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

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 #**
91230	**MSH6 Gene Deletion or Duplication**	10/8/2012	3
38583	**Molybdenum, Blood**	10/15/2012	4

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 #**
S51638		Histamine, Urine w/ Creatinine [4946X]	9/25/2012	4
S51743		*Bordetella pertussis/parapertussis* DNA, Qual R-T PCR [45400]	10/8/2012	4
4862		Aluminum	10/15/2012	5
4867W		**Arsenic, Blood**	10/15/2012	5
5374X	S51439	**Bismuth, Blood**	10/15/2012	5
4868W		**Cadmium, Blood**	10/15/2012	6
6085		**Chromium, Blood**	10/15/2012	7
4882P		**Chromium, Plasma**	10/15/2012	7
4882		**Chromium, Serum**	10/15/2012	7
4884W		**Cobalt, Blood**	10/15/2012	8
4870		Copper	10/15/2012	8
4080W		**Heavy Metals Panel, Blood**	10/15/2012	8
4861W		**Lead, Blood**	10/15/2012	9
4861I		**Lead, Blood (OSHA)**	10/15/2012	10
4872		**Manganese**	10/15/2012	11
4872W		**Manganese, Blood**	10/15/2012	12
4873W		**Mercury, Blood**	10/15/2012	12
4886W		**Thallium, Blood**	10/15/2012	12
4877		Zinc	10/15/2012	13
10024		CD3, IHC with Interpretation	10/22/2012	13
S52098		FISH, B-Cell Chronic Lymphocytic Leukemia Panel	10/22/2012	13
S51650		Vitamin C [929X]	10/22/2012	14
S51526		Herpesvirus 7 IgG and IgM Antibody Panel IFA [40543]	10/29/2012	14
S51525		Herpesvirus 7 IgG Antibody, IFA [40542]	10/29/2012	15
S51527		Herpesvirus 7 IgM Antibody, IFA [40541]	10/29/2012	15
S51528		Herpesvirus 8 IgG Antibody, IFA [40544]	10/29/2012	15

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 #**
252	3116	**Arginine Vasopressin (AVP, Antidiuretic Hormone)**	10/8/2012	16
34878	1033	Glutamic Acid Decarboxylase-65 Antibody	10/8/2012	17
36178	3876	**Insulin Autoantibody**	10/9/2012	17
S50070		**SMA Diagnostic Test**	10/22/2012	18

DISCONTINUED TESTS Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.			
Test Code	**Test Name**	**Effective Date**	**Page #**
S52441N	Paroxysmal Nocturnal Hemoglobinuria: CD59 Flow Cytometry [71501] [NY]	10/8/2012	19
1031	Diabetes Evaluation	10/9/2012	19
1032	Diabetes Mellitus Type 1 Autoantibody Evaluation	10/9/2012	19
S51448	Maprotiline [21359X]	10/15/2012	19
S42155	Propranolol [4165]	10/15/2012	19
S51444	Strontium, Blood [26508X]	10/15/2012	19

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 #**
S51868		Antidepressants Panel, Urine [8700U]	10/1/2012	20
S49732		Antimony Urine [0412]	10/1/2012	20
S50371		Beryllium, Urine [0638U]	10/1/2012	20
S44310		Nefazodone (Serzone®) [3145SP]	10/1/2012	20
S47900		Trazodone Urine [4535]	10/1/2012	21
S50631		Vanadium Quantitation Urine [4765U]	10/1/2012	21

Announcement

August 2012

Re: SureSwab® Bacterial Vaginosis Quantitative PCR

Dear Valued Client,
We are pleased to announce the addition of a test results pattern category in the SureSwab® Bacterial Vaginosis (BV) Quantitative PCR test report. We developed the categorization using several published studies with the final criteria provided in the body of the report comments. We will report the BV categorization using the following descriptions:

BV Category	Significance
Not Supportive	The pattern of results is not supportive of a diagnosis of BV
Equivocal	The pattern of results is neither supportive nor not supportive of a diagnosis of BV. The patient may be in transition into or out of BV.
Supportive	The pattern of results is supportive of a diagnosis of BV

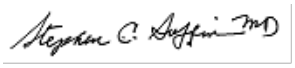
Bacterial Vaginosis (BV) is an important public health problem:

- Affecting approximately 29% of women of reproductive age
- Acommon cause of vaginal symptoms
- Is associated with pelvic inflammatory disease, premature labor and delivery, and low birth-weight infants

Kindly visit our website @ www.questdiagnostics.com for additional information and literature references.

An important part of our relationship with you is our steadfast commitment to delivering high quality, innovative laboratory testing, information and services in a clinically easy to use format. We appreciate your support and look forward to continuing to serve all of your laboratory needs. If you have any questions regarding this enhancement, please feel free to call your Quest Diagnostics Sales Representative.

Sincerely,



Vice President & Chief Laboratory Officer

New Offerings

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

MSH6 Gene Deletion or Duplication	
Clinical Significance	This assay detects large deletions/duplications in the MSH6 gene in HNPCC patients. It can be used as part of the molecular diagnostic workup in HNPCC patients. It can also be used to detect familial large deletions/duplications in relatives of HNPCC patients.
Effective Date	**10/8/2012**
Test Code	**91230**
CPT Codes	**83891; 83900; 83901 (x16); 83909; 83912, or 81300* *The 2012 AMA CPT codebook contains Tier 1 and Tier 2 Molecular Pathology Procedures as well as Molecular Pathology Procedures to be coded by procedure rather than analyte. Please direct any questions regarding coding to the payor being billed.**
Specimen Requirements	**5 mL whole blood collected in an EDTA (purple-top) tube with sodium metabisulfite Whole blood: normal phlebotomy procedure. Specimen stability is crucial. Store and ship ambient immediately. Do not freeze.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 8 days Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Fri; Report available: 7 days**
Reference Range	**Accompanies report**
Methodology	**Semi-quantitative Fluorescent PCR**

Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**Result Code** / **Result Name** **86008784** / **MSH6 Deletion, Duplication**

Molybdenum, Blood	
Clinical Significance	Molybdenum is an essential trace element. In anemia, molybdenum concentration decreases in both erythrocytes and plasma. Toxic doses can cause anemia and abnormal copper metabolism.
Effective Date	**10/15/2012**
Test Code	**38583**
CPT Codes	83018
Specimen Requirements	4 mL whole blood collected in an EDTA (royal blue-top) tube (2 mL minimum) Collection Instructions: Patient should refrain from taking mineral supplements 3 days before specimen collection and from eating legumes and leafy vegetables 2 days before specimen collection.
Reject Criteria	Gross hemolysis; Received room temperature; Received frozen; Clotted
Instructions	Patient should refrain from taking mineral supplements 3 days before specimen collection and from eating legumes and leafy vegetables 2 days before specimen collection.
Transport Temperature	Refrigerated
Specimen Stability	Room temperature: 48 hours Refrigerated: 5 days Frozen: Unacceptable
Set-up/Analytic Time	Set up: Tue, Thurs, Sat; Report available: 2-4 days
Reference Range	2.1 OR LESS mcg/L
Units Of Measure	mcg/L
Methodology	Inductively Couple Plasma/Mass Spectrometry
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** 85994728 / Molybdenum, Blood

Test Changes

Histamine, Urine w/ Creatinine [4946X]	
Effective Date	**9/25/2012**
Test Code	**S51638**
Units Of Measure	Histamine, 24 hr Urine **m**g/24h

***Bordetella pertussis/parapertussis* DNA, Qual R-T PCR [45400]**	
Effective Date	**10/8/2012**
Test Code	**S51743**

Reject Criteria	**Gel Amies**

Aluminum	
Effective Date	**10/15/2012**
Test Code	**4862**
Instructions	**Draw one royal blue top tube of blood and discard. Draw second royal blue top tube. Allow to clot in an upright position. Centrifuge and pour (do not pipette) the serum or plasma into an acid washed or metal-free vial.**
Always Message	Dialysis **Patient**: < 40 mcg/L
Methodology	**Inductively-Coupled Plasma/Mass Spectrometry**
CPU Mappings	**Result Code** / **Result Name** 53300 / **Aluminum**

Arsenic, Blood	
Effective Date	**10/15/2012**
Former Test Name	*Arsenic, Whole Blood*
Test Code	**4867W**
Specimen Requirements	**4 mL** whole blood collected in an EDTA (royal blue-top) tube **(2 mL minimum)** preferred. Sodium heparin (royal blue-top tube) is acceptable.
Reject Criteria	**Clotted**
Instructions	**Remove:** **Collect Whole Blood EDTA Trace Metal Royal Blue Top or Whole Blood NaHEP Trace Metal Royal Blue Top**
Specimen Stability	**Room temperature and Refrigerated: 10 days** **Frozen: Unacceptable**
Always Message	**Arsenic:**< 23 mcg/L **Whole Blood Arsenic level >100 mcg/L is indicative of acute/chronic exposure.** Urine is usually the best specimen for the analysis of arsenic in body fluids. Blood levels tend to be low even when urine concentrations are high.
CPU Mappings	**Result Code** / **Result Name** 53343 / **Arsenic, Blood**
Tests Affected	**Test Codes:** / **Name:** 4080W / Heavy Metals Whole Blood

Bismuth, Blood	
Clinical Significance	Excessive use of Bismuth containing medications may cause renal damage and other adverse effects.
Effective Date	**10/15/2012**
Former Test Name	*Bismuth, Blood [5374X]*
Former Test Code	*S51439*

Test Code	**5374X**
CPT Codes	83018
Specimen Requirements	4 mL whole blood collected in an EDTA (royal blue-top) tube (2 mL minimum). **Sodium heparin (royal blue-top) tube is acceptable.** **Collection Instructions: Avoid taking bismuth preparations such as Pepto-Bismol for at least 1 week prior to collection.**
Reject Criteria	**Gross hemolysis, clotted**
Transport Temperature	**Refrigerated**
Specimen Stability	Room temperature: 48 hours Refrigerated: 7 days Frozen: Unacceptable
Set-up/Analytic Time	**Set up: Tues, Thurs, Sat; Report available: 2-4 days**
Reference Range	**Nonexposed:** <0.5 mcg/L Therapeutic: 4-30 mcg/L Toxic: > 50 mcg/L
Methodology	Inductively Coupled Plasma/Mass Spectrometry
Performing Site	**This test previously performed at Quest Diagnostics Nichols Institute, San Juan Capistrano will now be performed at Quest Diagnostics Nichols Institute, Valencia**
CPU Mappings	**Result Code** / **Result Name** **85993079** / Bismuth, Blood

Cadmium, Blood	
Effective Date	**10/15/2012**
Former Test Name	*Cadmium Whole Blood*
Test Code	**4868W**
Specimen Requirements	**4 mL** whole blood collected in an EDTA (royal blue-top) tube **(2 mL minimum).** Sodium heparin (royal blue-top) tube is acceptable. **Collection Instructions: Avoid worksite collection. Phlebotomist should wear powderless gloves.**
Reject Criteria	**Clotted**
Specimen Stability	**Room temperature, Refrigerated and Frozen: 14 days**
Always Message	**Adults, Non-Smokers: < or = 1.7 mcg/L** **Adults, Smokers: < or = 5.0 mcg/L** **OSHA Reference Range: < or = 5.0 mcg/L** **Toxic Concentration: Early signs of toxicity have been observed at 30 mcg/L**
CPU Mappings	Result Code / Result Name 53373 / **Cadmium, Blood**
Tests Affected	**Test Codes:** / **Name:** 4500I / Cadmium Exposure Panel OSHA - Whole Blood

Chromium, Blood	
Effective Date	**10/15/2012**
Former Test Name	*Chromium, Whole Blood*
Test Code	**6085**
Specimen Requirements	4 mL whole blood collected in an EDTA (royal blue-top) tube **(0.7 mL minimum)** **Collection Instructions: Patient should refrain from taking mineral supplements and multivitamin three days before specimen collection. To avoid contamination, use powderless gloves. Draw one royal blue top tube of blood and discard. Draw second royal blue top tube, label tube with patient name**.
Reject Criteria	**Clotted**
CPU Mappings	**Result Code** / **Result Name** 86007157 / **Chromium, Blood**

Chromium, Plasma	
Effective Date	**10/15/2012**
Former Test Name	*Chromium Plasma*
Test Code	**4882P**
Specimen Requirements	2 mL plasma collected in an EDTA (royal blue-top) tube (1 mL minimum). **Sodium heparin (royal blue-top) tube is acceptable.** **Collection Instructions: Draw one royal blue-top tube of blood and discard. Draw second royal blue-top tube. Centrifuge and pour (do not pipette) the plasma into a metal-free tube.**
Reject Criteria	**Remove current reject criteria**
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 10 days** **Frozen: 21 days**
Methodology	**Inductively-Coupled Plasma/Mass Spectrometry**
CPU Mappings	**Result Code** / **Result Name** 211178 / Chromium**,** Plasma

Chromium, Serum	
Effective Date	**10/15/2012**
Test Code	**4882**
Specimen Requirements	2 mL serum collected in no additive (royal blue-top) tube (1 mL minimum). **Draw one royal blue-top tube of blood and discard. Draw second royal blue-top tube. Allow blood to clot in an upright position. Centrifuge and pour (do not pipette) the serum into a metal-free tube**
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 10 days** **Frozen: 21 days**
Methodology	**Inductively-Coupled Plasma/Mass Spectrometry**
CPU Mappings	**Result Code** / **Result Name** 211177 / **Chromium, Serum**

Cobalt, Blood	
Effective Date	**10/15/2012**
Former Test Name	*Cobalt Whole Blood*
Test Code	**4884W**
Specimen Requirements	4 mL whole blood collected in an EDTA (royal blue-top) tube (2 mL minimum). **Sodium heparin (royal blue-top) tube is acceptable.** **Collection Instructions: Avoid worksite collection. To avoid contamination, use powderless gloves. Do not aliquot specimens. Patient should refrain from taking mineral supplements, vitamin B12, or vitamin B complex three days before specimen collection.**
Reject Criteria	**Remove current reject criteria**
CPU Mappings	**Result Code** / **Result Name** 211200 / **Cobalt, Blood**

Copper	
Effective Date	**10/15/2012**
Test Code	**4870**
Specimen Requirements	2 mL serum (0.7 mL minimum) collected in a royal blue-top (no additive) trace element tube preferred. 2 mL plasma (0.7 mL minimum) collected in an EDTA **or Sodium heparin (royal blue-top) tubes** **Separate serum or plasma from cells within two hours. Transfer separated serum/plasma to a plastic acid washed or metal free vial.**
Reject Criteria	**Hemolysis; serum or plasma not separated from cells; samples submitted in non-trace metal or non acid washed containers.**
CPU Mappings	**Result Code** / **Result Name** 53330 / **Copper**

Heavy Metals Panel, Blood	
Effective Date	**10/15/2012**
Former Test Name	*Heavy Metals Whole Blood*
Test Code	**4080W**
Specimen Requirements	**4 mL whole blood collected in an EDTA (royal blue-top) tube (2 mL minimum). Sodium heparin (royal blue-top) tube is acceptable.** **Collection Instructions: Carefully clean skin prior to venipuncture. Avoid worksite collection. Avoid seafood consumption for 48 hrs prior to sample collection**
Reject Criteria	**Clotted**
Specimen Stability	Room temperature: 5 days Refrigerated: 7 days **Frozen: Unacceptable**
Reference Range	**Arsenic:**< 23 mcg/L **Whole Blood Arsenic level >100 mcg/L is indicative of acute/chronic exposure.** Urine is usually the best specimen for the analysis of arsenic in body fluids. Blood levels tend to be low even when urine concentrations are high.

	Mercury: < or = 10 mcg/L Lead: Birth to 6 years: <5 mcg/dL >6 years: <10 mcg/dL Blood lead levels in the range of 5-9 mcg/dL have been associated with adverse health effects in children aged 6 years and younger. Patient management varies by age and CDC Blood Lead Level range. Refer to the CDC website regarding Lead Publications/Case Management for recommended interventions.
CPU Mappings	**See Individual Assays:** 4867W Arsenic, Blood 4873W Mercury, Blood 4861W Lead, Blood

Lead, Blood	
Effective Date	**10/15/2012**
Former Test Name	*Lead Whole Blood*
Test Code	**4861W**
Specimen Requirements	3 mL whole blood collected in a K2 EDTA (tan-top) tube (0.5 mL minimum) Sodium heparin lead-free (tan-top), EDTA (royal blue-top) and Sodium heparin (royal blue-top) tubes are acceptable. **0.5 mL capillary blood collected in an EDTA (lavender-top) capillary tube (0.2 mL minimum) is acceptable. Collection Instructions: Collection material such as alcohol swabs should be lead-free. Use powderless gloves. For capillary collection, wash hands thoroughly with soap and dry with clean, low-lint towel. Once washed, fingers must not come into contact with any surface. Clean skin (finger or other area for venipuncture) with lead free alcohol swab prior to puncture. Avoid work site collection.**
Reject Criteria	**Clotted**
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 14 days** **Frozen: 60 days**
Always Message	Lead: Birth to 6 years: <5 mcg/dL >6 years: <10 mcg/dL Blood lead levels in the range of 5-9 mcg/dL have been associated with adverse health effects in children aged 6 years and younger. Patient management varies by age and CDC Blood Lead Level range. Refer to the CDC website regarding Lead Publications/Case Management for recommended interventions.
Methodology	Atomic Spectroscopy/**Inductively-Coupled Plasma/Mass Spectrometry**
CPU Mappings	

Result Code	Type	Result Name
Remove 22297		**Specimen**
22309		**Lead, Blood**
80004720	**AOE**	**Collection Sample**
80004900	**AOE**	**Patient Street Address**
80004901	**AOE**	**Patient City**
80004902	**AOE**	**Patient State**
80004903	**AOE**	**Patient Zip Code**
80004904	**AOE**	**Patient County**
80004905	**AOE**	**Patient Phone Number**
80004921	**AOE**	**Patient Occupation**

80004906	**AOE**	**Race**
80004907	**AOE**	**Ethnicity**
80004914	**AOE**	**Employment Status**
80004915	**AOE**	**Employer**
80004916	**AOE**	**Employer Address**
80004917	**AOE**	**Employer City**
80004918	**AOE**	**Employer State**
80004919	**AOE**	**Employer Zip**
80004920	**AOE**	**Employer Phone**
85989314	**AOE**	**Parent's Last Name**
85989315	**AOE**	**Parent's First Name**
85989316	**AOE**	**Parent's Phone Number**
85989317	**AOE**	**Medical Provider**
85989318	**AOE**	**Provider's Street Address**
85989319	**AOE**	**Provider's City**
85989321	**AOE**	**Provider's State**
85989322	**AOE**	**Provider's Zip Code**
85989323	**AOE**	**Provider's Phone Number**

Tests Affected

Test Codes:	**Name:**
4861X	LEAD, BLOOD (PRIORITY)
4861I	LEAD, BLOOD (OSHA)
4861IX	LEAD, BLOOD (OSHA PRIORITY)
4861CP	LEAD CAPILLARY
4080W	HEAVY METALS PANEL, BLOOD

Lead, Blood (OSHA)	
Effective Date	**10/15/2012**
Former Test Name	*Lead Whole Blood, Industrial - OSHA*
Test Code	**4861I**
Specimen Requirements	3 mL **whole blood collected in a K2 EDTA (tan-top) tube** (0.5 mL minimum) **Sodium heparin lead-free (tan-top), EDTA (royal blue-top) and Sodium heparin (royal blue-top) tubes are acceptable.** **Collection Instructions: Collection material such as alcohol swabs should be lead-free. Avoid work site collection.**
Reject Criteria	**Clotted**
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 14 days** **Frozen: 60 days**

Always Message	**Industrial Exposure: <40 mcg/dL** **mcg/dL = mcg/100g for OSHA** **(Refer to current governmental regulations for exposure criteria.)**
Methodology	Atomic Spectroscopy/**Inductively-Coupled Plasma/Mass Spectrometry**

CPU Mappings

Result Code	Type	Result Name
22311		Lead, Blood (OSHA)
86005356	AOE	Date of Birth
85989305	AOE	Gazetteer Code
80003400	AOE	Patient Race
85989307	AOE	Hispanic
85998631	AOE	Venous/Capillary
80004900	AOE	Patient Street Address
80004901	AOE	Patient City
80004902	AOE	Patient State
80004903	AOE	Patient Zip Code
80004905	AOE	Patient Phone Number
85989313	AOE	Purpose of Test
85989314	AOE	Parent's Last Name
85989315	AOE	Parent's First Name
85989316	AOE	Parent's Phone Number
85989317	AOE	Medical Provider
85989318	AOE	Provider's Street Address
85989319	AOE	Provider's City
85989321	AOE	Provider's State
85989322	AOE	Provider's Zip Code
85989323	AOE	Provider's Phone Number

Manganese	
Effective Date	**10/15/2012**
Former Test Name	*Manganese, Serum/Plasma*
Test Code	**4872**
Specimen Requirements	2 mL serum collected in a no additive (royal blue-top) tube **(0.7 mL minimum).** 2 mL plasma collected in an **EDTA (royal blue-top) or Sodium heparin (royal blue-top) tube is acceptable. (0.7 mL minimum). Sodium heparin lead-free (tan top) tube is unacceptable.** **Collection Instructions: Carefully clean skin prior to venipuncture. Avoid hemolysis. Avoid worksite collection. For serum samples, blood may be drawn into royal blue-top evacuated tube without additive, allow to clot and centrifuge within 4 hours of collection. Pour off plasma/serum into an acid washed metal free tube for transportation. Use powderless gloves. For plasma samples, follow the above instructions except that the sample does not go through the clotting process.**
Reject Criteria	**Hemolysis; sodium heparin lead-free (tan-top) tube.**

Specimen Stability	Room temperature: 7 days Refrigerated: 30 days **Frozen: 60 days**
CPU Mappings	**Result Code** / **Result Name** 53423 / **Manganese**

Manganese, Blood	
Effective Date	**10/15/2012**
Former Test Name	*Manganese Whole Blood*
Test Code	**4872W**
Specimen Requirements	2 mL **whole blood collected in an EDTA (royal blue-top) tube** (1 mL minimum)**. Sodium heparin (royal blue-top) tube is acceptable. Sodium heparin lead-free (tan top) tube is unacceptable.** **Collection Instructions: Carefully clean skin prior to venipuncture. Avoid worksite collection**
Reject Criteria	**Sodium heparin lead-free (tan-top) tube.**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 4 hours** **Frozen: 60 days**
CPU Mappings	**Result Code** / **Result Name** 53424 / **Manganese, Blood**

Mercury, Blood	
Effective Date	**10/15/2012**
Former Test Name	*Mercury Whole Blood*
Test Code	**4873W**
Specimen Requirements	**4 mL** whole blood collected in an EDTA (royal blue-top) tube **(2 mL minimum).** **Collection Instructions: Carefully clean skin prior to venipuncture. Avoid worksite collection. Avoid seafood consumption for 48 hrs prior to sample collection.**
Reject Criteria	**Clotted**
Specimen Stability	Room temperature: 5 days Refrigerated: 7 days **Frozen: Unacceptable**
Always Message	**Remove Always Message**: Whole blood mercury level >50 mcg/L is indicative of significant acute/chronic exposure.
CPU Mappings	**Result Code** / **Result Name** 53353 / **Mercury, Blood**
Tests Affected	**Test Codes:** / **Name:** 4080W / Heavy Metals Panel, Blood

Thallium, Blood	
Effective Date	**10/15/2012**
Former Test Name	*Thallium Whole Blood*
Test Code	**4886W**
Specimen Requirements	4 mL whole blood collected in an EDTA (royal blue-top) tube (2 mL minimum). **Sodium heparin (royal blue-top) tube is acceptable.** **Collection Instructions: Carefully clean skin prior to venipuncture. Avoid worksite collection.**
CPU Mappings	**Result Code** / **Result Name** 211191 / **Thallium, Blood**

Zinc	
Effective Date	**10/15/2012**
Test Code	**4877**
Specimen Requirements	2 mL plasma collected in an EDTA (royal blue-top) tube (0.7 mL minimum). 2 mL serum collected in a no additive (royal blue-top) tube is acceptable. (0.7 mL minimum) **Collection Instructions: Separate plasma or serum from cells within two hours. Transfer separated plasma/serum to a plastic acid washed or metal free vial.**
Reject Criteria	**Hemolysis; Plasma/Serum not separated from cells within 2 hours; samples submitted in non-trace metal or non acid washed containers.**
Methodology	**Inductively-Coupled Plasma/Mass Spectrometry**
CPU Mappings	**Result Code** / **Result Name** 53310 / **Zinc**

CD3, IHC with Interpretation	
Effective Date	**10/22/2012**
Test Code	**10024**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Type** / **Result Name** **86007405** / AOE / **Paraffin Block Number** **86007575** / AOE / **Primary Tumor Site** **86003734** / / Quest Internal Number **85992040** / / CD3, IHC w/ interp

FISH, B-Cell Chronic Lymphocytic Leukemia Panel	
Effective Date	**10/22/2012**
Test Code	**S52098**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

CPU Mappings

Result Code	Type	Result Name
86004054		**FISH,B-cell Chronic Lymph**
85997860	AOE	**Specimen Type/Source/Volume:**
86007537	AOE	**Clinical Indication:**
86001207	AOE	**Prior Therapy/Transplant:**
86007538	AOE	**Referring Physician:**
85997863	AOE	**Referring Physician Phone:**
85997864	AOE	**Client/Phone #:**
86007469	AOE	**Client Accession#:**
86007539	AOE	**Patient ID:**

Vitamin C [929X]	
Effective Date	**10/22/2012**
Test Code	**S51650**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	

Result Code	Result Name
85987460	**Vitamin C**

Herpesvirus 7 IgG and IgM Antibody Panel IFA [40543]	
Effective Date	**10/29/2012**
Test Code	**S51526**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** Refrigerated: 14 days Frozen: 30 days
Reference Range	**IgG <1:320** IgM <1:20
Always Message	**REFERENCE RANGE: IgG <1:320** **IgM <1:20** **Human Herpesvirus 7 (HHV-7), a close relative of HHV-6, is found in >85% of the population, with transmission occurring in early childhood. Like HHV-6, HHV-7 is a cause of exanthem subitum (roseola infantum). Due to the ubiquitous nature of HHV-7 infection, >80% of individuals in the general population exhibit HHV-7 IgG titers > or = 1:20; however, only 5% of these individuals exhibit titers >1:320. Thus, HHV-7 IgG titers >1:320 are suggestive of recent HHV-7 infection. Detection of HHV-7-specific IgM is also indicative of recent infection.** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.**
Assay Category	**Laboratory Developed Test**
Performing Site	Focus Diagnostics, Inc.
CPU Mappings	

Result Code	Result Name

	110615 **Herpesvirus 7 Ab IgG, IFA** 110616 **Herpesvirus 7 Ab IgM, IFA**
Additional Information	**Remove result code Interpretation.**

Herpesvirus 7 IgG Antibody, IFA [40542]	
Effective Date	**10/29/2012**
Test Code	**S51525**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** Refrigerated: 14 days Frozen: 30 days
Reference Range	**IgG <1:320**
Always Message	**REFERENCE RANGE: <1:320** **INTERPRETIVE CRITERIA:** **<1:320 No increase in HHV-7 IgG titer** **1:320 Equivocal** **>1:320 Increased HHV-7 IgG titer** **Human herpesvirus-7 (HHV-7), a close relative of HHV-6, is found in >85% of the population, with transmission occurring in early childhood. Like HHV-6, HHV-7 is a cause of exanthem subitum (roseola infantum). Due to the ubiquitous nature of HHV-7 infection, >80% of individuals in the general population exhibit HHV-7 IgG titers > or = 1:20; however, only 5% of these individuals exhibit titers >1:320. Thus, HHV-7 IgG titers >1:320 are suggestive of recent HHV-7 infection.** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.**
Assay Category	**Laboratory Developed Test**
Performing Site	Focus Diagnostics, Inc.
CPU Mappings	**Result Code** / **Result Name** 110614 **Herpesvirus 7 Ab IgG, IFA**

Herpesvirus 7 IgM Antibody, IFA [40541]	
Effective Date	**10/29/2012**
Test Code	**S51527**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** Refrigerated: 14 days Frozen: 30 days
Performing Site	Focus Diagnostics, Inc.
CPU Mappings	**Result Code** / **Result Name** 110618 **Herpesvirus 7 Ab IgM, IFA**

Herpesvirus 8 IgG Antibody, IFA [40544]	
Effective Date	**10/29/2012**
Test Code	**S51528**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** Refrigerated: 14 days Frozen: 30 days
Always Message	REFERENCE RANGE: <1:20 INTERPRETIVE CRITERIA: <1:20 Antibody Not Detected > or = 1:20 Antibody Detected **Human herpesvirus-8 (HHV-8), also known as Kaposi's Sarcoma Herpesvirus (KSHV), is found in most cases of KS, including classic KS as well as AIDS-related KS. HHV-8 has also been detected in B-cell lymphomas in the abdominal cavity. IgG antibodies recognizing HHV-8 are found in >80% of KS patients and approximately 30% of HIV-seropositive individuals without KS, but less than 5% of healthy blood donors.** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.**
Assay Category	**Laboratory Developed Test**
Performing Site	Focus Diagnostics, Inc.

Redirects

Arginine Vasopressin (AVP, Antidiuretic Hormone)	
Clinical Significance	**Antidiuretic Hormone (also called ADH or Vasopressin) regulates water reabsorption in the kidney, reducing diuresis and increasing blood volume and pressure. The syndrome of inappropriate release of ADH (SIADH) occurs with neoplasia, pulmonary disorders (e.g., pneumonia and tuberculosis), CNS disorders, and with specific drugs.**
Effective Date	**10/8/2012**
Former Test Name	*Antidiuretic Hormone (ADH)*
Former Test Code	*3116*
Test Code	**252**
Specimen Requirements	**4 mL plasma (1.1 mL minimum) collected in an EDTA (lavender-top) tube**
Reject Criteria	**Received room temperature, refrigerated**
Instructions	**Draw blood in a pre-chilled lavender-top tube and keep tube chilled. Centrifuge immediately. Separate and freeze immediately. Do not thaw.**
Transport Temperature	Frozen
Specimen Stability	**Room temperature: 1 hour** **Refrigerated: 6 hours** **Frozen: 6 months**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 6-7 days**
Reference Range	**1.0-13.3 pg/mL**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.**

Methodology	**Extraction/**Radioimmunoassay (RIA)
Assay Category	**Laboratory Developed Test**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**Result Code**: **440** — **Result Name**: **Arginine Vasopressin**
Additional Information	**Limitations: Elevated platelets may cause elevated results.**

Glutamic Acid Decarboxylase-65 Antibody	
Clinical Significance	Glutamic Acid Decarboxylase (GAD-65) Antibody is useful to diagnose insulin dependent diabetes mellitus (IDDM, Type I diabetes), to assess risk for development of IDDM, to predict onset of IDDM, and risk of development of related endocrine disorders, e.g., thyroiditis. Before clinical onset, Type I diabetes is characterized by lymphocytic infiltration of the islet cells, and by circulating autoantibodies against a variety of islet cell antigens, including GAD-65, IA-2 (a tyrosine phosphatase-like protein), and insulin autoantibody (IAA).
Effective Date	**10/8/2012**
Former Test Code	*1033*
Test Code	**34878**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 1-2 days**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**Result Code**: **85986420** — **Result Name**: **GAD-65 Antibody**
Tests Affected	**Test Codes:** / **Name:**: 1032 — Diabetes Mellitus Type 1 Autoantibody Evaluation

Insulin Autoantibody	
Clinical Significance	**Type 1 diabetes is characterized by lymphocytic cell infiltrate of the pancreatic islets. Insulin Antibody is useful in assessing lower titers of autoantibody in patients with diabetes, detecting insulin autoantibody in patients who are ''prediabetic,'' and in detecting autoantibody in patients with other autoimmune disorders. Measurement of GAD-65, ICA-512, and Insulin Antibody is a highly sensitive means to assess risk and predict onset of Type I diabetes. There is a correlation between the number of positive antibodies and the antibody titers versus the severity of the autoimmune process.**
Effective Date	**10/9/2012**
Former Test Name	*Insulin Antibodies*
Former Test Code	*3876*
Test Code	**36178**
Specimen Stability	**Room temperature: 28 days** **Refrigerated: 28 days** **Frozen: 28 days**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 3-4 days**

Methodology	**Radiobinding Assay (RBA)**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**Result Code** / **Result Name** **85987230** / **Insulin Autoantibody**
Additional Information	**Limiitations:** **In diabetic children <14 years of age (identified by urine screening), the frequency of insulin antibodies (IAA) and islet cell antibodies (ICA) are 43-56% and 84%, respectively; the frequency of both is 40%, and the frequency of one or both is 88%.4 In the same study, cohorts using ICA, GAD-65 antibodies and IAA, sensitivities and specificities are 93% and 93% for any positive, respectively, and 39% and >99%, respectively, for all positives. IAA are found at onset of diabetes in only 4% of adults, but are universally present in diabetic children <4 years old at onset. The predictive value of both tests (ICA and IAA) is 60-77% in first-degree relatives of patients with IDDM for the development of IDDM in 5-10 years.**
Tests Affected	**Test Codes:** / **Name:** 1031 / Diabetes Evaluation 1032 / Diabetes Mellitus Type 1 Autoantibody Evaluation

SMA Diagnostic Test	
Effective Date	**10/22/2012**
Former Test Name	*Spinal Muscular Atrophy (SMA)-Diagnostics [16869]*
Test Code	**S50070**
Specimen Requirements	4 mL whole blood collected in EDTA (lavender-top) tube. **For prenatal diagnosis with a fetal specimen:** **1) parents must be documented carriers of one of the mutations tested;** **2) maternal blood or DNA must be available to rule out maternal cell contamination (order test code 10262X);** **3) contact the laboratory genetic counselor before submission.** **Amniotic Fluid: Normal collection procedure. Specimen stability is crucial. Store and ship ambient immediately. Do not refrigerate or freeze.** **Amniocyte culture: Two sterile T25 flasks, filled with culture medium. Specimen stability is crucial. Store and ship ambient immediately. Do not refrigerate or freeze.** **Dissected chorionic villus (CVS) biopsy: 10-20 mg dissected chorionic villi collected in sterile tube filled with sterile culture medium or two sterile T25 flasks. Specimen stability is crucial. Store and ship ambient immediately. Do not refrigerate or freeze.**
Set-up/Analytic Time	**Set up: Sun, Tues, Wed, Fri; Report available: 4-5 days**
Reference Range	**Accompanies Report**
Performing Site	**This test previously performed at Athena Diagnostics will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.**
CPU Mappings	**Result Code** / **Result Name** **86008020** / **Interpretation** **86008027** / **Technical Results** **86008021** / **SMN1** **86008026** / **SMN2** **86008023** / **Comments**

86008025	**Comments**
86008022	**Methods**
86008024	**References**

Discontinued Tests

Paroxysmal Nocturnal Hemoglobinuria: CD59 Flow Cytometry [71501] [NY]	
Effective Date	**10/8/2012**
Test Code	**S52441N**
Additional Information	The recommended alternative is test code S52351 PNH with FLAER [16433].

Diabetes Evaluation	
Message	Discontinued due to low volume. There is no suggested replacement.
Effective Date	**10/9/2012**
Test Code	**1031**

Diabetes Mellitus Type 1 Autoantibody Evaluation	
Message	Discontinued due to low volume. There is no suggested replacement.
Effective Date	**10/9/2012**
Test Code	**1032**

Maprotiline [21359X]	
Effective Date	**10/15/2012**
Test Code	**S51448**
Additional Information	There is no recommended alternative

Propranolol [4165]	
Effective Date	**10/15/2012**
Test Code	**S42155**
Additional Information	There is no recommended alternative

Strontium, Blood [26508X]	
Effective Date	**10/15/2012**
Test Code	**S51444**
Additional Information	There is no recommended alternative

Test Send Out (Referrals)

Antidepressants Panel, Urine [8700U]	
Effective Date	**10/1/2012**

Test Code	**S51868**
Specimen Requirements	2 mL urine, submitted in a plastic, leakproof, **preservative-free** container

Antimony Urine [0412]	
Effective Date	**10/1/2012**
Test Code	**S49732**
Specimen Requirements	3 mL urine **(1.1 mL minimum)** Collection Instructions: Collect an end-of-shift urine. Collect and submit in a trace metal-free or acid-washed plastic, leakproof container. Unpreserved urine should be refrigerated immediately and analyzed within 1 week of collection. Acceptable preservatives include: Trace Metal Free Hydrochloric Acid or Nitric Acid (0.1 mL of 12M acid/10 mL urine). Avoid exposure to gadolinium-based contrast medium **for 48 hours prior to sample collection.**
Reference Range	**Creatinine** **U.S.Population (10th-90th percentiles, median)** **All participants:** **335-2370 mg/L, median 1180 (n=22,245)** **Males: 495 -2540 mg/L, median 1370 (n=10,610)** **Females: 273 -2170 mg/L, median 994 (n=11,635)** Antimony Normally: Less than 5 mcg/L

Beryllium, Urine [0638U]	
Effective Date	**10/1/2012**
Test Code	**S50371**
Reference Range	**Creatinine** **U.S.Population (10^{th} - 90^{th} percentiles, median)** **All participants:** **335 - 2370 mg/L, median 1180 (n = 22,245)** **Males: 495-2540 mg/L, median 1370 (n = 10,610)** **Females: 273-2710 mg/L, median 994 (n = 11,635)** Beryllium ReferenceRange: Less than 0.5 mcg/L. May be elevated in smokers. Not for clinical diagnostic purposes. Not for clinical purposes in New York State**.**

Nefazodone (Serzone®) [3145SP]	
Effective Date	**10/1/2012**
Test Code	**S44310**
Specimen Requirements	2 mL serum (red-top tube , no gel) or EDTA plasma **(0.7 mL minimum)** **2 mL plasma collected in an EDTA (pink-top) tube is acceptable** Promptly centrifuge and separate serum or plasma into a plastic, **preservative-free** screw-capped vial, using approved guidelines.
Specimen Stability	Room temperature, Refrigerated, and **Frozen: 14 days**

Trazodone Urine [4535]	
Effective Date	**10/1/2012**
Test Code	**S47900**
Specimen Requirements	**2 mL** random urine collected in a sterile, plastic, **preservative-free** container)

Set-up/Analytic Time	**Set up: Thur;** Report available: 4 days

Vanadium Quantitation Urine [4765U]	
Effective Date	**10/1/2012**
Test Code	**S50631**
Reference Range	**Creatinine** **U.S. Population (10th-90th percentiles, median)** **All participants:** **335 - 2370 mg/L, median 1180 (n = 22,245)** **Males: 495 - 2540 mg/L, median 1370 (n = 10,610)** **Females: 273 - 2170 mg/L, median 994 (n = 11,635)** Vanadium: Normally: Up to 10 mcg/L. Vanadium (Creatinine corrected): Normally: Less than 1 mcg/g Creatinine.