Revision Message!
Please note 5/21/14 communication revision for test code 4496X Pinworm Examination, test code.

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.

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 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.

15082	S51731	Enterovirus RNA, Qualitative Real-Time PCR	6/16/2014	19
34977	S50567	**HIV-2 DNA/RNA Qualitative Real-Time PCR**	6/16/2014	20
36175	S52045	**HTLV-I/II Antibody, with Reflex to Confirmation Assay**	6/16/2014	20
S51997		IGF-I LC/MS	6/16/2014	21
4475	5704	***Campylobacter*, Culture**	6/30/2014	21
8631	5639	***Escherichia coli* O157, Culture**	6/30/2014	22
29273	9874	**HIV-1 RNA, Quantitative, bDNA**	6/30/2014	22
10019	5700	***Salmonella and Shigella*, Culture**	6/30/2014	23
4489	5703	***Vibrio*, Culture**	6/30/2014	24
4487	5702	***Yersinia*, Culture**	6/30/2014	25

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 #
9921	HIV-2 Abs w/Reflex WB	6/16/2014	26
P40340E	Custom NLS HIV Antibodies and Bands with Reflex	6/16/2014	26
P36531U	Custom St. Vincent HIV-1 Abs WB Reflex to HIV-2 Abs WB+Bands	6/16/2014	26
S49519	Enterovirus RNA, Qualitative Real-Time PCR	6/16/2014	26
3015	HIV-1 & 2 Abs [WB]	6/16/2014	26
3012	HIV-1 Abs [WB]	6/16/2014	26
3021	HIV-1 Abs [WB] w/Reflex HIV-2 Abs [WB]	6/16/2014	27
3013B	HIV-1 Abs + Bands [WB] w/Reflex HIV-2 Abs [EIA]	6/16/2014	27
90954	HIV-1 Genotype w/rfl to Virtual Phenotype and HIV-1 Tropism w/rfl to UDS	6/16/2014	27
9874SR	HIV-1 RNA Quantitative, bDNA w/Serial Reporting	6/16/2014	27
9915	HIV-1/HIV-2 Antibodies [EIA] w/Reflex WB	6/16/2014	27
9915B	HIV-1/HIV-2 Antibodies [EIA] w/Reflex WB + Bands	6/16/2014	27
9926	HIV-2 IgG Abs Western Blot	6/16/2014	28
S49889	Coccidioides Antibody, LA	6/30/2014	28
S50580	*E. coli* O157:H7 Serotyping	6/30/2014	28
S49505	*E. coli*, Enterohemorrhagic, Shiga-Like Toxin Det, EIA	6/30/2014	28
10596	HIV-1 RNA, Quantitative bDNA with Reflex to HIV-1 Genotype	6/30/2014	28

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	28
	New York Patient Testing Update - Not Available for NY Patient Testing	29

15983	**Testosterone, Total LC/MS/MS**	29

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	30
S49449		HTLV-I/II By RIPA	6/16/2014	30
S50671		NMR Lipo-Profile	6/16/2014	30
S44870		Very Long Chain Fatty Acids	6/16/2014	30

Announcements

Instructions for Co-Collection of Pap test and Molecular STI (CT, NG, Trich, HSV, etc.)	
Message	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: • 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 If your practice decides to use a separate collection for molecular assays using a swab or other appropriate device, then the Pap specimen must be collected first. Failure to collect the Pap specimen first may cause a false negative Pap result.

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 debrafenib [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**

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

***Chlamydia trachomatis* RNA, TMA**	
Clinical Significance	***C. trachomatis* infections are the leading cause of sexually transmitted diseases in the United States. *C. trachomatis* 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	**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.** **0.5 mL of SurePath® preservative fluid collected in APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Kit (orange label).** **Endocervical or urethral swabs in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit.** **Vaginal swabs in the APTIMA® Combo 2 Assay Vaginal Swab Collection Kit.** **Acceptable:** **2 mL urine using APTIMA® Urine Specimen Collection Kit.**
Reject Criteria	**Transport tubes with 2 swabs; transport tubes with non-APTIMA® swabs; specimens in broken containers; swab submitted in M4 transport media.**
Instructions	**Labs performing cytology: Aliquot PreservCyt® or SurePath® solution before performance of liquid based cytology testing.** **PreservCyt®: Transfer 1 mL of PreservCyt® solution into APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Tube (orange label). Ship to lab.** **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.** **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 *C. trachomatis*, columnar epithelial cells lining the endocervix should be obtained. To that effect, excess mucus should be removed prior to sampling.** **Vaginal swabs: Follow instructions in the APTIMA® Combo 2 Assay Vaginal Swab Collection Kit.** **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.
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**: **70043800** — **Result Name**: **C. trachomatis RNA, TMA**

***Chlamydia trachomatis,* TMA (Alternate Target)**	
Clinical Significance	**Several methods are available for the detection of *C. trachomatis* 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	**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.** **COLLECTION CONTAINER: Gen-Probe APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit.** **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 *Chlamydial*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.** **COLLECTION CONTAINER: Gen-Probe APTIMA® Combo 2 Assay Urine Specimen Collection Kit.**
Transport Temperature	**Room temperature**
Specimen Stability	**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	**Result Code: 85668656** — **Result Name: C. trachomatis TMA Alt Targ**

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

<table>
<tr><td></td><td>Acceptable:
2 mL urine using APTIMA® Urine Specimen Collection Kit.</td></tr>
<tr><td>Reject Criteria</td><td>Transport tubes with 2 swabs; transport tubes with non-APTIMA® swabs; specimens in broken containers; swab submitted in M4 transport media.</td></tr>
<tr><td>Instructions</td><td>Labs performing cytology: Aliquot PreservCyt® or SurePath® solution before performance of liquid based cytology testing.

PreservCyt®: Transfer 1 mL of PreservCyt® solution into APTIMA® Specimen Transfer Tube (green label) or APTIMA® Vaginal Collection Tube (orange label). Ship to lab.

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.

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 N. gonorrhoeae, columnar epithelial cells lining the endocervix should be obtained. To that effect, excess mucus should be removed prior to sampling.

Vaginal swabs: Follow instructions in the APTIMA® Combo 2 Assay Vaginal Swab Collection Kit.

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.</td></tr>
<tr><td>Transport Temperature</td><td>Room temperature</td></tr>
<tr><td>Specimen Stability</td><td>
<table>
<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>
</td></tr>
<tr><td>Set-up/Analytic Time</td><td>Set up: Mon, Wed, Fri; Report available: 1-3 days</td></tr>
<tr><td>Reference Range</td><td>Not detected</td></tr>
<tr><td>Always Message</td><td>This test was performed using the APTIMA® COMBO2 Assay (GEN-PROBE).</td></tr>
<tr><td>Methodology</td><td>Target Capture, Transcription-Mediated Amplification, and Dual Kinetic Assay</td></tr>
<tr><td>Performing Site</td><td>Quest Diagnostics Nichols Institute, Valencia</td></tr>
<tr><td>CPU Mappings</td><td>
<table>
<tr><td>Result Code</td><td>Result Name</td></tr>
</table>
</td></tr>
</table>

70043900	**N. gonorrhoeae RNA, TMA**

***Neisseria gonorrhoeae,* TMA (Alternate Target)**	
Clinical Significance	**Several methods are available for the detection of *N. gonorrhoeae* 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 *N. gonorrhoeae* from the urethra (men) or endocervix on selective culture media followed by demonstration of typical colonial morphology; And/or detection of *N. gonorrhoeae* with non-culture laboratory tests. A definitive diagnosis of *gonorrhea* requires: Isolation of *N. gonorrhoeae* 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.**
Effective Date	**6/9/2014**
Test Code	**15033**
CPT Codes	**87591**
Specimen Requirements	**Preferred:** **Endocervical swab or Urethral swabs in APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit** **Acceptable:** **2 mL urine using APTIMA® Combo 2 Assay Urine Specimen Collection Kit or 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	**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.** **COLLECTION CONTAINER: Gen-Probe APTIMA® Combo 2 Assay Unisex Swab Specimen Collection Kit.** **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 *Chlamydia*/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.** **COLLECTION CONTAINER: Gen-Probe APTIMA® Combo 2 Assay Urine Specimen Collection Kit.**
Transport Temperature	**Room temperature**
Specimen Stability	**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 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
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***	
Result Code	**Result Name**
86009056	HIV 1 Antibody
86009057	HIV 2 Antibody
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	
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	**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.**

	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	**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	**Preferred:** **2 slides (1 slide minimum) Peripheral blood smears collected on slide in slide holder** **Acceptable:** **2 slides (1 slide minimum) Smears, unfixed, air dried accompanied by CBC profile information from client collected on slide in slide holder**
Reject Criteria	**Hemolysis; lipemia; poor quality smear**
Instructions	**Required information: Patient history and any other relevant information; CBC/Differential results; name, telephone # and fax # of referring physician.** **Instructions: Do not refrigerate. Make peripheral blood smears immediately from EDTA tube.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: Unacceptable**
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	**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**

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	

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

Pinworm Examination	
Revision Message!	**Please note test code 4496 was updated to 4496X effective 5/21/14**
Clinical Significance	***Enterobius vermicularis* is a human pinworm that typically infects children and other family members.**
Effective Date	**6/30/2014**
Test Code	**4496X**
CPT Codes	**87172**
Specimen Requirements	**Preferred:** **Perianal material collected in a plastic tube containing pinworm paddle** **Acceptable:** **Clear cellulose tape preparations on a clear glass slide**
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**
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	***Salmonella, Shigella, and Campylobacter* 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 *E. coli* 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	***Salmonella Shigella* Culture** / **Not isolated** ***Campylobacter* Culture** / **Not isolated** **Shiga Toxins, EIA** / **Not detected** ***E. coli* O157 Culture** / **Not isolated**
Always Message	***E. coli* O157 Culture**: **NOTE: *E. coli* 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
85993026	Salmonella/Shigella, Cult
86003002	Campylobacter Cult
85985650	Shiga Toxins, EIA
This test is a true reflex. Please build the unit code below separately. ***Non-orderable Reflex RRZ- 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 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 *E. coli* O157 will be performed at an additional charge (CPT code(s): 87046).**

Shiga Toxins, EIA with Reflex to *Escherichia coli* O157 Culture	
Clinical Significance	**This test detects Shiga toxins produced by enterohemorrhagic *E. coli* 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	**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, pure isolate on agar slant/tube/swab transport system or pure isolate in GN broth collected in a sterile, leak-proof container**
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	

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**
Reference Range	**Shiga Toxins, EIA** — **Not detected** ***E. coli* O157 Culture** — **Not isolated**
Always Message	***E. coli* O157 Culture**: **NOTE: *E. coli* 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** ***This test is a true reflex. Please build the unit code below separately.*** ***Non-orderable RRZ- Reflex E. coli O157 Culture*** **Result Code** / **Result Name** **85990350** / **E. coli O157 Culture**
Additional Information	**If Shiga Toxins, EIA is "Detected", the *E. coli* 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	**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
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	**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	**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** **Frozen: 28 days**
Reference Range	**< or = 1** IU/mL
Always Message	**Remove Always Message**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** **45029000** / **Thyroglobulin Antibodies**
Tests Affected	**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	Thyroglobulin Antibodies: **< or = 1** IU/mL Thyroglobulin: **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.** **If the sample contains anti-thyroglobulin antibodies of 2 IU/mL or greater, the presence of these autoantibodies may cause falsely low thyroglobulin values.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**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).

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	

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

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.
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**
Former Test Name	*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** / **Unit of Measure** 85996797 / **Cyclosporine Trough,LCMSMS** / 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**
Former Test Code	*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	**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.**
Performing Site	Focus Diagnostics, Inc.
CPU Mappings	

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	**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.** **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.**
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	**This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of this test.** **This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.**
Performing Site	Focus Diagnostics, Inc.
CPU Mappings	

Result Code	Result Name
85974770	HIV-2 DNA/RNA

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

Effective Date	**6/16/2014**
Former Test Name	*HTLV-I/II, Progressive*
Former Test Code	*S52045*
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	**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	***Campylobacter* is considered a pathogen when isolated from clinical specimens. Its identification is important for control and treatment. *Campylobacter jejuni* is the most common pathogenic *Campylobacter* isolated from stool. Other *Campylobacter* species have also been associated with gastroenteritis.**
Effective Date	**6/30/2014**
Former Test Name	*Campylobacter Spp. Culture*
Former Test Code	*5704*
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**

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	**Not isolated**
Methodology	**Bacterial Culture, Aerobic Isolation and Identification Procedures**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code**: **86003002** — **Result Name**: **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 *Escherichia coli* (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	*E.coli Enterohemorrhagic (O157:H7) Stool Culture*
Former Test Code	*5639*
Test Code	**8631**
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**
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	**Not isolated**
Always Message	**NOTE: *E. coli* other than O157 may produce Shiga toxin.**
Methodology	**Culture and Serologic Confirmation**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code**: **85990350** — **Result Name**: **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	*HIV-1 RNA, Quantitative bDNA (v3.0)*
Former Test Code	*9874*
Test Code	**29273**
Specimen Requirements	**Preferred:** **3 mL** (1.1 mL minimum) plasma collected in an EDTA (lavender-top) tube **Acceptable:** Plasma collected in an ACD solution A (yellow-top) tube **Remove plasma collected in an PPT Potassium EDTA (white-top) tube**
Reject Criteria	**Serum; heparinized plasma** **Remove all other reject criteria information**
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	**Room temperature: 4 hours** Refrigerated: 48 hours Frozen: 90 days
Set-up/Analytic Time	**Set up: Daily; Report available; 2-4 days**
Reference Range	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

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	

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	

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**

	diseases.
Effective Date	**6/30/2014**
Former Test Name	*Vibrio Culture*
Former Test Code	*5703*
Test Code	**4489**
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	**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	**Result Code: 85996789** — **Result Name: 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	***Yersinia enterocolitica* 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**
Former Test Name	*Yersinia Culture*
Former Test Code	*5702*
Test Code	**4487**
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.** **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:** — **Name:** 9921T — 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**
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	**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	**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	**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**
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.

***E. coli* O157:H7 Serotyping**

Effective Date	**6/30/2014**
Test Code	S50580
Additional Information	The recommended alternative is test code S49971- Bacterial Identification, Aerobic.

***E. coli*, 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 *E. coli* O157 Culture.

HIV-1 RNA, Quantitative bDNA with Reflex to HIV-1 Genotype	
Effective Date	**6/30/2014**
Test Code	10596
Additional Information	The recommended alternatives are: • 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	

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

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.*****
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	Chlamydophila 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-Chlamydophila (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
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.