July 2012 - Monthly Update, Quest Diagnostics Nichols Institute, Valencia

Revision Message!
In the June Laboratory Update, we announced two new tests: 91029 Vitamin B3 and 91030 Vitamin B5 (Pantothenic Acid. Please note the following CPT Code corrections to these two new tests available 8/13/2012:

91029 Vitamin B3: CPT Code: 84591

91030 Vitamin B5 (Pantothenic Acid): CPT Codes: 84591

Also, please note that as announced previously, effective July 10, test code 16558 Vitamin D, 1,25-Dihydroxy, LC/MS/MS will be available and performed by Quest Diagnostics Institute, Valencia. Please note that our current referral test code S51661 will be discontinued on the same date.

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 #
11175	**Alpha-Globin Common Mutation Analysis**	8/7/2012	2
11174	**Alpha-Globin Common Mutation Analysis [NY]**	8/7/2012	3
91065	**BCR-ABL1 Gene Rearrangement, Quantitative PCR**	8/7/2012	4
10458	**Cystic Fibrosis Screen**	8/7/2012	5
16539	**JAK2 V617F Mutation, QL w/Reflex to Exons 12 and 13 Leumeta®**	8/7/2012	6
16175	**JAK2 V617F Mutation, Quantitative, Plasma-Based, Leumeta ®**	8/7/2012	8

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 #
4914		**Amitriptyline**	8/6/2012	9
4962		**Clomipramine**	8/6/2012	9
4918		Clonazepam	8/6/2012	10
4964		**Clozapine**	8/6/2012	11
4922		Desipramine	8/6/2012	11
4924		**Doxepin**	8/6/2012	11
4950		**Fluoxetine**	8/6/2012	12
3364		Gabapentin	8/6/2012	12
4932		**Imipramine**	8/6/2012	13
4930		Nortriptyline	8/6/2012	13
4154		Tricyclic Antidepressants (TCA) Confirm Serum Extended	8/6/2012	14
4157		Tricyclic Antidepressants (TCA) Confirmation Serum	8/6/2012	14
4661		Cardiolipin Antibody (IgA)	8/7/2012	15
4662		Cardiolipin Antibody (IgG)	8/7/2012	15
4663		Cardiolipin Antibody (IgM)	8/7/2012	16

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 #**
16536	5392	**JAK2 Exons 12 and 13 Mutations, Qualitative, Leumeta ®**	8/7/2012	16
16538	5396	**JAK2 V617F, QL, w/rfl to Exons 12,13 and MPL W515, S505**	8/7/2012	17
18947		Pain Management, CYP450 2D6/2C19 Geno, Qual [NY]	8/7/2012	19
18946		Pain Management, CYP450 2D6/2C19 Geno, Qualitative	8/7/2012	19

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 #**
5270	AccuType® Metformin	8/7/2012	20
5220	Alpha-Thalassemia GenotypR™	8/7/2012	20
4565	AmpliChip™ CYP450 2D6 & 2C19 GenotypR™	8/7/2012	20
5342	BCR/ABL UltraQuant® Major 210 KD Transcript Bone Marrow	8/7/2012	20
5352	BCR/ABL UltraQuant® Major 210 KD Transcript Whole Blood	8/7/2012	20
5344	BCR/ABL UltraQuant® Minor 190 KD Transcript Bone Marrow	8/7/2012	20
5354	BCR/ABL UltraQuant® Minor 190 KD Transcript Whole Blood	8/7/2012	21
5859	Chromosomes X-Y Aneuploidy DetectR™	8/7/2012	21
5432	Cystic Fibrosis 23 Mutation Analysis	8/7/2012	21
5434	Cystic Fibrosis 23 Mutation Analysis, Fetus w/Reflex MCC	8/7/2012	21
5388	FcGammaRIIa & FcGammaRIIIa Mutation Analysis	8/7/2012	21
5394	JAK2 V617F Mutation, Qual PCR, Plasma w/Rfx Exons 12, 13	8/7/2012	22
5395	JAK2 V617F Mutation, Qual, PCR	8/7/2012	22
5398	MPL W515 & MPL S505 Mutation Analysis, Qualitative, Plasma	8/7/2012	22
4555	Thrombotic Risk AssessR™ for Obstetric Complications	8/7/2012	22
5384	UGT1A1 (Camptosar/Irinotecan) GenotypR™	8/7/2012	22

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 #**
	SureSwab(TM) Assays	22

New Test Offerings

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

Alpha-Globin Common Mutation Analysis	
Message	Suggested replacement for discontinued test code 5220 Alpha-Thalassemia GenotypR™

Clinical Significance	Alpha Thalassemia is a common hereditary trait and disease among individuals of Asian heritage. Disease ranges in severity from mild abnormalities of erythrocytic indices to severe anemia. Genetic counseling may be advised for some patients.
Effective Date	**8/7/2012**
Test Code	**11175**
CPT Codes	83891, 83894, 83900, 83901 (x5), 83912
Specimen Requirements	Preferred Specimen: 5 (3) mL Whole Blood collected in an EDTA (lavender-top) tube Alternate Specimen(s): Whole Blood in EDTA (royal blue-top) tube Sodium Heparin (green-top) tube Lithium Heparin (green-top) tube ACD-B (yellow-top) tube ACD-A (yellow-top) tube
Transport Temperature	Room temperature
Specimen Stability	Room temperature: 7 days Refrigerated: 7 days Frozen: Unacceptable
Set-up/Analytic Time	Set up: Mon; Report available: 6 days
Always Message	Alpha-globin is an essential component of the hemoglobin tetramer, starting from the early stages of embryonic development. Deletion mutations involving one or both of the two alpha-globin genes (alpha1 and alpha2, located on chromosome 16p13) lead to reduced production of alpha-globin chains, and are the major cause of alpha-thalassemia. Severity of the disease is dependent on the total copy number of functional alpha-globin genes remaining. This assay detects the seven most common deletions (-alpha3.7, -alpha4.2, -alpha20.5, --SEA, --MED, -FIL, and --THAI) found in patients with alpha-thalassemia. This assay is performed by allele-specific PCR amplification of deletion mutation fragments, followed by agarose gel electrophoresis of the amplification products. It is not known what percentage of individuals with alpha-globin gene deletions will be detected by this test. For assistance with the interpretation of those results, please contact your local Quest Diagnostics genetic counselor or call 1-866-GENEINFO (436-3463). This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc. This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.
Methodology	Polymerase Chain Reaction
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Result Name** 85995944 / Alpha-Globin CommonMutat
Additional Information	For New York patient testing, use test code 11174.

Alpha-Globin Common Mutation Analysis [NY]	
Message	Suggested NY replacement for discontinued test code 5220 Alpha-Thalassemia GenotypR™
Clinical Significance	Alpha Thalassemia is a common hereditary trait and disease among individuals of Asian heritage. Disease ranges in severity from mild abnormalities of erythrocytic indices to severe anemia. Genetic counseling may be advised for some patients.
Effective Date	**8/7/2012**
Test Code	**11174**

CPT Codes	83891, 83894, 83900, 83901 (x5), 83912
Specimen Requirements	Preferred Specimen: 5 (3) mL Whole Blood collected in an EDTA (lavender-top) tube Alternate Specimen(s): Whole Blood in EDTA (royal blue-top) tube Sodium Heparin (green-top) tube Lithium Heparin (green-top) tube ACD-B (yellow-top) tube ACD-A (yellow-top) tube
Transport Temperature	Room temperature
Specimen Stability	Room temperature: 7 days Refrigerated: 7 days Frozen: Unacceptable
Set-up/Analytic Time	Set up: Mon; Report available: 6 days
Always Message	Alpha-globin is an essential component of the hemoglobin tetramer, starting from the early stages of embryonic development. Deletion mutations involving one or both of the two alpha-globin genes (alpha1 and alpha2, located on chromosome 16p13) lead to reduced production of alpha-globin chains, and are the major cause of alpha-thalassemia. Severity of the disease is dependent on the total copy number of functional alpha-globin genes remaining. This assay detects the seven most common deletions (-alpha3.7, -alpha4.2, -alpha20.5, --SEA, --MED, -FIL, and --THAI) found in patients with alpha-thalassemia. This assay is performed by allele-specific PCR amplification of deletion mutation fragments, followed by agarose gel electrophoresis of the amplification products. It is not known what percentage of individuals with alpha-globin gene deletions will be detected by this test. For assistance with the interpretation of those results, please contact your local Quest Diagnostics genetic counselor or call 1-866-GENEINFO (436-3463). This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc. This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.
Methodology	Polymerase Chain Reaction
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Result Name** 85999222 / Alpha-Globin CommonMutat
Additional Information	For non-New York patient testing, use test code 11175.

BCR-ABL1 Gene Rearrangement, Quantitative PCR	
Message	***Includes: BCR-ABL1/ABL1, P190 BCR-ABL1, P210 BCR-ABL1*** *Suggested replacement for discontinued test code* 5352 BCR/ABL UltraQuant® Major 210 KD Transcript Whole Blood, 5352SR BCR/ABL UltraQuant® Major 210 KD Transcript Whole Blood w/ Serial Reporting and 5344 BCR/ABL UltraQuant® Minor 190 KD Transcript Bone Marrow
Clinical Significance	This reverse-transcription PCR-based assay detects the BCR-ABL1 transcript produced by the t(9;22) chromosomal translocation associated with chronic myelogenous leukemia (CML) and a subset of lymphoblastic leukemias. For the P190 transcript associated with the minor t(9;22) breakpoint in lymphoblastic leukemia, BCR-ABL1 transcript levels are expressed as a percent ratio of BCR-ABL1 to the normalizing ABL1 transcript. For the P210 transcript associated with CML, quantitation is further adjusted to the international scale (IS) to allow comparison with other IS-compliant BCR-ABL1 assays. Optimal therapy in CML is associated with transcript levels below the major molecular response (MMR) milestone indicated by a BCR-ABL1/ABL1 % (IS) below 0.1.
Effective Date	**8/7/2012**
Test Code	**91065**
CPT Codes	83891, 83902, 83898, 83896, 83912

Specimen Requirements	6 mL whole blood collected in EDTA (lavender-top) tube Alternate: 3 mL bone marrow
Instructions	Collect 6 mL of whole blood or 3 mL bone marrow in an EDTA (lavender-top) tube. Whole blood or bone marrow is shipped at room temperature or refrigerated. Do not freeze whole blood or bone marrow. After collection of the sample, draw date and time, as well as sample type, must be written on the tube and included as requested information. Ship sample immediately due to short stability of 72 hours. If the stability of the sample cannot be determined, delay in result or cancellation of test may occur. Clotted specimens are unacceptable. Do not reject.
Transport Temperature	Room temperature
Specimen Stability	Room temperature: 72 hours Refrigerated: 72 hours Frozen: Unacceptable
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 3-4 days
Reference Range	BCR-ABL1/ABL1 %: 0.000 BCR-ABL1/ABL1 % (IS): 0.000 Interpretation: Accompanies report
Methodology	Quantitative Real-Time Polymerase Chain Reaction
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

CPU Mappings

Result Code	Result Name
86008600	Prior Result: AOE
86007404	Specimen Source: AOE
86008603	BCR-ABL1/ABL1 %
86008604	BCR-ABL1/ABL1 % (IS)
86008605	Interpretation
91065-2	Reflex P190 BCR-ABL1
86008601	P190 BCR-ABL1
91065-3	Reflex P210 BCR-ABL1
86008602	P210 BCR-ABL1

Additional Information

- If P190 transcript expression was previously documented, only P190 BCR-ABL1 will be added (CPT codes: 83898; 83896).
- If P210 transcript expression was previously documented, only P210 BCR-ABL1will be added (CPT codes: 83898; 83896).
- If no prior positive is documented P190 BCR-ABL1 and P210 BCR-ABL1will be added (CPT codes: 83898(x2); 83896 (x2)).

Cystic Fibrosis Screen	
Message	Suggested replacement test code for discontinued test 5432 Cystic Fibrosis 23 Mutation Analysis and 5432FH Cystic Fibrosis 23 Mutation Analysis w/Family History
Clinical Significance	General screen for carrier status and assessment of CF risk. This test will identify approximately 90% of Cystic Fibrosis (CF) mutations in the Caucasian population, and 97% in the Ashkenazi Jewish population.
Effective Date	**8/7/2012**

Test Code	**10458**
CPT Codes	83891, 83900, 83901 (x13), 83909, 83912, 83914 (x32)
Specimen Requirements	Preferred Specimens: 4 (3) mL Whole Blood collected in EDTA (lavender-top) tube Alternate Specimens: Whole Blood collected in ACD solution B (yellow-top) tube Sodium Heparin (green-top) tube EDTA (royal blue-top) tube Lithium Heparin (green-top) tube ACD solution A (yellow-top) tube 2 mL saliva in Oragene DNA self-collection kit
Instructions	Please indicate the ethnicity of the patient. Whole blood: Normal phlebotomy procedure. Specimen stability is crucial. Store and ship ambient immediately. **Do not freeze.** Saliva: Rinse mouth, spit into collection tube until liquid phase reaches mark, seal with cap, replace funnel with small cap. See package insert. Store and ship ambient. **Do not freeze.** The oragene reagent is released from the cap. The reagent stabilizes/releases DNA from saliva. For Genetic Testing, original tube required. Aliquots for other testing from original tube are permitted, if performed without cross contamination of samples and using sterile techniques. Rinse mouth prior to spitting.
Transport Temperature	Room temperature
Specimen Stability	Whole Blood: Room temperature: 8 days Refrigerated: 8 days Frozen: Unacceptable Saliva: Room temperature: 14 days Refrigerated: 14 days Frozen: Call Lab
Set-up/Analytic Time	Set up: Daily; Report available: 4-5 days
Reference Range	See Laboratory Report
Always Message	The performance characteristics of this assay have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.
Methodology	Polymerase Chain Reaction Oligonucleotide Ligation Assay
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	

Result Code	**Result Name**
86003354	Ethnicity: AOE
85998603	CF Result
85998604	Interpretation
85998605	Mutations/Polymorphisms
85998606	Method
85998607	Reviewer

JAK2 V617F Mutation, QL w/Reflex to Exons 12 and 13 Leumeta®

Message	Suggested replacement for discontinued test code 5394 JAK2 V617F Mutation, Qual PCR, Plasma w/Rfx Exons 12, 13
Clinical Significance	Myeloproliferative disorders (MPDs) are clonal hematopoietic stem cell malignancies characterized by excessive production of blood cells by hematopoietic precursors. In addition to thrombotic and hemorrhagic complications, leukemic transformation can occur. The main members of MPD are Polycythemia Vera (PV), Essential Thrombocythemia (ET) and Idiopathic Myelofibrosis (MF). The molecular pathogenesis of most MPDs is unknown. This V617F mutation leads to constituitive tyrosine phosphorylation activity that promotes cytokine activity and induces erythrocytosis. The V617F mutation in JAK2 is a dominant gain-of function mutation that contributes to the expansion of the myeloproliferative disorder clone. JAK2 exon 12 mutations define a distinctive myeloproliferative syndrome.
Effective Date	**8/7/2012**
Test Code	**16539**
CPT Codes	83891, 83902, 83898, 83904, 83912
Specimen Requirements	Preferred Specimen: 6 (4) mL Whole Blood collected in an EDTA (lavender-top) tube Alternate Specimen: 3 (2) mL Bone Marrow collected in an EDTA (lavender-top) tube
Reject Criteria	Frozen whole blood and bone marrow
Instructions	Submission of whole blood (preferred): Follow standard whole blood collection procedure. Collect 3-5 mL whole blood samples in EDTA tube. Blood samples are shipped at room temperature or 4 degrees C. **Do not freeze whole blood.** Record the draw time and date on the tube. **Ship immediately to maintain sample stability.**
Transport Temperature	Refrigerated
Specimen Stability	Room temperature: 72 hours Refrigerated: 72 hours Frozen: Unacceptable
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 2-3 days
Reference Range	Not detected
Always Message	The V617F mutation was found in >80% of the patients with polycythemia vera (PV), 30-50% of patients with either essential thrombocythemia (ET) or myelofibrosis (MF) according to recent publications. The mutation is not detected in normal individuals. JAK2 exon 12 mutations define a distinctive myeloproliferative syndrome in patients without the V617F mutation. ***On reflex:** JAK2 exon 12 mutations define a distinctive myeloproliferative syndrome without the V617F mutation. Patients with JAK2 exon 12 mutation presented with an isolated erythrocytosis and distinctive bone marrow morphology or had reduced serum erythropoietin levels. JAK2 exon 12 mutations are rare when compared with V617F mutation, and it is always heterozygous according to publications. This is a PCR/sequencing assay. Our studies demonstrate that plasma-based testing for JAK2 provides significantly higher sensitivity and better determination of heterozygous Vs homozygous/hemizygous. Effective immediately our preferred sample type for K2 testing is plasma rather than cells. We recommend submitting whole blood for testing and plasma will be tested first; if quantity is inadequate cells will be tested. 1. Ma W. et al. Hemizygous/homozygous and heterozygous JAK2 mutation detected in plasma of patients with myeloproliferative diseases: correlation with clinical behavior. 2006. Br J Haematol. 134(3):341-3. 2. Ma et al. Higher detection rate of JAK2 mutation using plasma. Blood. 2008 Apr 1;111(7):3906- 7. This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc. This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.

Methodology	Polymerase Chain Reaction, if reflexed Sequencing
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	

Result Code	Result Name
20142	Sample Type: AOE
16539	JAK2 V617F
16539-2	Reflex JAK2 Exons 12 and 13 Mutations, Qualitative, Leumeta(TM)
16536	JAK2 exon 12 Mutations
31191	JAK2 exon 13 Mutations

JAK2 V617F Mutation, Quantitative, Plasma-Based, Leumeta ®	
Message	Suggested replacement for discontinued test code 5395 JAK2 V617F Mutation, Qual, PCR
Clinical Significance	The Jak2 tyrosine kinase (V617F) was detected in most patients (>80%) with polycythemia vera (PV), 30-50% of patients with either essential thrombocythemia (ET) or myelofibrosis. The Quantitative measurement of V617F may be useful for assessing the correlation of tumor load/phenotype; monitoring/predicting the progression or responses of the disease when MPD patients are under therapy.
Effective Date	**8/7/2012**
Test Code	**16175**
CPT Codes	83891, 83896, 83898, 83904 (x2), 83912
Specimen Requirements	Preferred Specimen: 5 (4) mL Whole Blood collected in an EDTA (lavender-top) tube Alternate Specimen: Sodium Heparin (green-top) tube
Instructions	Follow standard whole blood collection procedure. Collect 5 mL whole blood samples in an EDTA tube. Blood samples are shipped at room temperature or 4° C. **Do not freeze whole blood.** Record the draw time and date on the tube. Ship immediately to maintain sample stability.
Transport Temperature	Room temperature
Specimen Stability	Room temperature: 72 hours Refrigerated: 72 hours Frozen: Do Not Freeze
Set-up/Analytic Time	Set up: Monday; Report available: 7 days
Reference Range	Interpretation: Negative
Always Message	The V617F mutation was found in >80% of the patients with polycythemia vera (PV), 30-50% of patients with either essential thrombocythemia (ET) or myelofibrosis (MF) according to recent publications. The mutation is not detected in normal individuals. This is a PCR/sequencing assay. The sensitivity of the assay is 10% mutant allele in the background of normal allele. This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc. This test was developed and its performance characteristics have been determined by Quest Diagnostics. Performance characteristics refer to the analytical performance of the test.
Methodology	Polymerase Chain Reaction Sequencing

Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Result Name** 86004937 / JAK2 Mutation,QN,Leumeta 86004938 / Interpretation

Test Changes

Amitriptyline	
Clinical Significance	**The tricyclics are used to treat depression. Nortriptyline is an active metabolite of Amitriptyline. Therapeutic drug levels are monitored to assist the physician assessing therapeutic response and avoid toxicity.**
Effective Date	**8/6/2012**
Former Test Name	*Amitriptyline and Nortriptyline*
Test Code	**4914**
Specimen Requirements	**3.0 (1.5)** mL serum collected in red-top (no gel) tube **ACD not acceptable** **Alternates:** Serum collected in a No additive (royal blue-top) Plasma collected in a: EDTA (lavender-top), EDTA (royal blue-top), sodium heparin (green-top), lithium heparin (green-top), or sodium heparin lead-free (tan-top) tube
Reject Criteria	**Gross Hemolysis, Gel Barrier/Serum, Separator tubes**
Instructions	**Collect at steady-state trough concentration. Specimen should be collected >12 hrs after dose. Do not use gel barrier/serum separator tubes. Sodium or Lithium heparin tubes are acceptable.**
Specimen Stability	**Room Temperature: 5 days** **Refrigerated 7 days** **Frozen: Not established**
Units Of Measure	**mcg/L**
Always Message	**Remove Always Message:** **Amitriptyline + Nortriptyline therapeutic range is 100-250 ng/mL**
CPU Mappings	**Result Code** / **Result Name** 37061 / Amitriptyline **80047100** / Nortriptyline 37063 / **Total**

Clomipramine	
Clinical Significance	**Clomipramine and its active metabolite, norclomipramine are antidepressant drugs. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.**
Effective Date	**8/6/2012**
Former Test Name	*Clomipramine & Desmethylclomipramine*

Test Code	**4962**
Specimen Requirements	3 mL **(1.5)** serum collected in a red-top tube (no gel) **ACD is not acceptable** Alternates: Serum collected in a no additive (royal blue-top) Plasma collected in a: EDTA (lavender-top), EDTA (royal blue-top), sodium heparin (green-top), lithium heparin (green-top), or sodium heparin lead-free (tan-top) tube
Reject Criteria	Gross hemolysis, Gel barrier tube
Instructions	**Collect at steady state trough concentration. Specimen should be collected >12 hours after dose. Do not use gel barrier/serum separator tubes. ACD plasma is unacceptable.**
Transport Temperature	Refrigerated
Specimen Stability	**Room Temperature: 8 hours** **Refrigerated: 5 days** **Frozen: 30 days**
Reference Range	**Clomipramine: 50-250 mcg/L** **Desmethylclomipramine: 150-350 mcg/L** **Total: 200-600 mcg/L**
Units Of Measure	**mcg/L**
Always Message	Remove always message: **Desired Clomipramine (Anafranil) concentration for the treatment of chronic pain: 20 - 85 ng/mL**
CPU Mappings	**Add: Result Code** / **Result Name** **80048700** / **Total**

Clonazepam	
Clinical Significance	**Clonazepam is a benzodiazepine used as a tranquilizer. Clonazepam is used in treating patients with seizures and reducing tardive dyskinesia. Therapeutic drug monitoring is useful to avoid toxicity.**
Effective Date	**8/6/2012**
Test Code	**4918**
Specimen Requirements	Alternates: **Plasma: EDTA (lavender-top)** **EDTA (royal blue-top)** **Sodium heparin (green-top)** **Lithium heparin (green-top)**
Reject Criteria	Gel barrier tube/Serum Separator tubes
Instructions	**Collect at trough concentration, i.e., immediately before the administration of the next dose. Do not use gel barrier/Serum Separator tubes.**
Transport Temperature	Frozen
Specimen Stability	**Room Temperature: 24 hours** **Refrigerated: 72 hours** Frozen: 14 days
Set-up/Analytic Time	Report available: **1** day
Units Of Measure	**mcg/L**
Always Message	Remove always message: **Potentially toxic: >70 ng/mL**

Tests Affected	

Test Codes:	Name:
4090	Benzodiazepines Serum
RLH	Rfx Benzodiazepines Serum

Clozapine	
Clinical Significance	**Clozapine is an atypical antipsychotic agent. Norclozapine has minimal therapeutic activity.**
Effective Date	**8/6/2012**
Former Test Name	*Clozapine & Norclozapine*
Test Code	**4964**
Reject Criteria	**Gel barrier/Serum Separator tubes: Gross Hemolysis**
Transport Temperature	Refrigerated
Specimen Stability	**Room temperature: 24 hours** **Refrigerated: 5 days** **Frozen: 30 days**
Units Of Measure	**mcg/L**
Always Message	**The therapeutic response begins to appear at 100 mcg/L. Refractory schizophrenia appears to require a therapeutic concentration of at least 350 mcg/L (trough, at steady state).** **Toxic range: Greater than 1000 mcg/L**
CPU Mappings	

Result Code	Result Name
200630	Norclozapine
37230	**Clozepine**

Desipramine	
Clinical Significance	**Desipramine is a tricyclic antidepressant. Therapeutic drug levels are monitored to assist the physician assessing therapeutic response and avoid toxicity.**
Effective Date	**8/6/2012**
Test Code	**4922**
Specimen Requirements	**3.0 (1.5) mL serum collected in red-top (no gel) tube** **Add Alternate: Heparin (green-top)** **ACD not acceptable**
Reject Criteria	**Gel barrier/Serum Separator tubes;Gross hemolysis**
Instructions	**Collect at steady-state trough concentration. Specimen should be collected >12 hrs after dose. Do not use gel barrier/Serum Separator tubes. Oxalate/Fluoride tube is unacceptable**
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 5 days** **Frozen: 30 days**
Set-up/Analytic Time	Report Available: **1** day
Reference Range	**50 - 300 mcg/L**
Units Of Measure	**mcg/L**

Doxepin	
Clinical Significance	**Doxepin is a tricyclic antidepressant. Therapeutic drug levels are monitored to assist the physician assessing therapeutic response and avoid toxicity.**
Effective Date	**8/6/2012**
Former Test Name	*Doxepin & Nordoxepin*
Test Code	**4924**
Specimen Requirements	**3.0 (1.5) mL serum collected in red-top (no gel) tube**
Reject Criteria	**Gel barrier/Serum Separator tubes; Gross hemolysis**
Instructions	**Collect at steady-state trough concentration. Specimen should be collected >12 hrs after dose. Do not use gel barrier/Serum Separator tubes. ACD tube is unacceptable**
Transport Temperature	Room temperature
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	Report available: **1** day
Units Of Measure	**mcg/L**
CPU Mappings	

Result Code	**Result Name**
37086	Doxepin
37087	Nordoxepin
37088	**Total**

Fluoxetine	
Clinical Significance	**Fluoxetine is an antidepressant drug that is also used in the treatment of bulimia nervosa and obsessive-compulsive disorder. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.**
Effective Date	**8/6/2012**
Former Test Name	*Fluoxetine & Norfluoxetine*
Test Code	**4950**
Reject Criteria	**Gross hemolysis; gel barrier/Serum Separator tubes**
Instructions	**Collect at steady-state trough concentration. Specimen should be collected >12 hours after dose. Do not use gel barrier/Serum Separator tubes. ACD plasma is unacceptable**
Transport Temperature	Refrigerated
Specimen Stability	**Room temperature: 48 hours** **Refrigerated: 5 days** **Frozen: 30 days**
Set-up/Analytic Time	Report available: **2** days
Units Of Measure	**mcg/L**
CPU Mappings	

Result Code	**Result Name**
37196	Norfluoxetine

37195	Fluoxetine
37197	**Total**

Gabapentin	
Clinical Significance	**Gabapentin is an anticonvulsant drug commonly used as adjunctive therapy to treat partial seizures. Therapeutic drug monitoring is useful to optimize dose and avoid toxicity.**
Effective Date	**8/6/2012**
Test Code	**3364**
Specimen Requirements	**1.0 (0.5) mL serum collected in red-top (no gel) tube**
Reject Criteria	**Gross hemolysis; gel barrier/Serum Separator tubes**
Instructions	**Draw sample two hours after last dose. Do not use gel barrier/ Serum Separator tubes. Separate serum or plasma from red cells as soon as possible; pipette or pour into plastic transport tubes.**
Set-up/Analytic Time	Report available: **1** day

Imipramine	
Clinical Significance	**Imipramine is a tricyclic antidepressant drug used to treat depression. Therapeutic drug monitoring is used to optimize dose and avoid toxicity.**
Effective Date	**8/6/2012**
Former Test Name	*Imipramine & Desipramine*
Test Code	**4932**
Specimen Requirements	3.0 **(1.5)** mL serum **collected in red-top tube (no gel)** **ACD is not acceptable**
Reject Criteria	**Gross hemolysis; gel barrier/Serum Separator tubes.**
Instructions	**Collect at steady state trough concentration. Specimen should be collected > 12 hours after dose. Do not use gel barrier/Serum Separator tubes. ACD plasma is unacceptable**
Transport Temperature	Room temperature
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 5 days** **Frozen: 30 days**
Set-up/Analytic Time	Report available: **2** days
Reference Range	**Total**: 150 -**250 mcg/L**
Units Of Measure	**mcg/L**
CPU Mappings	

Result Code	**Result Name**
37106	Imipramine
37107	Desipramine
37108	**Total**

Nortriptyline	
Clinical Significance	**Nortriptyline is a tricyclic antidepressant. Therapeutic drug levels are monitored to assist the physician assessing therapeutic response and to avoid toxicity.**

Effective Date	**8/6/2012**
Test Code	**4930**
Specimen Requirements	**3.0 (1.5) mL** serum collected in red-top (no gel) tube **ACD tube is unacceptable** **New Alternates:** **Sodium heparin (green-top)** **Lithium heparin (green-top)** **Sodium heparin lead-free (tan-top)**
Reject Criteria	**Gel barrier/Serum Separator tubes; Gross hemolysis**
Instructions	**Collect at steady-state trough concentration. Specimen should be collected > 12 hrs after dose. Do not use gel barrier/Serum Separator tubes. ACD tube is unacceptable**
Transport Temperature	Room temperature
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 7 days** **Frozen: 30 days**
Set-up/Analytic Time	Report available: **1** day
Units Of Measure	**mcg/L**

Tricyclic Antidepressants (TCA) Confirm Serum Extended	
Effective Date	**8/6/2012**
Test Code	**4154**
Specimen Requirements	3.0 (2.0) mL serum collected in red-top (no gel) tube **ACD not acceptable** **Alternates:** Serum collected in a No additive (royal blue-top) Plasma collected in a: EDTA (lavender-top), EDTA (royal blue-top), sodium heparin (green-top), lithium heparin (greentop), or sodium heparin lead-free (tan-top) tube
Reject Criteria	Gross Hemolysis, Gel Barrier/Serum, Separator tubes
Specimen Stability	**Room Temperature: 5 days** **Refrigerated 7 days** **Frozen: Not established**
Reference Range	Desipramine: **50 - 300 mcg/L** Clomipramine: **50-250 mcg/L** Desmethylclomipramine: **150-350 mcg/L**
Units Of Measure	**mcg/L**
Always Message	Remove always message: **Desired Clomipramine (Anafranil) concentration for the treatment of chronic pain: 20 - 85 ng/mL**

Tricyclic Antidepressants (TCA) Confirmation Serum	
Effective Date	**8/6/2012**
Test Code	**4157**
Specimen Requirements	3.0 (2.0) mL serum collected in red-top (no gel) tube **ACD not acceptable** **Alternates:**

	Serum collected in a No additive (royal blue-top) Plasma collected in a: EDTA (lavender-top), EDTA (royal blue-top), sodium heparin (green-top), lithium heparin (greentop), or sodium heparin lead-free (tan-top) tube
Reject Criteria	Gross Hemolysis, Gel Barrier/Serum, Separator tubes
Specimen Stability	**Room Temperature: 5 days** **Refrigerated 7 days** **Frozen: Not established**
Reference Range	Desipramine: **50 - 300 mcg/L**
Units Of Measure	**mcg/L**

Cardiolipin Antibody (IgA)	
Effective Date	**8/7/2012**
Test Code	**4661**

Reference Range

Value	**Units**	**Interpretation**
< =11	APL	**Negative**
12 – 20	APL	**Indeterminate**
21 - 80	APL	**Low to Medium Positive**
> 80	APL	**High Positive**

Tests Affected

Test Codes:	**Name:**
7352	Cardiolipin Antibodies (IgG, IgA, IgM) [7352]
9759	Antiphospholipid Antibody Panel [9759]
9762	Lupus Anticoagulant and Cardiolipin Ab Panel with Reflexes
1080S	Antiphospholipid Syndrome Evaluation without LA
1776	Antiphospholipid Evaluation

Cardiolipin Antibody (IgG)	
Effective Date	**8/7/2012**
Test Code	**4662**

Reference Range

Value	**Units**	**Interpretation**
< =14	**GPL**	**Negative**
15 – 20	**GPL**	**Indeterminate**
21 - 80	**GPL**	**Low to Medium Positive**
> 80	**GPL**	**High Positive**

Tests Affected

Test Codes:	**Name:**

7352	Cardiolipin Antibodies (IgG, IgA, IgM) [7352]
36333	Cardiolipin Antibodies (IgG, IgM) [36333]
9759	Antiphospholipid Antibody Panel [9759]
9762	Lupus Anticoagulant and Cardiolipin Ab Panel with Reflexes
1776	Antiphospholipid Evaluation
1080S	Antiphospholipid Syndrome Evaluation without LA

Cardiolipin Antibody (IgM)	
Effective Date	**8/7/2012**
Test Code	**4663**
Reference Range	

Value	**Units**	**Interpretation**
< =12	**MPL**	**Negative**
13 – 20	**MPL**	**Indeterminate**
21 - 80	**MPL**	**Low to Medium Positive**
> 80	**MPL**	**High Positive**

Tests Affected

Test Codes:	**Name:**
7352	Cardiolipin Antibodies (IgG, IgA, IgM) [7352]
36333	Cardiolipin Antibodies (IgG, IgM) [36333]
9759	Antiphospholipid Antibody Panel [9759]
9762	Lupus Anticoagulant and Cardiolipin Ab Panel with Reflexes
1080s	Antiphospholipid Syndrome Evaluation without LA
1776	Antiphospholipid Evaluation

Redirects

JAK2 Exons 12 and 13 Mutations, Qualitative, Leumeta ®	
Clinical Significance	**Myeloproliferative disorders (MPDs) are clonal hematopoietic stem cell malignancies characterized by excessive production of blood cells by hematopoietic precursors. In addition to thrombotic and hemorrhagic complications, leukemic transformation can occur. The main members of MPD are Polycythemia Vera (PV), Essential Thrombocythemia (ET) and Idiopathic Myelofibrosis (MF). The molecular pathogenesis of most MPDs is unknown. This V617F mutation leads to constituitive tyrosine phosphorylation activity that promotes cytokine activity and induces erythrocytosis. The V617F mutation in JAK2 is a dominant-gain of function mutation that contributes to the expansion of the myeloproliferative disorder clone. JAK2 exon 12 mutations define a distinctive myeloproliferative syndrome.**
Effective Date	**8/7/2012**
Former Test Name	*JAK2 Exons 12 & 13 Mutation, Qualitative, Plasma*

Former Test Code	*5392*
Test Code	**16536**
Specimen Requirements	Preferred Specimen: **6 (4)** mL whole blood collected in an EDTA (lavender-top) tube Alternate Specimen: **3 (2) mL** bone marrow collected in an EDTA (lavender-top) tube
Reject Criteria	**Frozen whole blood and bone marrow**
Instructions	**Submission of whole blood (preferred):** Follow standard whole blood collection procedure. Collect **3-5** mL whole blood samples in an EDTA tube. Blood samples are shipped at room temperature or 4° C. **Do not freeze whole blood**. **Record the draw time and date on the tube.** Ship immediately to maintain sample stability.
Transport Temperature	**Refrigerated**
Specimen Stability	Room temperature: 72 hours Refrigerated: 72 hours **Frozen: Unacceptable** **-70 Degrees: Unacceptable**
Set-up/Analytic Time	Set up **Mon-Fri**; Report available: **3-5** days
Reference Range	**JAK2 exon 12 Mutations** — **Not detected** **JAK2 exon 13 Mutations** — **Not detected**
Always Message	JAK2 exon 12 mutations define a distinctive myeloproliferative syndrome without the V617F mutation. Patients with JAK2 exon 12 mutation presented with an isolated erythrocytosis and distinctive bone marrow morphology or had reduced serum erythropoietin levels. JAK2 exon 12 mutations are rare when compared with V617F mutation, and it is always heterozygous according to publications. This is a PCR/sequencing assay. Our studies demonstrate that plasma-based testing for JAK2 provides significantly higher sensitivity and better determination of heterozygous Vs homozygous/hemizygous. Effective immediately our preferred sample type for JAK2 testing is plasma rather than cells. We recommend submitting whole blood for testing and plasma will be tested first; if quantity is inadequate cells will be tested. 1. Ma W. et al. Hemizygous/homozygous and heterozygous JAK2 mutation detected in plasma of patients with myeloproliferative diseases: correlation with clinical behavior. 2006. Br J Haematol. 134(3):341-3. 2. Ma et al. Higher detection rate of JAK2 mutation using plasma. Blood. 2008 Apr 1;111(7):3906- 7. This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc. **This test was developed and its performance characteristics have been determined by Quest Diagnostics. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Polymerase Chain Reaction** **Sequencing**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Analyte Code** — **Result Name** 20142 — SAMPLE TYPE: AOE 16536 — JAK2 exon 12 Mutations 31191 — JAK2 exon 13 Mutations

JAK2 V617F, QL, w/rfl to Exons 12,13 and MPL W515, S505	
Clinical Significance	Diagnose polycythemia vera (PV), essential thrombocythemia (ET), and idiopathic myelofibrosis (MF)
Effective Date	**8/7/2012**
Former Test Name	*JAK2 V617F Mutation Ql, w/Rfx Exons 12, 13 & MPL W515, S505*
Former Test Code	*5396*
Test Code	**16538**
Specimen Requirements	Preferred Specimen: **6 (4)** mL Whole Blood collected in an EDTA (lavender-top) tube Alternate Specimen: **3 (2) mL** Bone Marrow collected in an EDTA (lavender-top) tube
Reject Criteria	**Frozen whole blood and bone marrow**
Instructions	Submission of whole blood (Preferred): Follow standard whole blood collection procedure. Collect **5-6** mL whole blood samples in an EDTA tube. Blood samples are shipped at RT or 4 degrees C. **Do not freeze whole blood. Record the draw time and date on the tube.** Ship immediately to maintain sample stability.
Transport Temperature	**Refrigerated**
Specimen Stability	Room temperature: 72 hours Refrigerated: 72 hours **Frozen: Unacceptable**
Reference Range	Not Detected
Always Message	**The V617F mutation was found in >80% of the patients with polycythemia vera(PV), 30-50% of patients with either essential thrombocythemia (ET) or myelofibrosis (MF) according to recent publications. The mutation is not detected in normal individuals. JAK2 exon 12 mutations define a distinctive myeloproliferative syndrome in patients without the V617F mutation.** **Reflex 16538-2** **JAK2 exon 12 mutations define a distinctive myeloproliferative syndrome without the V617F mutation. Patients with JAK2 exon 12 mutation presented with an isolated erythrocytosis and distinctive bone marrow morphology or had reduced serum erythropoietin levels. JAK2 exon 12 mutations are rare when compared with V617F mutation, and it is always heterozygous according to publications.** **This is a PCR/sequencing assay.** **Our studies demonstrate that plasma-based testing for JAK2 provides significantly higher sensitivity and better determination of heterozygous Vs homozygous/hemizygous. Effective immediately our preferred sample type for JAK2 testing is plasma rather than cells. We recommend submitting whole blood for testing and plasma will be tested first; if quantity is inadequate cells will be tested.** **1. Ma W. et al. Hemizygous/homozygous and heterozygous JAK2 mutation detected in plasma of patients with myeloproliferative diseases: correlation with clinical behavior. 2006. Br J Haematol. 134(3):341-3.** **2. Ma et al. Higher detection rate of JAK2 mutation using plasma. Blood. 2008 Apr 1;111(7):3906-7.** **This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.** **This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. Performance characteristics refer to the analytical performance of the test.** **Reflex 16538-3** **MPL W515 mutations are present in patients with idiopathic myelofibrosis or essential thrombocythemia at a frequency of approximately 5% and 1%, respectively. The S505 mutation is usually detected in patients with familial essential thrombocythemia.**

	The MPL W515 and S505 mutations are not detected in normal individuals. **This assay detects only mutations that are within the amplicons generated. Sequence changes that are in the PCR primer sites will not be detected. Degraded RNA sample will cause PCR failure and uninterpretable results.** **This PCR/sequencing assay can detect 10% of mutant cells in the background of wildtype cells.** **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** **Sequencing**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	

Result Code	Result Name
20142	Sample Type: AOE
16539	JAK2 V617F
16538-2	**Reflex JAK2 Exons 12 and 13 Mutations, Ql, Leumeta ™**
16536	JAK2 exon 12 Mutations
31191	JAK2 exon 13 Mutations
16538-3	**Reflex MPL W515 & MPL S505 Mut. Analysis, Ql, Leumeta ™**
31195	MPL W515 Mutation
31196	MPL S505 Mutation

Pain Management, CYP450 2D6/2C19 Geno, Qual [NY]	
Effective Date	**8/7/2012**
Test Code	**18947**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	

Result Code	Result Name
86006794	**Result**
86008125	**CYP2C19 Genotype**
86008126	**CYP2D6 Genotype**
86006795	**Interpretation**
86008127	**Drug Information**
86006796	**Laboratory Director**

Pain Management, CYP450 2D6/2C19 Geno, Qualitative	
Effective Date	**8/7/2012**
Test Code	**18946**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

CPU Mappings	

Result Code	Result Name
86006794	**Result**
86008125	**CYP2C19 Genotype**
86008126	**CYP2D6 Genotype**
86006795	**Interpretation**
86008127	**Drug Information**
86006796	**Laboratory Director**

Discontinued Tests

AccuType® Metformin	
Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**5270**

Alpha-Thalassemia GenotypR™	
Message	Suggested replacement test code 11175 Alpha-Globin Common Mutation Analysis
Effective Date	**8/7/2012**
Test Code	**5220**

AmpliChip™ CYP450 2D6 & 2C19 GenotypR™	
Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**4565**

BCR/ABL UltraQuant® Major 210 KD Transcript Bone Marrow	
Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**5342**
Tests Affected	

Test Codes:	**Name:**
5342SR	BCR/ABL ULTRAQUANT MAJOR 210 KD TRANSCRIPT BM, W/SER REP

BCR/ABL UltraQuant® Major 210 KD Transcript Whole Blood	
Message	Suggested replacement test code 91065 BCR-ABL1 Gene Rearrangement, Quantitative PCR
Effective Date	**8/7/2012**

Test Code	**5352**
Tests Affected	**Test Codes:** / **Name:** 5352SR / BCR/ABL UltraQuant® Major 210 KD Transcript Whole Blood w/ Serial Reporting

BCR/ABL UltraQuant® Minor 190 KD Transcript Bone Marrow	
Message	Suggested replacement test code 91065 BCR-ABL1 Gene Rearrangement, Quantitative PCR
Effective Date	**8/7/2012**
Test Code	**5344**
Tests Affected	**Test Codes:** / **Name:** 5344SR / BCR/ABL UltraQuant® Minor 190 KD Transcript Bone Marrow w/ Serial Reporting

BCR/ABL UltraQuant® Minor 190 KD Transcript Whole Blood	
Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**5354**
Tests Affected	**Test Codes:** / **Name:** 5354SR / BCR/ABL UltraQuant® Minor 190 KD Transcript Whole Blood w/ Serial Reporting

Chromosomes X-Y Aneuploidy DetectR™	
Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**5859**
Tests Affected	**Test Codes:** / **Name:** 5859BK / CHROMOSOMES X & Y ANEUPLOIDY DETECTR-PARAFFIN BLOCK [PCR]

Cystic Fibrosis 23 Mutation Analysis	
Message	Suggested replacement code 10458 Cystic Fibrosis Screen
Effective Date	**8/7/2012**
Test Code	**5432**
Tests Affected	**Test Codes:** / **Name:** 5432FH / Cystic Fibrosis 23 Mutation Analysis w/Family History

Cystic Fibrosis 23 Mutation Analysis, Fetus w/Reflex MCC

Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**5434**

FcGammaRIIa & FcGammaRIIIa Mutation Analysis	
Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**5388**

JAK2 V617F Mutation, Qual PCR, Plasma w/Rfx Exons 12, 13	
Message	Suggested replacement test code 16539 JAK2 V617F Mutation, Qualitative PCR, Leumeta(R) with Reflex to Exons12,13
Effective Date	**8/7/2012**
Test Code	**5394**

JAK2 V617F Mutation, Qual, PCR	
Message	Suggested replacement test code 16175 JAK2 V617F Mutation, Quantitative, Plasma-Based, Leumeta ®
Effective Date	**8/7/2012**
Test Code	**5395**

MPL W515 & MPL S505 Mutation Analysis, Qualitative, Plasma	
Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**5398**

Thrombotic Risk AssessR™ for Obstetric Complications	
Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**4555**

UGT1A1 (Camptosar/Irinotecan) GenotypR™	
Message	Test discontinued due to low volume. There is no replacement available.
Effective Date	**8/7/2012**
Test Code	**5384**

New York Update

SureSwab(TM) Assays	
Message	The following tests are now available for New York patient testing at Quest Diagnostics Nichols Institute, Valencia: • **16495** SureSwab(TM), Candida albicans DNA (16495)

	• **16494** SureSwab(TM), Candidiasis, PCR (16494) • **16898** SureSwab(TM), Bacterial Vaginosis DNA, Quantitative RT-PCR • **15509** SureSwab(TM), Bacterial Vaginosis/vaginitis • **17333** SureSwab(TM), Vaginosis/Vaginitis Plus - (17333) • **16491** SureSwab(TM), Vaginosis, CT/NG
Effective Date	**6/11/2012**