NEW TESTS Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.			
Test Code	**Test Name**	**Effective Date**	**Page #**
91436	***ChlamydialNeisseria* gonorrhoeae, Qualitative TMA and HSV 1/2 DNA, Real-Time PCR, Pap Vial**	7/8/2013	2
91437	***ChlamydialNeisseria* gonorrhoeae, *T. vaginalis*, Qualitative TMA and HSV 1/2 DNA, Real-Time PCR, Pap Vial**	7/8/2013	3
90924	**Hepatitis C Viral RNA NS3 Genotype**	7/8/2013	4
20325	***Helicobacter pylori* Antibodies (IgG, IgA, IgM) (NY) [20325]**	7/9/2013	5
34123	***Helicobacter pylori* Antibody (IgM) (NY) [34123]**	7/9/2013	6
91606	**FISH, High-Grade Lymphoma Panel**	7/15/2013	7

TEST CHANGES Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.				
Test Code	**Former Test Code**	**Test Name**	**Effective Date**	**Page #**
3146		Dehydroepiandrosterone (DHEA)	7/9/2013	8
4983		Hemoglobinopathy Evaluation	7/9/2013	8
8776		**Measles Antibody (IgG)**	7/9/2013	8
8820		**Measles Antibody (IgM)**	7/9/2013	9
3228		T4, Free	7/9/2013	9
3954		Thyroxine Free, Direct Dialysis	7/9/2013	9
S51613		Glucagon	7/15/2013	9
2451		Hepatitis A Antibody, IgM	7/16/2013	10
2450		Hepatitis A Antibody, Total	7/16/2013	10
2476		Hepatitis B Core Antibody, Total w/Reflex to IgM	7/16/2013	10
90891		Ashkenazi Jewish Panel (11 Tests)	7/22/2013	10
3860		**Neuron Specific Enolase (NSE)**	7/22/2013	11
3860C		**Neuron Specific Enolase (NSE), CSF**	7/22/2013	11

REDIRECTS Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.				
Test Code	**Former Test Code**	**Test Name**	**Effective Date**	**Page #**
5367	S50515	**pH, Body Fluid**	7/8/2013	12

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 #**
7575	Cytomegalovirus DNA DetectR™	7/22/2013	14

9430	Cytomegalovirus DNA UltraQuant®	7/22/2013	14
9430SR	Cytomegalovirus DNA UltraQuant® with serial reporting	7/22/2013	14
9842	HIV-1 p24 Antigen, Qualitative w/Reflex to Neutralization	7/22/2013	14
7585	Varicella-zoster Virus DNA DetectR™	7/22/2013	15
8760	Varicella-zoster Virus DNA UltraQuant®	7/22/2013	15

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 #
S50345	Toxocara Antibody, ELISA (Serum) [40945]	15
7741	Helicobacter *pylori* Antibodies (IgG, IgA, IgM)	15
7736	Helicobacter *pylori* Antibody (IgM)	15

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 #
S48940		**Clobazam, Serum/Plasma [1267SP]**	7/8/2013	13
S48834		**Fosphenytoin, Serum/Plasma [2136SP]**	7/8/2013	13
S48639		**Primidone, Phenobarbital and PEMA, Serum/Plasma [3900SP]**	7/8/2013	13
S48484		**Tiagabine, Serum/Plasma [4479SP]**	7/8/2013	13

New Test Offerings

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

***Chlamydia*/*Neisseria* gonorrhoeae, Qualitative TMA and HSV 1/2 DNA, Real-Time PCR, Pap Vial**	
Clinical Significance	Diagnosis of the three most common sexually transmitted infections.
Effective Date	**7/8/2013**
Test Code	**91436**
CPT Codes	**87491, 87591, 87529 (x2)**
Specimen Requirements	**0.5 mL SurePath® preservative fluid collected in Aptima® Vaginal Collection Kit (Orange label)**
Instructions	**Labs performing cytology: Aliquot SurePath® or PreservCyt® solution before performance of liquid based cytology testing.** **SurePath®: SurePath® fluid must be transferred to APTIMA STM within 4 days of collection. Transfer 0.5 mL of SurePath® preservative fluid into APTIMA® Vaginal Collection Tube (orange label) or APTIMA® Specimen Transfer tube (green label). Ship to lab.** **PreservCyt®: Transfer 1 mL of PreservCyt® solution into APTIMA® Vaginal Collection Tube (orange label) or APTIMA® Specimen Transfer tube (green label). Ship to lab.**
Transport Temperature	**Room temperature**

Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: Not Established**
Set-up/Analytic Time	**Set up: Mon-Sat; Report available: 2-4 days**
Reference Range	**C. trachomatis RNA, TMA** — **Not detected** **N. gonorrhoeae RNA, TMA** — **Not detected** **HSV 1 DNA** — **Not detected** **HSV 2 DNA** — **Not detected**
Always Message	**Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA:** **This test was performed using the APTIMA® COMBO2 Assay (GEN-PROBE).** **The performance characteristics of this assay when used to test SurePath® specimens have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.** **Herpes Simplex Virus, Type 1/2 DNA, Real-Time PCR, Pap Vial:** **This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Transcription-Mediated Amplification (TMA), Real-Time Polymerase Chain Reaction**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**Result Code** — **Result Name** **86009120** — **C. trachomatis RNA, TMA** **86009121** — **N. gonorrhoeae RNA, TMA** **86009580** — **HSV 1 DNA** **86009581** — **HSV 2 DNA**

***Chlamydia*/*Neisseria* gonorrhoeae, *T. vaginalis*, Qualitative TMA and HSV 1/2 DNA, Real-Time PCR, Pap Vial**	
Clinical Significance	Diagnosis of the four most common sexually transmitted infections.
Effective Date	**7/8/2013**
Test Code	**91437**
CPT Codes	**87491, 87591, 87529 (x2), 87798**
Specimen Requirements	**0.5 mL SurePath® preservative fluid collected in Aptima® Vaginal Collection Kit (Orange label)**
Instructions	**Labs performing cytology: Aliquot SurePath® or PreservCyt® solution before performance of liquid based cytology testing.** **SurePath®: SurePath® fluid must be transferred to APTIMA STM within 4 days of collection. Transfer 0.5 mL of SurePath® preservative fluid into APTIMA® Vaginal Collection Tube (orange label) or APTIMA® Specimen Transfer tube (green label). Ship to lab.** **PreservCyt®: Transfer 1 mL of PreservCyt® solution into APTIMA® Vaginal Collection Tube (orange label) or APTIMA® Specimen Transfer tube (green label). Ship to lab.**

Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: Not Established**
Set-up/Analytic Time	**Set up: Mon-Sat; Report available: 2-4 days**
Reference Range	**C. trachomatis RNA, TMA** — **Not detected** **N. gonorrhoeae RNA, TMA** — **Not detected** **HSV 1 DNA** — **Not detected** **HSV 2 DNA** — **Not detected** **T. vaginalis RNA, QL TMA** — **Not detected**
Always Message	**Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA:** **This test was performed using the APTIMA® COMBO2 Assay (GEN-PROBE).** **The performance characteristics of this assay when used to test SurePath® specimens have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.** **Herpes Simplex Virus, Type 1/2 DNA, Real-Time PCR, Pap Vial:** **This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.** **Trichomonas vaginalis RNA, Qualitative TMA, Pap Vial:** **This test was performed using the APTIMA® Trichomonas vaginalis Assay (Gen-Probe).** **For more information on this test, go to:** **http://education.questdiagnostics.com/faq/Trichomonastma** **The performance characteristics of this assay when used to test SurePath® specimens have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Transcription-Mediated Amplification (TMA), Real-Time Polymerase Chain Reaction**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**Result Code** / **Result Name** **86009120** — **C. trachomatis RNA, TMA** **86009121** — **N. gonorrhoeae RNA, TMA** **86009580** — **HSV 1 DNA** **86009581** — **HSV 2 DNA** **86009122** — **T. vaginalis RNA, QL TMA**

Hepatitis C Viral RNA NS3 Genotype	
Clinical Significance	This assay may be used to detect boceprevir and telaprevir resistance-associated NS3 mutations in NS3 protease inhibitor treatment-experienced patients.

Effective Date	**7/8/2013**
Test Code	**90924**
CPT Codes	**87902**
Specimen Requirements	**2 mL (0.6 mL minimum) plasma collected in an EDTA (lavender-top) tube**
Reject Criteria	**Specimens using heparin as the anticoagulant; gross lipemia; gross hemolysis**
Instructions	**Separate plasma or serum from the cells by centrifugation within 6 hours after collection, transfer to a separate plastic screw-cap vial, and ship frozen.**
Transport Temperature	**Frozen**
Specimen Stability	**Room temperature: Unacceptable** **Refrigerated: 72 hours** **Frozen: 42 days**
Set-up/Analytic Time	**Set up: Mon; Report available: 4 days**
Reference Range	**HCV NS3 Subtype:** — **Not detected** **Boceprevir Resistance:** — **Not predicted** **Telaprevir Resistance:** — **Not predicted**
Always Message	**This test utilizes RT-PCR and DNA sequencing to detect the presence of treatment-emergent HCV NS3 protease variants associated with boceprevir (BOC) and telaprevir (TVR) antiviral therapy. Naturally occurring protease inhibitor resistant variants may be present in a small proportion of treatment-naive HCV-infected individuals. In clinical trials, these naturally occurring variants did not preclude a sustained virologic response in most patients undergoing combination therapy that included pegylated interferon, ribavirin, and a protease inhibitor.** **This assay is designed to amplify HCV genotypes 1a and 1b and is unlikely to successfully amplify other HCV genotypes.** **The limit of detection at which greater than 90% of the samples tested were successfully amplified is approximately 500 IU/mL.** **This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Polymerase Chain Reaction and Sequencing**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**86008373** — **HCV NS3 Subtype** **86008374** — **Boceprevir Resistance** **86008375** — **Telaprevir Resistance**

***Helicobacter pylori* Antibodies (IgG, IgA, IgM) (NY) [20325]**	
Clinical Significance	Colonization with *H. pylori* is associated with increased risk of patients developing gastritis, peptic ulcer disease, and gastric adenocarcinoma. Serologic testing is recommended only for symptomatic patients. H. pylori IgG may be detected for years in infected individuals, even after successful antibiotic treatment.
Effective Date	**7/9/2013**

Test Code	**20325**
CPT Codes	**86677 (x3)**
Specimen Requirements	**1 mL (0.9 mL) serum**
Reject Criteria	**Gross hemolysis; Gross lipemia**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 4 days** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set-up: Sun-Thu; Report available: 1-4 days**
Reference Range	**Negative**
Always Message	**Measurement of antibodies to *H. pylori*is not recommended for the diagnosis of active infection. The American College of Gastroenterology and the American Gastroenterological Association recommend either the urea breath test or the fecal antigen test for diagnosis and confirmation of eradication in cases of suspected or proven *H. pylori*infection.** **The H. *pylori* IgM assay was developed and its performance characteristics have been determined by Focus Diagnostics. It has not been cleared or approved by the U.S Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Immunoassay**
Performing Site	**Focus Diagnostics**
CPU Mappings	**Result Code** / **Result Name** **35000100** / **H. pylori IgG Antibody** **85984330** / **H. pylori IgA Antibody** **85984340** / **H. pylori IgM Antibody**

***Helicobacter pylori* Antibody (IgM) (NY) [34123]**	
Clinical Significance	Colonization with *H. pylori* is associated with increased risk of patients developing gastritis, peptic ulcer disease, and gastric adenocarcinoma. Serologic testing is recommended only for symptomatic patients. H. pylori IgM may not be elevated in many infected patients.
Effective Date	**7/9/2013**
Test Code	**34123**
CPT Codes	**86677**
Specimen Requirements	**1 mL (0.2 mL) serum**
Reject Criteria	**Gross hemolysis; Gross lipemia**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 4 days** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set-up: Sun-Thu; Report available: 1-4 days**
Reference Range	**Negative**
Always Message	**Measurement of antibodies to *H. pylori* is not recommended for the diagnosis of active infection. The**

	American College of Gastroenterology and the American Gastroenterological Association recommend either the urea breath test or the fecal antigen test for diagnosis and confirmation of eradication in cases of suspected or proven *H. pylori* infection. **The H. *pylori* IgM assay was developed and its performance characteristics have been determined by Focus Diagnostics. It has not been cleared or approved by the U.S Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Immunoassay**
Performing Site	**Focus Diagnostics**
CPU Mappings	**Result Code**: **85984340** — **Result Name**: **H. pylori IgM Antibody**

FISH, High-Grade Lymphoma Panel	
Clinical Significance	High-grade B-cell lymphoma can be difficult to classify if histologic and immunophenotypic features are entirely typical. Large B-cell lymphoma with monomorphic appearance or very high mitotic rate and Burkitt lymphoma cases that have atypical immunophenotypic or morphologic appearances present diagnostic difficulties. The FISH panel for MYC (8q24), t (14;18) (IGH-BCL2) and BCL6 (3q27) translocations, provides additional diagnostic information that may help in final classification and therapy selection in high-grade B-cell lymphomas as well as to assess for "double-hit" lymphomas and "triple-hit" lymphomas.
Effective Date	**7/15/2013**
Test Code	**91606**
CPT Codes	**88271 (x6), 88275 (x3)**
Specimen Requirements	**3 mL (1 mL minimum) bone marrow collected in transport media**
Instructions	**Bone Marrow: 1-3 mL in transport medium (preferred) or sodium heparin (green-top, dark/royal blue-top or tan-top) tubes are acceptable containers for this test.** **Lymph node/tumor: 5x5 mm fresh tumor biopsy in a transport medium.** **Paraffin Block: Formalin fixed paraffin embedded tissue. Transport media available upon request. Ship at room temperature. Do not Freeze.** **SPECIMEN VIABILITY DECREASES DURING TRANSIT. SEND SPECIMEN TO TESTING LAB FOR VIABILITY DETERMINATION. DO NOT REJECT.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: See Instructions** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Daily; Report available: 7 days**
Reference Range	**Accompanies report**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Fluorescence In Situ Hybridization**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**Result Code** / **Type** / **Result Name**: **86009450** / — / **FISH, High-Grade Lymphoma** **85997860** / **Prompt-Result** / **Specimen Type/Source/Vol:**

86007537	**Prompt-Result**	**Clinical Indication:**
86007538	**Prompt-Result**	**Referring Physician:**
85997863	**Prompt-Result**	**Referring Physician Phone:**
85997864	**Prompt-Result**	**Client/Phone #:**
86007469	**Prompt-Result**	**Client Accession #:**
86007539	**Prompt-Result**	**Patient ID:**

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*.

Dehydroepiandrosterone (DHEA)	
Effective Date	**7/9/2013**
Test Code	3146
Specimen Requirements	**Room temperature and Refrigerated: Unacceptable** Frozen: 7 days
Reject Criteria	**Hemolysis; lipemic**
Instructions	**Repeated freeze, thaw cycles should be avoided.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Hemoglobinopathy Evaluation	
Effective Date	**7/9/2013**
Test Code	4983
Specimen Requirements	2 mL (1 mL) Whole blood, EDTA (lavender-top) **Whole blood, Heparin (green-top) no longer acceptable**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Measles Antibody (IgG)	
Effective Date	**7/9/2013**
Former Test Name	*Measles IgG Abs*
Test Code	8776
Specimen Requirements	1 mL **(0.1 mL)** serum **Plasma no longer acceptable**
Reject Criteria	**Gross hemolysis; Gross lipemia; Gross icteric**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 4 days** **Refrigerated: 7 days**

	Frozen: 30 days
Always Message	**Positive results suggest recent or previous infection with Measles (Rubeola) virus and imply immunity. Patients exhibiting equivocal results should be retested in one month. If clinically indicated.**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name**: 68111 / **Measles Antibody (IgG)**
Tests Affected	**Test Codes:** / **Name:**: 1341 / Immune Status Panel - MMR; 8771 / Measles IgG & IgM Abs

Measles Antibody (IgM)	
Effective Date	**7/9/2013**
Former Test Name	*Measles IgM by IFA*
Test Code	8820
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days **Frozen: 30 days**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

T4, Free	
Effective Date	**7/9/2013**
Test Code	3228
Always Message	**The current lot of free T4 reagent available from the manufacturer produces results that are approximately 9% higher than previous reagent lots. Please interpret these results accordingly.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	**Test Codes:** / **Name:**: 3072 / Thyroid Panel, Hyperthyroidism; 3074 / Thyroid Panel, Hypothyroidism

Thyroxine Free, Direct Dialysis	
Effective Date	**7/9/2013**
Test Code	3954
Always Message	**T4 Free:** **This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.**

Assay Category	**T4 Free:** **Laboratory Developed Test**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Glucagon	
Effective Date	**7/15/2013**
Test Code	S51613
Reference Range	Adult Reference Range for Glucagon: Males and Females: < or = 134 pg/mL **Pediatric Reference Ranges for Glucagon:** **Cord Blood: < or = 215 pg/mL** **Day 1: < or = 240 pg/mL** **Day 2: < or = 400 pg/mL** **Day 3: < or = 420 pg/mL** **Day 4-3 years: Not Established** **4-14 years: < or = 148 pg/mL** **Pediatric data from J of Clin Invest (1974) 53:1159-1166 and Pediatric Res (1981) 15:912-915.**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Hepatitis A Antibody, IgM	
Effective Date	**7/16/2013**
Test Code	2451
Reject Criteria	**Gross hemolysis; Gross lipemia**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	**Test Codes:** / **Name:** 7756: Hepatitis A & B Virus Acute Evaluation 2463: Hepatitis A & B Virus Evaluation 2460: Hepatitis A Virus Total & IgM Antibodies 2464: Hepatitis A, B & C Virus Evaluation 7757: Hepatitis Acute Profile

Hepatitis A Antibody, Total	
Effective Date	**7/16/2013**
Test Code	2450

Reject Criteria	**Gross hemolysis; Gross lipemia**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Hepatitis B Core Antibody, Total w/Reflex to IgM	
Effective Date	**7/16/2013**
Test Code	2476
Specimen Requirements	**1 mL (0.8 mL)** serum Alternates: **1 mL (0.8 mL)** plasma: Heparin (green-top), EDTA (lavender-top)
Reject Criteria	**Gross hemolysis; gross lipemia**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Ashkenazi Jewish Panel (11 Tests)	
Effective Date	**7/22/2013**
Test Code	90891
Specimen Requirements	**Amniotic fluid and cultured cells from amniotic fluid and are no longer acceptable sample types.**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Neuron Specific Enolase (NSE)	
Effective Date	**7/22/2013**
Former Test Name	*NEURON-SPECIFIC ENOLASE*
Test Code	3860
Specimen Requirements	**1 mL (0.2 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Reference Range	**Adult Male and Female <10.8 ng/mL**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.**
Assay Category	**Laboratory Developed Test**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Test Code 3860** **Result Code** / **Result Name** 38600 / **Neuron Specific Enolase** **Test Code 34476**

	Result Code / **Result Name** 85991125 / **Neuron Specific Enolase**
Tests Affected	**Test Codes:** / **Name:** 34476 / Neuron Specific Enolase (NSE)

Neuron Specific Enolase (NSE), CSF	
Effective Date	**7/22/2013**
Former Test Name	*NEURON-SPECIFIC ENOLASE CSF*
Test Code	3860C
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Reference Range	**Adult Male and Female <8.9 ng/mL**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.**
Assay Category	**Laboratory Developed Test**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Test Code 3860C** **Result Code** / **Result Name** 38610 / **Neuron Specific Enolase CSF** **Test Code 90520** **Result Code** / **Result Name** 86007881 / **Neuron Specific Enolase CSF**
Tests Affected	**Test Codes:** / **Name:** 90520 / Neuron Specific Enolase (NSE), CSF

Redirects

pH, Body Fluid	
Effective Date	**7/8/2013**
Former Test Name	*pH Body Fluid*

Former Test Code	*S50515*
Test Code	**5367**
Specimen Requirements	**2 mL (1 mL minimum) fluid**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 24 hours** **Refrigerated: 14 days** **Frozen: 6 months**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available 1-2 days**
Methodology	**pH Meter (Electrode)**
Performing Site	**This test previously performed at ARUP Laboratories will now be performed at Quest Diagnostics Nichols Institute, Chantilly**
CPU Mappings	

Result Code	Type	Result Name
50033900		**pH, Body Fluid**
24999900	**Prompt-Result**	**Fluid**

Test Send Outs (Referrals)

Due to these assays being performed by outside vendors, we are unable to use our normal method of communication. Some of the changes listed in this document may be effective in less than 30 days. Please note the individual effective dates below, as these changes may require **IMMEDIATE ACTION.**

Clobazam, Serum/Plasma [1267SP]	
Effective Date	**7/8/2013**
Former Test Name	*Clobazam [1267SP]*
Test Code	S48940
Specimen Requirements	**Acceptable:** **Plasma collected in an EDTA (lavender-top) or EDTA (pink-top) tube**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 60 days**
Set-up/Analytic Time	**Set-up: Mon-Fri; Report available: 3 days**
Performing Site	NMS Labs

Fosphenytoin, Serum/Plasma [2136SP]	
Effective Date	**7/8/2013**
Former Test Name	*Fosphenytoin [2136SP]*
Test Code	S48834
Specimen Requirements	**Plasma collected in an EDTA (pink-top) tube is acceptable**
Reject Criteria	**Serum separator tube; polymer gel separation tube**
Transport Temperature	**Refrigerated**

Specimen Stability	**Room temperature and Refrigerated: 30 days** **Frozen: 90 days**
Set-up/Analytic Time	**Set up Tues, Thurs; Report available: 3 days**
Performing Site	NMS Labs

Primidone, Phenobarbital and PEMA, Serum/Plasma [3900SP]	
Effective Date	**7/8/2013**
Test Code	S48639
Specimen Requirements	**Acceptable:** **Plasma collected in an EDTA (lavender-top) or EDTA (pink-top) tube**
Reject Criteria	**Serum separator tube; polymer gel separation tube**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature, Refrigerated and Frozen: Undetermined**
Set-up/Analytic Time	**Set-up: Tues, Thurs; Report available: 3 days**
Performing Site	NMS Labs

Tiagabine, Serum/Plasma [4479SP]	
Effective Date	**7/8/2013**
Former Test Name	*Tiagabine [4479SP]*
Test Code	S48484
Specimen Requirements	**Preferred:** **1 mL (0.4 mL minimum) serum collected in a red-top tube (no-gel)** **Acceptable:** Plasma collected in an EDTA (lavender-top) **or EDTA (pink-top) tube**
Reject Criteria	**Polymer gel separation tube; serum separator tube**
Instructions	**Draw sample prior to dosing (trough). Promptly centrifuge and separate serum into a plastic screw-capped vial using approved guidelines.** **Specimen container: Plastic container (preservative-free)**
Specimen Stability	**Room temperature and Refrigerated: 7 days** **Frozen: 3 months**
Set-up/Analytic Time	**Set-up: Thurs; Report available: 3 days**
Performing Site	NMS Labs

Discontinued Tests

Cytomegalovirus DNA DetectR™	
Effective Date	**7/22/2013**
Test Code	7575
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Additional Information	The recommended replacement is S49983 Cytomegalovirus DNA, Qualitative Real-Time PCR [45000] performed at Focus Diagnostics

Cytomegalovirus DNA UltraQuant®	
Effective Date	**7/22/2013**
Test Code	9430
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended replacement is S52333 Cytomegalovirus (CMV) DNA, Quantitative Real-Time PCR [45050] performed at Focus Diagnostics
Tests Affected	**Test Codes:** / **Name:** 9430C / Cytomegalovirus DNA UltraRapid(R) CSF

Cytomegalovirus DNA UltraQuant® with serial reporting	
Effective Date	**7/22/2013**
Test Code	9430SR
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	There is no recommended alternative

HIV-1 p24 Antigen, Qualitative w/Reflex to Neutralization	
Effective Date	**7/22/2013**
Test Code	9842
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended replacement is S51254 HIV-1 Direct Antigen (ICD), ELISA (Serum) [41080] performed at Focus Diagnostics

Varicella-zoster Virus DNA DetectR™	
Effective Date	**7/22/2013**
Test Code	7585
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended replacement is S51742 Varicella Zoster Virus (VZV) DNA, Qualitative Real-Time PCR [45020] performed at Focus Diagnostics

Varicella-zoster Virus DNA UltraQuant®	
Effective Date	**7/22/2013**
Test Code	8760
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	The recommended replacement is S51753 Varicella-Zoster Virus (VZV) DNA, Quantitative Real-Time PCR [45200] performed at Focus Diagnostics

Tests Affected	

Test Codes:	Name:
8760C	Varicella-zoster Virus DNA UltraQuant(R), CSF

New York Update

Toxocara Antibody, ELISA (Serum) [40945]	
Message	****This test is not available or New York patient testing****
Effective Date	**7/1/2013**
Test Code	S50345
Performing Site	Focus Diagnostics

Helicobacter *pylori* Antibodies (IgG, IgA, IgM)	
Effective Date	**7/9/2013**
Test Code	7741
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	*This test is not available for New York patient testing (IgM portion).* For New York patient testing order test code 20325-*Helicobacter pylori* Antibodies (IgG, IgA, IgM) performed at Focus Diagnostics.

Helicobacter *pylori* Antibody (IgM)	
Effective Date	**7/9/2013**
Test Code	7736
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Additional Information	*This test is not available for New York patient testing.* For New York patient testing order 34123 *Helicobacter pylori* Antibody (IgM) performed at Focus Diagnostics.