days Frozen: Unacceptable				
Set-up/Analytic Time	Set up: Mon, Wed, Fri; Report available: 1-4 days				
Reference Range	Not detected				
Always Message	This test 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 Focus Diagnostics. This test should not be used for diagnosis without confirmation by other medically established means.				
Methodology	Polymerase Chain Reaction				
Performing Site	Focus Diagnostics, Inc.				
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86003134</td> <td>HIV-1 DNA, Qual, PCR</td> </tr> </tbody> </table>	Result Code	Result Name	86003134	HIV-1 DNA, Qual, PCR
Result Code	Result Name				
86003134	HIV-1 DNA, Qual, PCR				

HIV-1/2 Antibody Differentiation	
Clinical Significance	This HIV assay is intended to be used as an aid in discriminating between HIV-1 or HIV-2.
Effective Date	6/16/2014
Test Code	91432
CPT Codes	86701, 86702
Specimen Requirements	2 mL (1 mL minimum) serum collected in a serum separator tube
Instructions	Tube must be labeled with patient identifier and submitted only for HIV testing. Tube should be spun after clotting and remain unopened.
Transport Temperature	Room temperature
Specimen Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 30 days
Set-up/Analytic Time	Set up: Mon, Wed, Thurs, Fri, Sat; Report available: 1-3 days
Reference Range	HIV-1 Antibody: Negative HIV-2 Antibody: Negative
Always Message	Note: This assay is intended to be used as part of a multi-test HIV-1/HIV-2 diagnostic algorithm.

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	A Negative HIV-1/HIV-2 differentiation assay does not exclude HIV infection since the time frame for seroconversion is variable. If acute HIV-1 infection is being considered, ordering the HIV-1 RNA Qualitative, TMA assay (code 16185) to determine the presence or absence of detectable viral RNA is recommended.							
Methodology	Immunoassay							
Performing Site	Quest Diagnostics Nichols Institute, Valencia							
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86009056</td> <td>HIV 1 Antibody</td> </tr> <tr> <td>86009057</td> <td>HIV 2 Antibody</td> </tr> </tbody> </table>		Result Code	Result Name	86009056	HIV 1 Antibody	86009057	HIV 2 Antibody
Result Code	Result Name							
86009056	HIV 1 Antibody							
86009057	HIV 2 Antibody							

Peripheral Blood Smear Interpretation					
Clinical Significance	The diagnosis of lymphoproliferative and hematopoietic disorders is complex. Hematopathologists and other medical professionals are available to guide test selection and to help synthesize laboratory results with the clinical history.				
Effective Date	6/16/2014				
Test Code	833X				
CPT Codes	85060				
Specimen Requirements	<p>Preferred: 2 slides (1 slide minimum) Peripheral blood smears collected on slide in slide holder</p> <p>Acceptable: 2 slides (1 slide minimum) Smears, unfixed, air dried accompanied by CBC profile information from client collected on slide in slide holder</p>				
Reject Criteria	Hemolysis; lipemia; poor quality smear				
Instructions	<p>Required information: Patient history and any other relevant information; CBC/Differential results; name, telephone # and fax # of referring physician.</p> <p>Instructions: Do not refrigerate. Make peripheral blood smears immediately from EDTA tube.</p>				
Transport Temperature	Room temperature				
Specimen Stability	<p>Room temperature: 48 hours</p> <p>Refrigerated and Frozen: Unacceptable</p>				
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 12-17 days				
Reference Range	No Reference Range available				
Methodology	Microscopic Examination/Pathologist Review				
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano				
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>4666</td> <td>Blood Smear Interp</td> </tr> </tbody> </table>	Result Code	Result Name	4666	Blood Smear Interp
Result Code	Result Name				
4666	Blood Smear Interp				

Synthetic Stimulants, Quantitative, Urine	
Clinical Significance	This test is utilized to detect the use of the compounds known as Bath Salts including MDPV, mephedrone, methylone, butylone, pentylone and alpha-PVP.
Effective Date	6/16/2014

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Test Code	91994																							
CPT Codes	83789																							
Specimen Requirements	7 mL (3 mL minimum) random urine collected in a sterile, plastic, leak-proof container																							
Reject Criteria	Preserved samples																							
Transport Temperature	Room temperature																							
Specimen Stability	Room temperature: 5 days Refrigerated: 14 days Frozen: 30 days																							
Set-up/Analytic Time	Set up: Tue, Thurs, Sat; Report available: 3-4 days																							
Reference Range	<25 ng/mL																							
Methodology	Liquid Chromatography/Tandem Mass Spectrometry																							
Performing Site	Quest Diagnostics Nichols Institute, Valencia																							
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>86010451</td> <td>MDPV</td> <td>ng/mL</td> </tr> <tr> <td>86010452</td> <td>Mephedrone</td> <td>ng/mL</td> </tr> <tr> <td>86010453</td> <td>Methylone</td> <td>ng/mL</td> </tr> <tr> <td>86010454</td> <td>Butylone</td> <td>ng/mL</td> </tr> <tr> <td>86010455</td> <td>Pentylone</td> <td>ng/mL</td> </tr> <tr> <td>86010456</td> <td>Alpha-PVP</td> <td>ng/mL</td> </tr> </tbody> </table>			Result Code	Result Name	Unit of Measure	86010451	MDPV	ng/mL	86010452	Mephedrone	ng/mL	86010453	Methylone	ng/mL	86010454	Butylone	ng/mL	86010455	Pentylone	ng/mL	86010456	Alpha-PVP	ng/mL
Result Code	Result Name	Unit of Measure																						
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86010454	Butylone	ng/mL																						
86010455	Pentylone	ng/mL																						
86010456	Alpha-PVP	ng/mL																						

Pinworm Examination	
Clinical Significance	<i>Enterobius vermicularis</i> is a human pinworm that typically infects children and other family members.
Effective Date	6/30/2014
Test Code	4496
CPT Codes	87172
Specimen Requirements	<p>Preferred: Perianal material collected in a plastic tube containing pinworm paddle</p> <p>Acceptable: Clear cellulose tape preparations on a clear glass slide</p>
Reject Criteria	Stool specimens; frosted tape preparations
Instructions	Press paddle or sticky side of tape without smearing on to the fold of the perianal area. Collect specimen first thing in the morning before bathing or bowel movement.
Transport Temperature	Room temperature
Specimen Stability	Room temperature and Refrigerated: 7 days Frozen: Unacceptable
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 1-3 days
Reference Range	Not detected
Methodology	Microscopic Examination

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Performing Site	Quest Diagnostics Nichols Institute, Valencia	
CPU Mappings	Result Code	Result Name
	86010730	Pinworm Exam

Salmonella/Shigella/Campylobacter, Culture and Shiga Toxin, EIA with Reflex to Escherichia coli, Culture		
Clinical Significance	<i>Salmonella, Shigella, and Campylobacter</i> are considered pathogens when isolated from clinical specimens. Identification of these organisms is important for treatment and infection control. The Shiga toxin assay detects toxins produced by enterohemorrhagic <i>E. coli</i> and other enteric organisms which have been isolated from patients who have hemorrhagic colitis with or without hemolytic-uremic syndrome (HUS).	
Effective Date	6/30/2014	
Test Code	10108	
CPT Codes	87045, 87046, 87427	
Specimen Requirements	Preferred: Stool (1 gram or 1 mL minimum) collected in Cary-Blair stool culture transport medium Acceptable: Rectal swab in Amies or Cary-Blair stool culture transport medium	
Reject Criteria	Unpreserved at any temperature; frozen specimens in Cary-Blair stool culture transport medium; expired transport medium; specimen in diaper or parasitology transport vial	
Instructions	Collect in clean, dry container and then transfer a minimum of 1 gram or 1 mL into a Cary-Blair stool culture transport medium. Fluid level should reach line on vial.	
Transport Temperature	Room temperature	
Specimen Stability	Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable
	Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable
Set-up/Analytic Time	Set up: Daily; Report available: 3-6 days	
Reference Range	<i>Salmonella Shigella</i> Culture	Not isolated
	<i>Campylobacter</i> Culture	Not isolated
	Shiga Toxins, EIA	Not detected
	<i>E. coli</i> O157 Culture	Not isolated
Always Message	<i>E. coli</i> O157 Culture: NOTE: <i>E. coli</i> other than O157 may produce Shiga toxin.	
Methodology	Bacterial Culture, Aerobic Isolation and Identification Procedures, Broth Enhanced Enzyme Immunoassay	
Performing Site	Quest Diagnostics Nichols Institute, Valencia	
CPU Mappings	10108-Salmonella Shigella Culture	
	Result Code	Result Name

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	85993026	Salmonella/Shigella, Cult
	86003002	Campylobacter Cult
	85985650	Shiga Toxins, EIA
	<i>This test is a true reflex. Please build the unit code below separately. Non-orderable Reflex RRZ- E. coli O157 Culture</i>	
	Result Code	Result Name
	85990350	E. coli O157 Culture
Additional Information	<p>If culture is "Isolated", identification will be performed at an additional charge (CPT code(s): 87077 or 87140 or 87143 or 87147 or 87149). Antibiotic susceptibilities are only performed when appropriate (CPT code(s): 87181 or 87184 or 87185 or 87186). If Shiga Toxin is "Detected", then a reflex to culture for <i>E. coli</i> O157 will be performed at an additional charge (CPT code(s): 87046).</p>	

Shiga Toxins, EIA with Reflex to <i>Escherichia coli</i> O157 Culture									
Clinical Significance	This test detects Shiga toxins produced by enterohemorrhagic <i>E. coli</i> and other enteric organisms which have been isolated from patients who have hemorrhagic colitis with or without hemolytic-uremic syndrome (HUS). Culture allows CDC to track outbreaks by strain typing.								
Effective Date	6/30/2014								
Test Code	30264								
CPT Codes	87427								
Specimen Requirements	<p>Preferred: Stool (1 gram or 1 mL minimum) collected in Cary-Blair stool culture transport medium</p> <p>Acceptable: Rectal swab in Amies or Cary-Blair stool culture transport medium, pure isolate on agar slant/tube/swab transport system or pure isolate in GN broth collected in a sterile, leak-proof container</p>								
Reject Criteria	Swabs not in Amies or Cary-Blair stool culture transport medium; unpreserved raw stool at room temperature; unpreserved raw refrigerated stool >2 hours old from time of collection; frozen specimens in Cary-Blair stool culture transport medium; specimens in Cary-Blair >4 days old; frozen specimens that have been thawed and re-frozen; dry swabs; stool in diapers; unlabeled specimens								
Instructions	Collect in clean, dry container and then transfer a minimum of 1 gram or 1 mL into a Cary-Blair stool culture transport medium. Fluid level should reach line on vial. Frozen (-70° C) specimens are sub-optimal but can be tested directly without broth enhancement or reflex culture.								
Transport Temperature	Room temperature or refrigerated (see below)								
Specimen Stability	<table border="1"> <tr> <td>Stool or rectal swab in Cary-Blair:</td> <td>Room temperature and Refrigerated: 4 days Frozen: Unacceptable</td> </tr> <tr> <td>Rectal swab in Amies:</td> <td>Room temperature and Refrigerated: 48 hours Frozen: Unacceptable</td> </tr> <tr> <td>Culture, Agar slant double walled container:</td> <td>Room temperature and Refrigerated: 7 days Frozen: Unacceptable</td> </tr> <tr> <td>Culture, GN broth:</td> <td>Room temperature: Unacceptable Refrigerated: 7 days Frozen -20° C: Unacceptable Frozen -70° C: 30 days</td> </tr> </table>	Stool or rectal swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable	Rectal swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable	Culture, Agar slant double walled container:	Room temperature and Refrigerated: 7 days Frozen: Unacceptable	Culture, GN broth:	Room temperature: Unacceptable Refrigerated: 7 days Frozen -20° C: Unacceptable Frozen -70° C: 30 days
Stool or rectal swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable								
Rectal swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable								
Culture, Agar slant double walled container:	Room temperature and Refrigerated: 7 days Frozen: Unacceptable								
Culture, GN broth:	Room temperature: Unacceptable Refrigerated: 7 days Frozen -20° C: Unacceptable Frozen -70° C: 30 days								
Set-up/Analytic Time	Set up: Daily; Report available: 3-5 days								

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Reference Range	Shiga Toxins, EIA	Not detected
	<i>E. coli</i> O157 Culture	Not isolated
Always Message	<i>E. coli</i> O157 Culture: NOTE: <i>E. coli</i> other than O157 may produce Shiga toxin.	
Methodology	Non-frozen specimens: Broth Amplified Immunoassay with Culture Reflex Frozen specimens: Direct Detection without Amplification or Culture	
Performing Site	Quest Diagnostics Nichols Institute, Valencia	
CPU Mappings	30264 Shiga Toxins, EIA	
	Result Code	Result Name
	85985650	Shiga Toxins, EIA
	<i>This test is a true reflex. Please build the unit code below separately. Non-orderable RRZ- Reflex E. coli O157 Culture</i>	
	Result Code	Result Name
85990350	<i>E. coli</i> O157 Culture	
Additional Information	If Shiga Toxins, EIA is "Detected", the <i>E. coli</i> O157 culture will be performed at an additional charge (CPT code(s): 87046).	

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.

Mumps IgM Abs							
Effective Date	5/12/2014						
Test Code	9721						
Assay Category	FDA approved						
Performing Site	Quest Diagnostics Nichols Institute, Valencia						
Tests Affected	<table border="1"> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> <tr> <td>9711</td> <td>Mumps IgG & IgM Abs</td> </tr> <tr> <td>P44513P</td> <td>Custom Duncan Mumps Titer - Employee</td> </tr> </table>	Test Codes:	Name:	9711	Mumps IgG & IgM Abs	P44513P	Custom Duncan Mumps Titer - Employee
	Test Codes:	Name:					
	9711	Mumps IgG & IgM Abs					
P44513P	Custom Duncan Mumps Titer - Employee						

Chronic Urticaria Panel 2 (Comprehensive)	
Effective Date	6/2/2014
Test Code	90123
Specimen Stability	Room temperature and Refrigerated: 7 days Frozen: 28 Days

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Reference Range	Thyroid Peroxidase Ab: <9 IU/mL Thyroglobulin Antibodies: < or = 1 IU/mL													
Always Message	Always message will be removed from Thyroglobulin Antibodies													
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano													
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86004039</td> <td>Histamine Release</td> </tr> <tr> <td>45029100</td> <td>Thyroid Peroxidase Ab</td> </tr> <tr> <td>45029000</td> <td>Thyroglobulin Antibodies</td> </tr> <tr> <td>55080400</td> <td>TSH, 3rd Generation</td> </tr> <tr> <td>86006680</td> <td>IgE Ab (Anti-IgE IgG)</td> </tr> </tbody> </table>		Result Code	Result Name	86004039	Histamine Release	45029100	Thyroid Peroxidase Ab	45029000	Thyroglobulin Antibodies	55080400	TSH, 3rd Generation	86006680	IgE Ab (Anti-IgE IgG)
Result Code	Result Name													
86004039	Histamine Release													
45029100	Thyroid Peroxidase Ab													
45029000	Thyroglobulin Antibodies													
55080400	TSH, 3rd Generation													
86006680	IgE Ab (Anti-IgE IgG)													

Quantitative Thyroglobulin without Thyroglobulin Antibodies							
Effective Date	6/2/2014						
Former Test Name	Thyroglobulin Serum						
Former Test Code	3255						
Test Code	15561						
Specimen Requirements	2 mL (1 mL minimum) serum collected in a serum separator tube						
Reject Criteria	Remove gross hemolysis and hyperlipemic						
Specimen Stability	Room temperature and Refrigerated: 7 days Frozen: 28 days						
Reference Range	2.8-40.9 ng/mL						
Always Message	This test was performed using the Beckman Coulter chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. Thyroglobulin levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.						
Performing Site	Quest Diagnostics Nichols Institute, Valencia						
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>55075411</td> <td>Thyroglobulin</td> </tr> <tr> <td>55075412</td> <td>Comment</td> </tr> </tbody> </table>	Result Code	Result Name	55075411	Thyroglobulin	55075412	Comment
Result Code	Result Name						
55075411	Thyroglobulin						
55075412	Comment						

Thyroglobulin Antibodies	
Effective Date	6/2/2014
Former Test Name	Thyroglobulin Autoabs
Former Test Code	1110
Test Code	267
Reject Criteria	Gross hemolysis; grossly lipemic
Specimen Stability	Room temperature and Refrigerated: 7 days

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	Frozen: 28 days											
Reference Range	< or = 1 IU/mL											
Always Message	Remove Always Message											
Performing Site	Quest Diagnostics Nichols Institute, Valencia											
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>45029000</td> <td>Thyroglobulin Antibodies</td> </tr> </tbody> </table>		Result Code	Result Name	45029000	Thyroglobulin Antibodies						
Result Code	Result Name											
45029000	Thyroglobulin Antibodies											
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>A51828</td> <td>Thyroid Peroxidase and Thyroglobulin Antibodies</td> </tr> <tr> <td>1016</td> <td>Thyroid Autoantibodies</td> </tr> <tr> <td>3060</td> <td>Thyroid Abs Evaluation</td> </tr> <tr> <td>RNV</td> <td>Reflex Thyroglobulin Autoabs</td> </tr> </tbody> </table>		Test Codes:	Name:	A51828	Thyroid Peroxidase and Thyroglobulin Antibodies	1016	Thyroid Autoantibodies	3060	Thyroid Abs Evaluation	RNV	Reflex Thyroglobulin Autoabs
Test Codes:	Name:											
A51828	Thyroid Peroxidase and Thyroglobulin Antibodies											
1016	Thyroid Autoantibodies											
3060	Thyroid Abs Evaluation											
RNV	Reflex Thyroglobulin Autoabs											

Thyroglobulin Panel							
Effective Date	6/2/2014						
Former Test Name	Thyroglobulin Evaluation						
Former Test Code	3251						
Test Code	30278						
Reject Criteria	Gross hemolysis; grossly lipemic						
Specimen Stability	Room temperature and Refrigerated: 7 days Frozen: 28 days						
Reference Range	<table border="1"> <tbody> <tr> <td>Thyroglobulin Antibodies</td> <td>< or = 1 IU/mL</td> </tr> <tr> <td>Thyroglobulin</td> <td>2.8-40.9 ng/mL</td> </tr> </tbody> </table>	Thyroglobulin Antibodies	< or = 1 IU/mL	Thyroglobulin	2.8-40.9 ng/mL		
Thyroglobulin Antibodies	< or = 1 IU/mL						
Thyroglobulin	2.8-40.9 ng/mL						
Always Message	<p>This test was performed using the Beckman Coulter chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. Thyroglobulin levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.</p> <p>If the sample contains anti-thyroglobulin antibodies of 2 IU/mL or greater, the presence of these autoantibodies may cause falsely low thyroglobulin values.</p>						
Performing Site	Quest Diagnostics Nichols Institute, Valencia						
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>45029000</td> <td>Thyroglobulin Antibodies</td> </tr> <tr> <td>55075411</td> <td>Thyroglobulin</td> </tr> </tbody> </table>	Result Code	Result Name	45029000	Thyroglobulin Antibodies	55075411	Thyroglobulin
Result Code	Result Name						
45029000	Thyroglobulin Antibodies						
55075411	Thyroglobulin						
Additional Information	Effective 6/2/14, Quest Diagnostics will replace the Siemens Thyroglobulin assay with the Beckman Coulter Thyroglobulin assay. For patients whose Thyroglobulin levels are being followed serially over time, a rebaselining code (test code 92154) is available to allow comparison of new and previous Thyroglobulin assay results. This rebaseline code will be available from 6/2/2014 - 8/4/2014. This profile will include order code 30278 - Thyroglobulin Panel (at regular price) plus a Thyroglobulin measurement from the old method (at no additional charge).						

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Thyroid Peroxidase Antibodies																															
Effective Date	6/2/2014																														
Former Test Name	Thyroid Peroxidase Autoabs																														
Test Code	3062																														
Reject Criteria	Gross hemolysis																														
Specimen Stability	Room temperature: 10 days Refrigerated: 14 days Frozen: 28 days																														
Reference Range	<9 IU/mL																														
Methodology	Immunoassay																														
Performing Site	Quest Diagnostics Nichols Institute, Valencia																														
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>3060</td> <td>Thyroid Abs Evaluation</td> </tr> <tr> <td>1005</td> <td>Analyzer without ANA</td> </tr> <tr> <td>1000</td> <td>Analyzer</td> </tr> <tr> <td>1016</td> <td>Thyroid Autoantibodies</td> </tr> <tr> <td>1006</td> <td>Analyzer without Rheumatoid Factor</td> </tr> <tr> <td>RAT</td> <td>Reflex Analyzer without ANA</td> </tr> <tr> <td>RCT</td> <td>Reflex Analyzer without ANA</td> </tr> <tr> <td>RLY</td> <td>Reflex Analyzer without Rheumatoid Factor</td> </tr> <tr> <td>P9105AU</td> <td>Custom Northwestern Analyzer Panel</td> </tr> <tr> <td>P8521L</td> <td>Custom MMH Analyzer without RF and ANA</td> </tr> <tr> <td>P6970L</td> <td>Custom Terrebonne Analyzer w/Mitochondrial Antibodies</td> </tr> <tr> <td>P1575B</td> <td>Custom OML Analyzer Panel</td> </tr> <tr> <td>P6220C</td> <td>Custom Parkview Lupus Panel</td> </tr> <tr> <td>P5684A</td> <td>Custom Indian Analyzer Comprehensive Morris Profile</td> </tr> </tbody> </table>	Test Codes:	Name:	3060	Thyroid Abs Evaluation	1005	Analyzer without ANA	1000	Analyzer	1016	Thyroid Autoantibodies	1006	Analyzer without Rheumatoid Factor	RAT	Reflex Analyzer without ANA	RCT	Reflex Analyzer without ANA	RLY	Reflex Analyzer without Rheumatoid Factor	P9105AU	Custom Northwestern Analyzer Panel	P8521L	Custom MMH Analyzer without RF and ANA	P6970L	Custom Terrebonne Analyzer w/Mitochondrial Antibodies	P1575B	Custom OML Analyzer Panel	P6220C	Custom Parkview Lupus Panel	P5684A	Custom Indian Analyzer Comprehensive Morris Profile
Test Codes:	Name:																														
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P6970L	Custom Terrebonne Analyzer w/Mitochondrial Antibodies																														
P1575B	Custom OML Analyzer Panel																														
P6220C	Custom Parkview Lupus Panel																														
P5684A	Custom Indian Analyzer Comprehensive Morris Profile																														

Progesterone	
Effective Date	6/9/2014
Former Test Code	3163
Test Code	745
Specimen Requirements	1 mL (0.5 mL minimum) serum
Reject Criteria	Serum stored on barrier gel for more than 72 hours
Instructions	NOTE: Do not order progesterone testing on a barrier gel specimen older than 72 hours. Prolonged contact of the serum with the barrier gel can cause decreased progesterone results.

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Specimen Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 1 year		
Performing Site	Quest Diagnostics Nichols Institute, Valencia		
CPU Mappings	Result Code	Result Name	Unit of Measure
	55030000	Progesterone	ng/mL
Tests Affected	Test Codes:	Name:	
	2016	Infertility: Endocrine Evaluation (Female)	

Cyclosporine A Trough, LCMSMS, Blood		
Effective Date	6/16/2014	
<i>Former Test Name</i>	Cyclosporine, LC/MS/MS, Blood	
Test Code	15220	
Transport Temperature	Room temperature	
Specimen Stability	Room temperature: 7 days Refrigerated: 6 days Frozen: Unacceptable	
Performing Site	Quest Diagnostics Nichols Institute, Valencia	
CPU Mappings	Result Code	Result Name
	85996797	Cyclosporine Trough,LCMSMS
		Unit of Measure
		mcg/L

Enterovirus RNA, Qualitative Real-Time PCR	
Message	**This test is not available for New York patient testing.**
Clinical Significance	Reverse transcriptase-PCR (RT-PCR) is a highly sensitive method used to detect Enterovirus (EV) RNA from various clinical specimens. This assay targets a conserved region of the EV genome which allows detection of nearly the entire spectrum of human Enteroviruses, including the Coxsackieviruses, Polioviruses and the Echoviruses. It does not differentiate among the EV serotypes.
Effective Date	6/16/2014
<i>Former Test Code</i>	S51731
Test Code	15082
Specimen Requirements	Preferred: 0.7 mL (0.3 mL minimum) CSF collected in a sterile screw cap container Acceptable: 0.7 mL (0.3 mL minimum) Plasma collected in an EDTA (lavender-top) tube or PPT Potassium EDTA (white top) tube or ACD solution A (yellow-top) tube or ACD solution B (yellow-top) tube 0.5 mL (0.3 mL minimum) Rectal swab or Throat swab collected in Multi Microbe Media (M4) or V-C-M medium (green-cap) tube or equivalent (UTM) 1 gm (0.5 gm minimum) Stool collected in a sterile leak-proof container 0.7 mL (0.3 mL minimum) Serum collected in a Serum Separator Tube (red-top) tube
Reject Criteria	Specimens containing heparin; frozen glass containers

Instructions	<p>Plasma: Collect blood in sterile tubes containing EDTA or ACD as anticoagulant or in Plasma Preparation Tubes(PPTs). Store collected whole blood at room temperature and separate plasma from cells within 2 hours of collection. Transfer plasma to sterile, plastic, screw-capped tubes and store refrigerated or frozen. If blood is collected in a PPT tube, centrifuge within 2 hours of collection and store refrigerated or frozen. It is not necessary to transfer the plasma from a PPT tube to aliquot tubes. Specimens can be stored and transported either refrigerated or frozen. Avoid repeated freezing and thawing of specimens.</p>											
Performing Site	Focus Diagnostics, Inc.											
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Type</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>85997450</td> <td>Prompt-Result</td> <td>SOURCE</td> </tr> <tr> <td>85993676</td> <td></td> <td>Enterovirus RNA, RT-PCR</td> </tr> </tbody> </table>			Result Code	Type	Result Name	85997450	Prompt-Result	SOURCE	85993676		Enterovirus RNA, RT-PCR
Result Code	Type	Result Name										
85997450	Prompt-Result	SOURCE										
85993676		Enterovirus RNA, RT-PCR										

HIV-2 DNA/RNA Qualitative Real-Time PCR					
Message	**This test is not available for New York patient testing**				
Clinical Significance	<p>Infection with Human Immunodeficiency Virus type 2 (HIV-2) is currently diagnosed by the presence of antibodies to HIV-2, the detection of specific HIV-2 antigens or the ability to culture HIV-2 from blood, fluid or tissue of infected persons. The Polymerase Chain Reaction (PCR) technique, on the other hand, allows for the exponential enzymatic amplification of selected HIV-2 DNA sequences present in clinical specimens. The amplified fragments are then detected by hybridization to an HIV-2 specific labeled probe. As a result, the HIV-2 DNA PCR is a highly sensitive and specific method to detect the presence of HIV-2 Proviral DNA in clinical specimens.</p> <p>The diagnosis of infection should not rely solely upon the result of a PCR assay. A positive result should be considered in conjunction with clinical presentation and additional clinical tests. A negative PCR result indicates the absence of HIV-2 Proviral DNA at detectable levels in the sample tests and does not exclude diagnosis of disease.</p>				
Effective Date	6/16/2014				
Former Test Name	HIV-2 Proviral DNA, Qualitative PCR [49000]				
Former Test Code	S50567				
Test Code	34977				
Specimen Requirements	1 mL (0.4 mL minimum) whole blood collected in an ACD (yellow-top) tube or EDTA (lavender-top) tube.				
Reject Criteria	Hemolysis; heparinized whole blood; received frozen				
Transport Temperature	Room temperature				
Set-up/Analytic Time	Set up: Daily; Report available: 1-2 days				
Always Message	<p>This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of this test.</p> <p>This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.</p>				
Performing Site	Focus Diagnostics, Inc.				
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>85974770</td> <td>HIV-2 DNA/RNA</td> </tr> </tbody> </table>	Result Code	Result Name	85974770	HIV-2 DNA/RNA
Result Code	Result Name				
85974770	HIV-2 DNA/RNA				

HTLV-I/II Antibody, with Reflex to Confirmation Assay

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Effective Date	6/16/2014					
<i>Former Test Name</i>	<i>HTLV-I/II, Progressive</i>					
<i>Former Test Code</i>	<i>S52045</i>					
Test Code	36175					
Specimen Requirements	Preferred: 1 mL (0.7 mL minimum) serum Acceptable: 1 mL (0.7 mL minimum) plasma collected in an EDTA (lavender-top) tube or EDTA (royal blue-top) tube or Potassium oxalate (gray-top) tube or 3.2% Sodium Citrate (lt. blue-top) tube or ACD solution B (yellow-top) tube					
Performing Site	Quest Diagnostics Nichols Institute, Chantilly					
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>85986760</td> <td>HTLV-I/II Antibody</td> </tr> </tbody> </table>		Result Code	Result Name	85986760	HTLV-I/II Antibody
Result Code	Result Name					
85986760	HTLV-I/II Antibody					

IGF-I LC/MS	
Effective Date	6/16/2014
Test Code	S51997
Specimen Requirements	0.5 mL (0.3 mL minimum) serum Plasma is no longer acceptable
Specimen Stability	Room temperature: 48 hours Refrigerated: 5 days Frozen: 28 days
Set-up/Analytic Time	Set up: Sun-Fri; Report available: 5-7 days
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Campylobacter, Culture	
Clinical Significance	<i>Campylobacter</i> is considered a pathogen when isolated from clinical specimens. Its identification is important for control and treatment. <i>Campylobacter jejuni</i> is the most common pathogenic <i>Campylobacter</i> isolated from stool. Other <i>Campylobacter</i> species have also been associated with gastroenteritis.
Effective Date	6/30/2014
<i>Former Test Name</i>	<i>Campylobacter Spp. Culture</i>
<i>Former Test Code</i>	<i>5704</i>
Test Code	4475
CPT Codes	87046
Specimen Requirements	Preferred: Stool (1 gram or 1 mL minimum) collected in Cary-Blair stool culture transport medium Acceptable: Rectal swab in Amies or Cary-Blair stool culture transport medium
Reject Criteria	Unpreserved at any temperature; frozen specimens in Cary-Blair stool culture transport medium; expired transport medium; specimen in diaper or parasitology transport vial

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Instructions	Collect in clean, dry container and then transfer a minimum of 1 gram or 1 mL into a Cary-Blair stool culture transport medium. Fluid level should reach line on vial.					
Transport Temperature	Room temperature					
Specimen Stability	<table border="1"> <tr> <td>Stool or swab in Cary-Blair:</td> <td>Room temperature and Refrigerated: 4 days Frozen: Unacceptable</td> </tr> <tr> <td>Swab in Amies:</td> <td>Room temperature and Refrigerated: 48 hours Frozen: Unacceptable</td> </tr> </table>		Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable	Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable
Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable					
Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable					
Set-up/Analytic Time	Set up: Daily; Report available: 3-6 days					
Reference Range	Not isolated					
Methodology	Bacterial Culture, Aerobic Isolation and Identification Procedures					
Performing Site	Quest Diagnostics Nichols Institute, Valencia					
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86003002</td> <td>Campylobacter Cult</td> </tr> </tbody> </table>		Result Code	Result Name	86003002	Campylobacter Cult
Result Code	Result Name					
86003002	Campylobacter Cult					
Additional Information	If culture is "Isolated", identification will be performed at an additional charge (CPT code(s): 87077 or 87147 or 87143 or 87149 or 87140).					

Escherichia coli O157, Culture					
Clinical Significance	Infection by Shiga toxin producing <i>Escherichia coli</i> (STEC) can cause self-limiting diarrhea to hemolytic uremic syndrome (HUS). Serotype O157:H7, the most frequently isolated, has been isolated in large food outbreaks and sporadic cases.				
Effective Date	6/30/2014				
Former Test Name	<i>E.coli</i> Enterohemorrhagic (O157:H7) Stool Culture				
Former Test Code	5639				
Test Code	8631				
CPT Codes	87046				
Specimen Requirements	<p>Preferred: Stool (1 gram or 1 mL minimum) collected in Cary-Blair stool culture transport medium</p> <p>Acceptable: Rectal swab in Amies or Cary-Blair stool culture transport medium</p>				
Reject Criteria	Unpreserved at any temperature; frozen specimens in Cary-Blair stool culture transport medium; expired transport medium; specimen in diaper or parasitology transport vial				
Instructions	Collect in clean, dry container and then transfer a minimum of 1 gram or 1 mL into a Cary-Blair stool culture transport medium. Fluid level should reach line on vial.				
Transport Temperature	Room temperature				
Specimen Stability	<table border="1"> <tr> <td>Stool or swab in Cary-Blair:</td> <td>Room temperature and Refrigerated: 4 days Frozen: Unacceptable</td> </tr> <tr> <td>Swab in Amies:</td> <td>Room temperature and Refrigerated: 48 hours Frozen: Unacceptable</td> </tr> </table>	Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable	Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable
Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable				
Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable				

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Set-up/Analytic Time	Set up: Daily; Report available: 3-6 days					
Reference Range	Not isolated					
Always Message	NOTE: <i>E. coli</i> other than O157 may produce Shiga toxin.					
Methodology	Culture and Serologic Confirmation					
Performing Site	Quest Diagnostics Nichols Institute, Valencia					
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>85990350</td> <td>E. coli O157 Culture</td> </tr> </tbody> </table>		Result Code	Result Name	85990350	E. coli O157 Culture
Result Code	Result Name					
85990350	E. coli O157 Culture					
Additional Information	If culture is "Isolated", identification will be performed at an additional charge (CPT code(s): 87077, 87147).					

HIV-1 RNA, Quantitative, bDNA						
Clinical Significance	HIV-1 RNA quantitation is used to assess patient's prognosis, monitor progression of HIV-1 infection, determine when to initiate therapy, and monitor the effectiveness of antiretroviral therapy. This test is not intended for use as a screening test for the presence of HIV-1 in blood or blood products or as a diagnostic test to confirm the presence of HIV-1 infection.					
Effective Date	6/30/2014					
Former Test Name	<i>HIV-1 RNA, Quantitative bDNA (v3.0)</i>					
Former Test Code	9874					
Test Code	29273					
Specimen Requirements	<p>Preferred: 3 mL (1.1 mL minimum) plasma collected in an EDTA (lavender-top) tube</p> <p>Acceptable: Plasma collected in an ACD solution A (yellow-top) tube Remove plasma collected in an PPT Potassium EDTA (white-top) tube</p>					
Reject Criteria	<p>Serum; heparinized plasma</p> <p>Remove all other reject criteria information</p>					
Instructions	Collect blood in sterile tubes containing EDTA anticoagulant (lavender-top) tube. Blood collected in tubes containing ACD anticoagulant are acceptable but will yield results approximately 15% lower when compared to EDTA tubes due to the dilution effect of the 1.5 mL of anticoagulant used in the tube. Separate plasma from the cells by centrifugation within 4 hours of collection. Transfer the plasma to a separate plastic, screw-cap vial and ship frozen.					
Specimen Stability	<p>Room temperature: 4 hours Refrigerated: 48 hours Frozen: 90 days</p>					
Set-up/Analytic Time	Set up: Daily; Report available; 2-4 days					
Reference Range	<table border="1"> <tbody> <tr> <td>HIV-1 RNA, Quantitative bDNA</td> <td><75 copies/mL</td> </tr> <tr> <td>HIV-1 RNA, Quantitative bDNA</td> <td><1.88 Log copies/mL</td> </tr> </tbody> </table>		HIV-1 RNA, Quantitative bDNA	<75 copies/mL	HIV-1 RNA, Quantitative bDNA	<1.88 Log copies/mL
HIV-1 RNA, Quantitative bDNA	<75 copies/mL					
HIV-1 RNA, Quantitative bDNA	<1.88 Log copies/mL					
Always Message	This test was performed using the Versant® HIV-1 RNA 3.0 Assay (bDNA) Kit by Siemens.					
Methodology	Branched DNA Signal Amplification (bDNA)					
Performing Site	Quest Diagnostics Nichols Institute, Valencia					

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CPU Mappings	Result Code	Result Name	Unit of Measure
	70043600	HIV-1 RNA, QN bDNA	copies/mL
	70011110	HIV-1 RNA, QN bDNA	Log copies/mL

Salmonella and Shigella, Culture					
Clinical Significance	Salmonella and Shigella represent two of the most common bacterial causes of diarrhea. If other common causes of diarrhea are suspected, they must be ordered individually. For many patients, the cause of gastrointestinal infection is not identified.				
Effective Date	6/30/2014				
Former Test Name	Stool Comprehensive Culture w/Reflex Susceptibility				
Former Test Code	5700				
Test Code	10019				
CPT Codes	87045				
Specimen Requirements	Preferred: Stool (1 gram or 1 mL minimum) collected in Cary-Blair stool culture transport medium Acceptable: Rectal swab in Amies or Cary-Blair stool culture transport medium				
Reject Criteria	Unpreserved at any temperature; frozen specimens in Cary-Blair stool culture transport medium; expired transport medium; specimen in diaper or parasitology transport vial				
Instructions	Collect in clean, dry container and then transfer a minimum of 1 gram or 1 mL into a Cary-Blair stool culture transport medium. Fluid level should reach line on vial.				
Specimen Stability	<table border="1"> <tr> <td>Stool or swab in Cary-Blair:</td> <td>Room temperature and Refrigerated: 4 days Frozen: Unacceptable</td> </tr> <tr> <td>Swab in Amies:</td> <td>Room temperature and Refrigerated: 48 hours Frozen: Unacceptable</td> </tr> </table>	Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable	Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable
Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable				
Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable				
Set-up/Analytic Time	Set up: Daily; Report available: 3-6 days				
Reference Range	Not isolated				
Methodology	Bacterial Culture, Aerobic Isolation and Identification Procedures				
Performing Site	Quest Diagnostics Nichols Institute, Valencia				
CPU Mappings	<table border="1"> <tr> <td>Result Code</td> <td>Result Name</td> </tr> <tr> <td>85993026</td> <td>Salmonella/Shigella, Cult</td> </tr> </table>	Result Code	Result Name	85993026	Salmonella/Shigella, Cult
Result Code	Result Name				
85993026	Salmonella/Shigella, Cult				
Additional Information	If culture is "Isolated", identification will be performed at an additional charge (CPT code(s): 87077 and/or 87147 or 87140 or 87143 or 87149). Antibiotic susceptibilities are only performed when appropriate (CPT code(s): 87181 or 87184 or 87185 or 87186).				

Vibrio, Culture	
Clinical Significance	Vibrio species are usually associated with infection when isolated. Infections caused by Vibrio species fall into three categories: intestinal, wound and systemic infections in persons with pre-existing

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	diseases.				
Effective Date	6/30/2014				
<i>Former Test Name</i>	<i>Vibrio Culture</i>				
<i>Former Test Code</i>	5703				
Test Code	4489				
Specimen Requirements	<p>Preferred: Stool (1 gram or 1 mL minimum) collected in Cary-Blair stool culture transport medium</p> <p>Acceptable: Rectal swab in Amies or Cary-Blair stool culture transport medium</p>				
Reject Criteria	Unpreserved at any temperature; frozen specimens in Cary-Blair stool culture transport medium; expired transport medium; specimen in diaper or parasitology transport vial				
Instructions	Collect in clean, dry container and then transfer a minimum of 1 gram or 1 mL into a Cary-Blair stool culture transport medium. Fluid level should reach line on vial.				
Specimen Stability	<table border="1"> <tr> <td>Stool or swab in Cary-Blair:</td> <td>Room temperature and Refrigerated: 4 days Frozen: Unacceptable</td> </tr> <tr> <td>Swab in Amies:</td> <td>Room temperature and Refrigerated: 48 hours Frozen: Unacceptable</td> </tr> </table>	Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable	Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable
Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable				
Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable				
Set-up/Analytic Time	Set up: Daily; Report available: 3-6 days				
Reference Range	Not isolated				
Methodology	Bacterial Culture, Aerobic Isolation and Identification Procedures				
Performing Site	Quest Diagnostics Nichols Institute, Valencia				
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>85996789</td> <td>Vibrio Culture</td> </tr> </tbody> </table>	Result Code	Result Name	85996789	Vibrio Culture
Result Code	Result Name				
85996789	Vibrio Culture				
Additional Information	If culture is "Isolated", identification will be performed at an additional charge (CPT code(s): 87077 or 87140 or 87143 or 87147 or 87149). Antibiotic susceptibilities are only performed when appropriate (CPT code(s): 87181 or 87184 or 87185 or 87186).				

Yersinia, Culture	
Clinical Significance	<i>Yersinia enterocolitica</i> causes a variety of symptoms depending upon the age of the patient. In children, symptoms often include fever, abdominal pain, and bloody diarrhea.
Effective Date	6/30/2014
<i>Former Test Name</i>	<i>Yersinia Culture</i>
<i>Former Test Code</i>	5702
Test Code	4487
Specimen Requirements	<p>Preferred: Stool (1 gram or 1 mL minimum) collected in Cary-Blair stool culture transport medium</p> <p>Acceptable: Rectal swab in Amies or Cary-Blair stool culture transport medium</p>
Reject Criteria	Unpreserved at any temperature; frozen specimens in Cary-Blair stool culture transport medium;

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	expired transport medium; specimen in diaper or parasitology transport vial	
Instructions	Collect in clean, dry container and then transfer a minimum of 1 gram or 1 mL into a Cary-Blair stool culture transport medium. Fluid level should reach line on vial. Remove all other collection instruction and patient prep information.	
Transport Temperature	Room temperature	
Specimen Stability	Stool or swab in Cary-Blair:	Room temperature and Refrigerated: 4 days Frozen: Unacceptable
	Swab in Amies:	Room temperature and Refrigerated: 48 hours Frozen: Unacceptable
Set-up/Analytic Time	Set up: Daily; Report available: 3 days	
Reference Range	Not isolated	
Methodology	Bacterial Culture, Aerobic Isolation and Identification Procedures	
Performing Site	Quest Diagnostics Nichols Institute, Valencia	
CPU Mappings	Result Code	Result Name
	86003001	Yersinia Culture
Additional Information	If culture is "Isolated", identification will be performed at an additional charge (CPT code(s): 87077 or 87140 or 87143 or 87147 or 87149). Antibiotic susceptibilities are only performed when appropriate (CPT code(s): 87181 or 87184 or 87185 or 87186).	

Discontinued Tests

HIV-2 Abs w/Reflex WB	
Effective Date	6/16/2014
Test Code	9921
Additional Information	The recommended alternative is 19728- HIV Antibodies, HIV-1/2 EIA, with Reflexes in the New Test Offerings section.
Tests Affected	Test Codes:
	9921T
Tests Affected	Name:
	HIV-2 Abs w/Reflex WB [Blood Bank]

Custom NLS HIV Antibodies and Bands with Reflex	
Effective Date	6/16/2014
Test Code	P40340E
Additional Information	The recommended alternative is 91432- HIV-1/2 Antibody Differentiation in the New Test Offerings section.

Custom St. Vincent HIV-1 Abs WB Reflex to HIV-2 Abs WB+Bands	
Effective Date	6/16/2014

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Test Code	P36531U
Additional Information	The recommended alternative is 91432- HIV-1/2 Antibody Differentiation in the New Test Offerings section.

Enterovirus RNA, Qualitative Real-Time PCR	
Effective Date	6/16/2014
Test Code	S49519
Additional Information	The recommended alternative is test code 15082-Enterovirus RNA, Qualitative Real-Time PCR.

HIV-1 & 2 Abs [WB]					
Effective Date	6/16/2014				
Test Code	3015				
Additional Information	The recommended alternative is 91432- HIV-1/2 Antibody Differentiation in the New Test Offerings section.				
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>3081B</td> <td>HIV-1 Abs + Bands [WB] & HIV-2 Abs [WB]</td> </tr> </tbody> </table>	Test Codes:	Name:	3081B	HIV-1 Abs + Bands [WB] & HIV-2 Abs [WB]
	Test Codes:	Name:			
3081B	HIV-1 Abs + Bands [WB] & HIV-2 Abs [WB]				

HIV-1 Abs [WB]							
Effective Date	6/16/2014						
Test Code	3012						
Additional Information	The recommended alternative is 91432- HIV-1/2 Antibody Differentiation in the New Test Offerings section.						
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>3012B</td> <td>HIV-1 Abs + Bands [WB]</td> </tr> <tr> <td>3012BT</td> <td>HIV-1 Abs + Bands [WB] (Blood Bank)</td> </tr> </tbody> </table>	Test Codes:	Name:	3012B	HIV-1 Abs + Bands [WB]	3012BT	HIV-1 Abs + Bands [WB] (Blood Bank)
	Test Codes:	Name:					
	3012B	HIV-1 Abs + Bands [WB]					
3012BT	HIV-1 Abs + Bands [WB] (Blood Bank)						

HIV-1 Abs [WB] w/Reflex HIV-2 Abs [WB]							
Effective Date	6/16/2014						
Test Code	3021						
Additional Information	The recommended alternative is test code 91432- HIV-1/2 Antibody Differentiation in the New Test section.						
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>3021B</td> <td>HIV-1 Abs + Bands [WB] w/Reflex HIV-2 Abs [WB]</td> </tr> <tr> <td>3021BT</td> <td>HIV-1 Abs [WB] w/Reflex HIV-1 Abs [WB] (Blood Band)</td> </tr> </tbody> </table>	Test Codes:	Name:	3021B	HIV-1 Abs + Bands [WB] w/Reflex HIV-2 Abs [WB]	3021BT	HIV-1 Abs [WB] w/Reflex HIV-1 Abs [WB] (Blood Band)
	Test Codes:	Name:					
	3021B	HIV-1 Abs + Bands [WB] w/Reflex HIV-2 Abs [WB]					
3021BT	HIV-1 Abs [WB] w/Reflex HIV-1 Abs [WB] (Blood Band)						

HIV-1 Abs + Bands [WB] w/Reflex HIV-2 Abs [EIA]	
Effective Date	6/16/2014

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Test Code	3013B	
Additional Information	The recommended alternative is 91432- HIV-1/2 Antibody Differentiation in the New Test Offerings section.	
Tests Affected	Test Codes:	Name:
	3013BT	HIV-1 Abs + Bands [WB] w/Reflex HIV-2 Abs [EIA] (Blood Bank)

HIV-1 Genotype w/rfl to Virtual Phenotype and HIV-1 Tropism w/rfl to UDS	
Effective Date	6/16/2014
Test Code	90954
Additional Information	The recommended alternative is test code 90955-HIV-1 Genotype and Coreceptor Tropism w/ reflex to Ultradeep Sequencing.

HIV-1 RNA Quantitative, bDNA w/Serial Reporting	
Effective Date	6/16/2014
Test Code	9874SR
Additional Information	There is no recommended alternative.

HIV-1/HIV-2 Antibodies [EIA] w/Reflex WB	
Effective Date	6/16/2014
Test Code	9915
Additional Information	The recommended alternative is 19728- HIV Antibodies, HIV-1/2 EIA, with Reflexes in the New Test Offerings section.

HIV-1/HIV-2 Antibodies [EIA] w/Reflex WB + Bands	
Effective Date	6/16/2014
Test Code	9915B
Additional Information	The recommended alternative is 19728- HIV Antibodies, HIV-1/2 EIA, with Reflexes in the New Test Offerings section.

HIV-2 IgG Abs Western Blot	
Effective Date	6/16/2014
Test Code	9926
Additional Information	The recommended alternative is 91432- HIV-1/2 Antibody Differentiation in the New Test Offerings section.

Coccidioides Antibody, LA	
Effective Date	6/30/2014
Test Code	S49889
Additional Information	The recommended alternative is test code 90799- Coccidioides Antibody (TP Antigen), Immunodiffusion.

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<i>E. coli</i> O157:H7 Serotyping	
Effective Date	6/30/2014
Test Code	S50580
Additional Information	The recommended alternative is test code S49971- Bacterial Identification, Aerobic.

<i>E. coli</i>, Enterohemorrhagic, Shiga-Like Toxin Det, EIA	
Effective Date	6/30/2014
Test Code	S49505
Additional Information	The recommended alternative is test code 30264- Shiga Toxins, EIA with Reflex to <i>E. coli</i> O157 Culture.

HIV-1 RNA, Quantitative bDNA with Reflex to HIV-1 Genotype	
Effective Date	6/30/2014
Test Code	10596
Additional Information	<p>The recommended alternatives are:</p> <ul style="list-style-type: none"> • 29273 -HIV-1 RNA, Quantitative, bDNA performed at Quest Diagnostics, Nichols Institute, Valencia • 34949 -HIV-1 Genotype performed at Quest Diagnostics, Nichols Institute, San Juan Capistrano

New York Patient Testing Update

New York Patient Testing Update - Now Available for NY patient testing																							
Message	**The following tests are now available for New York patient testing**																						
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>17270</td> <td>Candida-induced Lymphocyte Proliferation</td> </tr> <tr> <td>91976</td> <td>Mitogen-induced Lymphocyte Proliferation Panel (PHA, Con A, PWM)</td> </tr> <tr> <td>91977</td> <td>Antigen-induced Lymphocyte Proliferation Panel (Candida, Tetanus, TB PPD)</td> </tr> <tr> <td>91978</td> <td>Mitogen- and Antigen-induced Lymphocyte Proliferation Panel</td> </tr> <tr> <td>91980</td> <td>Phytohemagglutinin (PHA)-induced Lymphocyte Proliferation</td> </tr> <tr> <td>91981</td> <td>Pokeweed Mitogen (PWM)-induced Lymphocyte Proliferation</td> </tr> <tr> <td>91982</td> <td>Concanavalin A (Con A)-induced Lymphocyte Proliferation</td> </tr> <tr> <td>34887</td> <td>Interferon-alpha</td> </tr> <tr> <td>4639</td> <td>Myelin Antibody (IgG), IFA</td> </tr> <tr> <td>540</td> <td>IgA, Saliva</td> </tr> </tbody> </table>	Test Codes:	Name:	17270	Candida-induced Lymphocyte Proliferation	91976	Mitogen-induced Lymphocyte Proliferation Panel (PHA, Con A, PWM)	91977	Antigen-induced Lymphocyte Proliferation Panel (Candida, Tetanus, TB PPD)	91978	Mitogen- and Antigen-induced Lymphocyte Proliferation Panel	91980	Phytohemagglutinin (PHA)-induced Lymphocyte Proliferation	91981	Pokeweed Mitogen (PWM)-induced Lymphocyte Proliferation	91982	Concanavalin A (Con A)-induced Lymphocyte Proliferation	34887	Interferon-alpha	4639	Myelin Antibody (IgG), IFA	540	IgA, Saliva
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New York Patient Testing Update - Not Available for NY Patient Testing	
Message	**The following tests are not available for New York patient testing at Focus Diagnostics, Inc.**

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

Effective Date	5/5/2014	
Performing Site	Focus Diagnostics, Inc.	
Tests Affected	Test Codes:	Name:
	A51862	Lyme Disease Ab (IgM), IFA (Serum)
	S49804	Giardia Lamblia IgG Antibody, IFA
	A51863	Lyme Disease IgM, IFA (CSF)
	16047	RSV (Respiratory Syncytial Virus) RNA, Qualitative Real-Time PCR
	S50460	Ehrlichia chaffeensis DNA Real-Time PCR
	S51522	Histoplasma Capsulatum DNA, PCR
	S52073	Influenza Type A and B RNA, Qualitative Real-Time RT-PCR
	S51516	Chlamydomphila pneumoniae DNA, Qualitative Real-Time PCR
	S51232	Norovirus RNA, RT-PCR
	S51742	Varicella Zoster Virus (VZV) DNA, Qualitative Real-Time PCR
	S51749	West Nile Virus RNA, Qualitative Real-Time PCR
	S51477	Rickettsia Rickettsii DNA PCR
	S51523	Adenovirus DNA, Qualitative Real-Time PCR
	S51524	Adenovirus DNA, Quant RT-PCR
	S50567	HIV-2 DNA/RNA Qualitative Real-Time PCR
	S51534	HTLV I/II DNA, Qualitative Real-Time PCR
	S51517	Atypical Pneumonia DNA Panel, Qualitative Real-Time PCR
	A50560	ALT-Chlamydomphila (Pneumoniae/Psittaci) DNA, PCR

Testosterone, Total LC/MS/MS		
Message	**This test is not New York approved for patients less than 6 years of age**	
Effective Date	6/2/2014	
Test Code	15983	
Tests Affected	Test Codes:	Name:
	3921	Testosterone, Total LC/MS/MS
	36170	Testosterone, Free (Dialysis) and Total LC/MS/MS
	3922	Testosterone, Free (Dialysis) and Total LC/MS/MS
	14966X	Testosterone, Free, Bioavailable and Total, LC/MS/MS
	3924	Testosterone, Free, Bioavailable and Total, LC/MS/MS
	90572	Testosterone, Free, LC/MS/MS
	3201	Testosterone, Free LC/MS/MS

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	37073	Testosterone, Total and Free and Sex Hormone Binding Globulin
	3231	Testosterone, Total and Free and Sex Hormone Binding Globulin

Test Send Outs (Referrals)

Coccidioides Antibody IgG	
Effective Date	6/16/2014
Test Code	S49798
Additional Information	This test is being discontinued, the recommended alternative is test code 19963-Coccidioides Antibodies to TP and F Antigens, ID.

HTLV-I/II By RIPA	
Effective Date	6/16/2014
Test Code	S49449
Additional Information	This test is being discontinued and the recommended alternative is test code 36175- HTLV-I/II Antibody, with Reflex to Confirmation Assay.

NMR Lipo-Profile	
Effective Date	6/16/2014
Test Code	S50671
Additional Information	This test is being discontinued, the recommended alternative is test code 91604- Cardio IQ™ Lipoprotein Fractionation, Ion Mobility.

Very Long Chain Fatty Acids	
Effective Date	6/16/2014
Test Code	S44870
Additional Information	This test is being discontinued, the recommended alternative is test code 90559-Very Long Chain Fatty Acids.