Revision Message!
Please note: 12/20/2013 communication revision for test 19563- Streptococcus pneumoniae IgG AB (7 Serotypes), MAID, always message and CPU Mapping change.
Please note: 12/20/13 communication revision to add the following Discontinued Tests:

- **2388P-Streptococcus pneumoniae IgG Abs, 23 Serotypes, Pre/Post**
- **2384P- Streptococcus pneumoniae IgG Abs, 7 Serotypes, Pre/Post**
- **2386P- Streptococcus pneumoniae IgG Abs, 14 Serotypes, Pre/Post**
- **2384- Streptococcus pneumoniae IgG Abs, 7 Serotypes [Heptavalent]**
- **2388- Streptococcus pneumoniae IgG Abs, 23 Serotypes**
- **2386- Streptococcus pneumoniae IgG Abs, 14 Serotypes**

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 #
91904	Cardio IQ™ ST2 (Soluble) and proBNP (N-Terminal)	12/9/2013	5
91920	Diabetes Risk Assessment	1/13/2014	6
91895	Paliperidone	1/13/2014	7
15332	Rickettsia Conorii Antibody Panel, IFA	1/13/2014	8
34309	Strongyloides Antibody (IgG)	1/13/2014	9
6313	Temazepam and Oxazepam, Serum	1/13/2014	9
91977	Antigen-induced Lymphocyte Proliferation Panel (Candida, Tetanus, TB PPD)	1/27/2014	10
17270	Candida-induced Lymphocyte Proliferation	1/27/2014	11
91982	Concanavalin A (Con A)-induced Lymphocyte Proliferation	1/27/2014	12
91978	Mitogen- and Antigen-induced Lymphocyte Proliferation Panel	1/27/2014	12
91976	Mitogen-induced Lymphocyte Proliferation Panel (PHA, Con A, PWM)	1/27/2014	14
91980	Phytohemagglutinin (PHA)-induced Lymphocyte Proliferation	1/27/2014	15
91981	Pokeweed Mitogen (PWM)-induced Lymphocyte Proliferation	1/27/2014	15
16963	Streptococcus pneumoniae IgG Ab (23 serotypes), MAID	1/27/2014	16
19563	Streptococcus pneumoniae IgG AB (7 Serotypes), MAID	1/27/2014	17
19564	Streptococcus pneumoniae IgG Antibody Panel (14 Serotypes), MAID	1/27/2014	18

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 #
90872	S51562	Bloom Syndrome DNA Mutation Analysis	1/13/2014	20
90905	S51568	Canavan Disease Mutation Analysis	1/13/2014	20
37091	S49683	Creatine, Serum	1/13/2014	20
90912	S51574	Familial Dysautonomia Mutation Analysis	1/13/2014	20

90897	S51577	Fanconi Anemia DNA Mutation Analysis	1/13/2014	21
36053	S52301	FISH, Neonatal Screen	1/13/2014	21
90907	S51581	Gaucher Disease, DNA Mutation Analysis	1/13/2014	21
91438	7493	**Hepatitis C Antibody with Reflex to HCV RNA, Quantitative Real-Time PCR**	1/13/2014	22
8641	I1G	Insect Venom, Honey Bee IgG	1/13/2014	23
623	4866R	**Magnesium, RBC**	1/13/2014	23
90899	S51588	Mucolipidosis Type IV Mutation Analysis	1/13/2014	24
90893	S51592	Niemann-Pick Disease Mutation Analysis	1/13/2014	24
91894	4185	**Opiates Confirmation, LC/MS/MS**	1/13/2014	24
16322	3550	Osteocalcin, N-MID	1/13/2014	25
17306		**QuestAssureD™ 25–Hydroxyvitamin D (D2, D3), LC/MS/MS**	1/13/2014	26
16761		**QuestAssureD™ 25-Hydroxy and 1,25–Dihydroxyvitamin D, LC/MS/MS**	1/13/2014	26
3486	RW203	**Rape Weed (w203) IgE**	1/13/2014	26
91916	RF331	**Saffron (f331) IgE**	1/13/2014	27
90903	S51598	Tay-Sachs Disease Mutation Analysis	1/13/2014	27
91897	4088	Temazepam	1/13/2014	28
2539	E89	**Turkey Feathers (e89) IgE**	1/13/2014	28
9762		Lupus Anticoagulant and Cardiolipin Ab Panel with Reflexes	1/20/2014	29
91730	4663U	**Methamphetamine and Metabolite, Urine**	1/20/2014	29
11368		Plasminogen Activator Inhibitor-1 (PAI-1) 4G/5G	1/20/2014	30
852	3143	Beta-2-Microglobulin, Serum	1/27/2014	30
19963	S52389	Coccidioides Antibodies to TP & F Antigens, ID	1/27/2014	31
90799		Coccidioides Antibody (TP Antigen), Immunodiffusion	1/27/2014	31
1468	S51635	**Human Anti-mouse Antibody (HAMA)**	1/27/2014	31
540	S51451	**IgA, Saliva**	1/27/2014	32
34887	S49579	**Interferon-alpha**	1/27/2014	32
4639	S51647	**Myelin Antibody (IgG), IFA**	1/27/2014	33
34184	A52327	**Natural Killer Cells, Functional**	1/27/2014	34

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 #
3057	RF272	**Tarragon (f272) IgE**	1/13/2014	35

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 #
7951	*Rickettsia conorii* IgG & IgM Antibodies	1/13/2014	35
7949	*Rickettsia conorii* IgG Abs	1/13/2014	36
7950	*Rickettsia conorii* IgM Abs	1/13/2014	36
S49761	Strongyloides IgG Antibody [10091]	1/13/2014	36
S52352	Blastomyces Antibody Panel, CF, ID, and ELISA	1/27/2014	36
S52342	Chlamydia Group Antibody Screen, IFA (Serum)	1/27/2014	36
A52270	Coccidioides Antibody Panel, CF, ID, LA, and ELISA	1/27/2014	36
S52346	Histoplasma Antibody Panel, CF, ID, and ELISA	1/27/2014	36
1143	Humoral Immune Evaluation (Pneumo 14)	1/27/2014	37
1146	Humoral Immune Evaluation (Pneumo 14) & H. Influenzae B	1/27/2014	37
1049	Humoral Immune Evaluation (Pneumo 23)	1/27/2014	37
1088	Humoral Immune Evaluation (Pneumo 23) & H. Influenzae B	1/27/2014	37
1047	Humoral Immune Evaluation (Pneumo 7)	1/27/2014	37
1087	Humoral Immune Evaluation (Pneumo 7) & H. Influenzae B	1/27/2014	37
1148	Humoral Immune Status Survey (Pneumo 14)	1/27/2014	38
1149	Humoral Immune Status Survey (Pneumo 23)	1/27/2014	38
1147	Humoral Immune Status Survey (Pneumo 7)	1/27/2014	38
A52331	Lymphocyte Antigen Stimulation Screen, Candida, CC	1/27/2014	38
2386	Streptococcus pneumoniae IgG Abs, 14 Serotypes	1/27/2014	38
2386P	Streptococcus pneumoniae IgG Abs, 14 Serotypes, Pre/Post	1/27/2014	38
2388	Streptococcus pneumoniae IgG Abs, 23 Serotypes	1/27/2014	38
2388P	Streptococcus pneumoniae IgG Abs, 23 Serotypes, Pre/Post	1/27/2014	39
2384	Streptococcus pneumoniae IgG Abs, 7 Serotypes [Heptavalent]	1/27/2014	39
2384P	Streptococcus pneumoniae IgG Abs, 7 Serotypes, Pre/Post	1/27/2014	39

NY UPDATE
Please Note: Not all test codes assigned to each assay are listed in the table of contents.
Please refer to the complete listing on the page numbers indicated.

Test Code	Test Name	Page #
	New York Testing Update	39
3125C	Monoclonal Gammopathies CSF	39
S52093	Mycobacterium avium-intracellulare DNA, Qualitative PCR	39

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 #
S47280		Amphetamines Panel, Serum/Plasma	1/6/2014	40

A50999		Buprenorphine and Metabolite - Free (Unconjugated) Confirmation, Serum/Plasma	1/6/2014	40
S50970		Buprenorphine and Metabolite - Free (Unconjugated) Screen, Serum/Plasma	1/6/2014	40
		Consolidated Labs Discontinued Tests	1/20/2014	40
S50852		Mephenytoin (Mesantoin) [90007]	1/20/2014	41
S49941		Scrub Typhys Ab [8148]	1/20/2014	41
S50881		Trifluoperazine (Stelazine) [90071]	1/20/2014	41
S43880		Trypsin, Stool (0020383)	1/20/2014	41
S50608		Unknown Substance ID [7201L1]	1/20/2014	41

CPT Code updates for 2014

The American Medical Association (AMA) has published the CPT code changes for 2014 edition. Quest Diagnostics will be implementing these changes effective January 1, 2014. The below chart lists the Quest tests affected and the appropriate CPT code changes. Please refer to your local Quest Directory for other order code options. The AMA and Quest Diagnostics' websites have the most current molecular pathology coding.The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed.

Quest Diagnostics Test Name	**Quest Diagnostics Order Code**	**2013 CPT Codes**	**NEW CPT Codes Effective 1/1/2014**
Zonisamide	37852	80299	80203
Caffeine, Serum STAT	S46010	80299	80155
Clozapine	1769X	82492 or 83789	80159
Clozapine	4964	83789	80159
Clozapine and Norclozapine, Blood	S49440	82492	80159
Everolimus, Blood	18883	80299	80169
Gabapentin	3557	80299	80171
Gabapentin, Pain Management, Quant, Urine w/ MedMatch	70205	80299	80171
Gabapentin, Pain Management, Quant, Urine	4688U	80299	80171
Gabapentin, Quantitative, Urine	3364U	80299	80171
Gabapentin, Quantitative	3364	80299	80171
Lamotrigine	22060	80299	80175
Levetiracetam	15142	80299	80177
Levetiracetam	4963	80299	80177
Mycophenolic Acid	10662	83789	80180
Tiagabine, Serum/Plasma	S48484	80299	80199
SureSwab®,*Trichomonas vaginalis* RNA, Qualitative, TMA	19550	87798	87661
SureSwab®, Vaginosis/Vaginitis Plus	17333	87481 (x4), 87491, 87512, 87591, **87798**, 87799 (x3)	87481 (x4), 87491, 87512, 87591, **87661**, 87799 (x3)
SureSwab®, CT/NG, *T. vaginalis*	16492	87491, 87591, **87798**	87491, 87591, **87661**
SureSwab®, Bacterial Vaginosis/Vaginitis	15509	87481 (x4), 87512, **87798**, 87799 (x3)	87481 (x4), 87512, **87661**, 87799 (x3)
Trichomonas vaginalis RNA, Qualitative, TMA, Pap Vial	90521	87798	87661
Trichomonas vaginalis RNA, Qualitative, TMA, Males	90801	87798	87661
Trichomonas vaginalis DNA DetectR™	9648	87798	87661
Chlamydia/Niesseria gonorrhoeae, *T. vaginalis,* Qualitative, TMA and HSV 1/2 DNA, Real-Time PCR, Pap Vial	91437	87491, 87591, 87529 (x2), **87798**	87491, 87591, 87529 (x2), **87661**

Quest Diagnostics MAAA Test Name	Quest Diagnostics Order Code	CMS CPT Codes	MAAA CPT Codes
ROMA™ (Risk of Ovarian Malignancy Algorithym)	91155	86304, 86305	81500
OVA1®	S52117	84999	81503
OVA1® (includes FSH and LH)	S52118	84999, 83001, 83002	81503, 83001, 83002
Quad Screen	3092	82677, 84702, 82105, 86336	81511
Triple Screen, 2.5 MoM	3091	82677, 84702, 82105	81511
Triple Screen, 2.0 MoM	3110	82677, 84702, 82105	81510
Triple Screen	7292(X)	82677, 84702, 82105	81510
Penta Screen	15934	82105, 84702, 82677, 86336, 82397	81512
Liver Fibrosis Panel (HepaScore®)	S51881	82247, 82977, 83520, 83883	81599
Hepatitis C virus (HCV) FibroSURE	S50584	83883, 83010, 82172, 82247, 82977, 84460	0001M
Panorama™ Prenatal Test	91593	81479	81599
Omega-3 and -6 Fatty Acids, Plasma	91001	82541	81599

The AMA has also changed the definition of CPT 88342 and has added CPT 88343. 88342 is now to be used for the first IHC stain on each slide and each additional IHC stain on that same slide should be CPT coded with 88343.

New Test Offerings

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

Cardio IQ™ ST2 (Soluble) and proBNP (N-Terminal)	
Clinical Significance	**In prospective studies NT-proBNP and ST2 have been reported to be independent of other traditional heart failure (HF) risk factors and from each other and in combination they improved risk assessment for HF progression. High levels of both ST2 and NT-proBNP, compared with high levels of just one of these markers, have been reported to be associated with greater rates of HF progression and worse outcomes such as death, heart transplant or hospital re-admissions. A panel that contains both ST2 and NT-proBNP in conjunction with clinical factors can help physicians more effectively identify individuals at risk of HF progression than the individual tests and therefore can help physicians select appropriate therapeutic regimens.**
Effective Date	**12/9/2013**
Test Code	**91904**
CPT Codes	**83520, 83880**
Specimen Requirements	**1 mL (0.5 mL minimum) serum AND 1 mL (0.3 mL minimum) plasma collected in an EDTA (lavender-top) tube**
Reject Criteria	**Gross hemolysis**
Instructions	**Cardio IQ™ related tests must be transported frozen.** **See individual assays.**
Transport Temperature	**Frozen**
Specimen Stability	**Serum:** **Room temperature: 24 hours** **Refrigerated: 7 days** **Frozen: 18 months**

	Plasma: **Room temperature and Refrigerated: 72 hours** **Frozen: 1 year**
Set-up/Analytic Time	**Set up: As needed; Report available: Next day**
Reference Range	**Reference Range for ST2, Soluble:** **< or = 35 ng/mL** **Reference Ranges for pro-BNP, N-terminal:** **Age** / **Reference Range** **18-49 years:** **<= 300 pg/mL Normal, heart failure unlikely** **>= 450 pg/mL High probability of heart failure** **>=50 years:** **<= 300 pg/mL Normal, heart failure unlikely** **>= 900 pg/mL High probability of heart failure**
Always Message	**Cardio IQ™ ST2, Soluble:** **Heart failure patients with sST2 levels >35 ng/mL have worse prognosis.** **Kohli P, et al. Clin Chem. 2012;58:257-266** **Dieplinger B, et al. Clin Chem Acta. 2009;409:33-40** **Ky B, et al. Circ Heart Fail. 2011;4:180-187** **Januzzi L. J. of Cardiovas Trans Res. 2013;6:493 - 500** **Cardio IQ(TM) ProBNP, N-terminal:** **Among heart failure patients, elevation of either ST-2 or NT-proBNP is associated with worse outcomes, and elevation of both ST-2 and NT-proBNP further increases risk.** **Ky B, et al. Circ Heart Fail. 2011;4:180-187** **Januzzi L. J. of Cardiovas Trans Res. 2013;6:493-500**
Methodology	**Enzyme Linked Immunosorbent Assay and Electrochemiluminescence**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	**91904-1-Cardio IQ(TM) ST2, Soluble** **Result Code** / **Result Name** / **Unit of Measure** **86010016** / **ST2,Soluble** / **ng/mL** **91904-2-Cardio IQ(TM) ProBNP, N-terminal** **Result Code** / **Result Name** / **Unit of Measure** **85995791** / **proBNP** / **pg/mL**

Diabetes Risk Assessment	
Message	*Includes: Cholesterol, Total * HDL Cholesterol * Triglycerides * LDL Cholesterol (calculated) * Cholesterol /HDL Ratio (calculated) * Non-HDL Cholesterol (calculated) * Hemoglobin A1c * Glucose * Direct LDL*
Clinical Significance	**The purpose of this offering is to permit the assessment of risk factors associated with the metabolic syndrome, including cardiovascular risk and an identification of individuals at higher risk of developing diabetes mellitus.**
Effective Date	**1/13/2014**

<table>
<tr><td>Test Code</td><td>91920</td></tr>
<tr><td>CPT Codes</td><td>80061, 83036, 82947</td></tr>
<tr><td>Specimen Requirements</td><td>3 mL (1 mL minimum) serum AND 1 mL (0.5 mL minimum) whole blood collected in an EDTA (lavender-top) tube</td></tr>
<tr><td>Reject Criteria</td><td>See individual tests</td></tr>
<tr><td>Instructions</td><td>Patient Preparation:
Fasting required. Fasting is defined as no consumption of food or beverage other than water for at least 9-12 hours prior to collection.</td></tr>
<tr><td>Transport Temperature</td><td>Refrigerated</td></tr>
<tr><td>Specimen Stability</td><td>Serum:
Room temperature: 48 hours
Refrigerated: 7 days
Frozen: 15 days

Whole blood:
Room temperature and Refrigerated: 7 days
Frozen: 6 months</td></tr>
<tr><td>Reference Range</td><td>See individual assays</td></tr>
<tr><td>Methodology</td><td>See individual assays</td></tr>
<tr><td>Performing Site</td><td>Quest Diagnostics Nichols Institute, San Juan Capistrano</td></tr>
<tr><td>CPU Mappings</td><td>
<table>
<tr><td colspan="2">4676-1-Lipid Panel</td></tr>
<tr><td>Result Code</td><td>Result Name</td></tr>
<tr><td>437</td><td>Cholesterol, Total</td></tr>
<tr><td>414</td><td>Triglycerides, Serum</td></tr>
<tr><td>417</td><td>HDL Cholesterol</td></tr>
<tr><td>7032</td><td>LDL Chol, Calculated</td></tr>
<tr><td>7054</td><td>Cholesterol/HDL Ratio</td></tr>
<tr><td>25017210</td><td>Non-HDL Cholesterol</td></tr>
<tr><td colspan="2">*TR 4676-2-Cholesterol, Direct LDL</td></tr>
<tr><td>Result Code</td><td>Result Name</td></tr>
<tr><td>4102</td><td>Direct LDL</td></tr>
<tr><td colspan="2">*TR (True Reflexing Flag)
CPU interface clients: If you are set up to use our True Reflexing option, build the unit code with the TR flag (indicated above) separately.</td></tr>
<tr><td colspan="2">496-Hemoglobin A1c</td></tr>
<tr><td>Result Code</td><td>Result Name</td></tr>
<tr><td>50026400</td><td>Hemoglobin A1c</td></tr>
<tr><td colspan="2">(483X) {67777P} [629]-Glucose</td></tr>
<tr><td>Result Code</td><td>Result Name</td></tr>
<tr><td>629</td><td>Glucose</td></tr>
</table>
</td></tr>
<tr><td>Additional Information</td><td>If the Triglyceride result is >400 mg/dL, Direct LDL will be performed at an additional charge (CPT code(s): 83721).</td></tr>
</table>

Paliperidone	
Clinical Significance	**Paliperidone is an atypical antipsychotic drug. It is identical to 9-hydroxyrisperidone, the pharmacological active metabolite of risperidone, and has a similar pharmacological profile as risperidone. For treatment optimization, monitoring paliperidone serum concentrations may be useful.**
Effective Date	**1/13/2014**
Test Code	**91895**
CPT Codes	**80299**
Specimen Requirements	**3 mL (1.5 mL minimum) serum collected in a red-top tube (no gel)**
Reject Criteria	**Serum separator tube; gross hemolysis; gross lipemia**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 31 days** **Frozen: 60 days**
Set-up/Analytic Time	**Set up: Tues, Thurs, Sat; Report available: 2-4 days**
Reference Range	**20-60 ng/mL**
Methodology	**Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)**
Performing Site	**Quest Diagnostics Nichols Institute, Valencia**
CPU Mappings	

Result Code	Result Name	Unit of Measure
86010140	Paliperidone	ng/mL

Rickettsia Conorii Antibody Panel, IFA	
Clinical Significance	**Rickettsia conorii infection, also known as Boutonneuse fever or Mediterranean spotted fever, is found in India, Africa, and the Mediterranean area. Measurement of IgG and/or IgM to R. conorii is a useful tool for diagnosing the infection and estimating the time since exposure.**
Effective Date	**1/13/2014**
Test Code	**15332**
CPT Codes	**86757 (x2)**
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**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 1-4 days**
Reference Range	**R. conorii IgG <1:64** **R. conorii IgM <1:64** **Interpretation Antibody Not Detected**
Always Message	**Rickettsia conorii infection, also known as Boutonneuse fever or Mediterranean spotted fever, is found in India, Africa, and the Mediterranean area. Due to the high degree of DNA homology (90%) between R. conorii and R. rickettsii, antibodies from most patients with R. conorii infection are also detected in assays for R. rickettsii antibodies.**

	IgM reactivity in the absence of IgG reactivity may represent false positive reaction. Recent infection should be confirmed by demonstrating either IgG seroconversion or a four-fold or greater increase in IgG titer when acute and convalescent sera are tested in parallel. **This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Indirect fluorescent antibody (IFA)**
Assay Category	**Laboratory Developed Test**
Performing Site	**Focus Diagnostics, Inc.**
CPU Mappings	**Result Code** / **Result Name** **4140** / **R. conorii IgG** **4141** / **R. conorii IgM** **9999** / **Interpretation**

Strongyloides Antibody (IgG)	
Clinical Significance	**Strongyloides stercoralis is a parasitic nematode found in tropical and subtropical regions. Because of low larval densities in feces, stool examination is a relatively insensitive diagnostic test; antibody detection offers increased sensitivity. Patients with latent infections who are immunosuppressed or receiving immunosuppressive therapy are at risk of life-threatening hyperinfection. The assay shows 80% sensitivity and 80% specificity compared to the CDC assay. Significant crossreactivity may be observed with filarial and other nematode infections.**
Effective Date	**1/13/2014**
Test Code	**34309**
CPT Codes	**86682**
Specimen Requirements	**1.0 mL (0.5 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available 1-4 days**
Always Message	**Reference Range: Negative** **Strongyloides stercoralis is a parasitic nematode found in tropical and subtropical regions. Because of low larval densities in feces, stool examination is a relatively insensitive diagnostic test; antibody detection offers increased sensitivity. Patients with latent infections who are immunosuppressed or receiving immunosuppressive therapy are at risk of life-threatening hyperinfection. Significant crossreactivity may be observed in other helminth infections.**
Methodology	**Immunoassay**
Performing Site	**Focus Diagnostics**
CPU Mappings	**Result Code** / **Result Name** **85968110** / **Strongyloides IgG**

Temazepam and Oxazepam, Serum

Clinical Significance	**Temazepam: Temazepam is one of several drugs of the class known as benzodiazepines. These drugs produce a variety of effects, but most cause some degree of drowsiness (sedation). Temazepam is used almost exclusively as a hypnotic, or drug given to help people fall asleep. It is nearly always taken just before bedtime.** **Oxazepam: For the therapeutic drug monitoring of anxiolytic therapy. Plasma peak levels are reached in about 3 hours following oral administration. Elimination half-life is 5.7-10.9 hours.**
Effective Date	**1/13/2014**
Test Code	**6313**
CPT Codes	**80154**
Specimen Requirements	**2 mL (1 mL minimum) serum collected in a red-top tube (no gel)**
Reject Criteria	**Serum separator tubes**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: Unacceptable** **Refrigerated: 5 days** **Frozen: 14 days**
Set-up/Analytic Time	**Set-up: Tues, Thurs, Sat; Report available: 1-3 days**
Reference Range	**Temazepam:** — **50-1000 ng/mL** **Oxazepam:** — **200-500 ng/mL**
Always Message	**Oxazepam:** **Therapeutic range:** — **200-500 ng/mL** **Potentially toxic:** — **>2000 ng/mL**
Methodology	**Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)**
Performing Site	**Quest Diagnostics Nichols Institute, Valencia**
CPU Mappings	**Result Code** / **Result Name** / **Unit of Measure** **86010156** / **Temazepam** / **ng/mL** **86008228** / **Oxazepam** / **ng/mL**

Antigen-induced Lymphocyte Proliferation Panel (Candida, Tetanus, TB PPD)	
Message	****This test is not available for New York patient testing****
Clinical Significance	**Measurement of human lymphocyte proliferative responses to various stimuli is a fundamental technique used to assess their biological status and functions. Lymphocyte proliferation response to antigens, such as candida, tetanus toxoid and tuberculin purified protein derivative (PPD), are evaluated as a function of memory in cell-mediated immunity.**
Effective Date	**1/27/2014**
Test Code	**91977**
CPT Codes	**86353 (x3)**
Specimen Requirements	**10 mL (5 mL minimum) whole blood collected in a sodium heparin (green-top) tube**

Reject Criteria	**Received refrigerated; received frozen; hemolysis; clotted specimens**
Instructions	**Whole blood must be transported at room temperature and delivered to the testing laboratory preferably within 48 hours after collection. Submit Monday through Thursday only.** **Maintain and transport blood at room temperature. Avoid temperatures <15° C and >37° C. In hot weather, it may be necessary to pack the specimen in a container with insulating material around it and place this container inside another one that contains a cold pack (ice pack) and absorbent material. This method will help retain the specimen at ambient temperature.** **For longitudinal studies, draw specimens at the same time of day to minimize diurnal variation.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Tues, Thurs, Fri, Sat; Report available: 7-10 days**
Reference Range	**Accompanies Report**
Methodology	**Cell culture and scintillation counter**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

91977-1 Candida-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010360	**Candida Antigen, CPM**	**Net CPM**
86000891	**Candida Antigen, SI**	**SI**
91977-2 Tetanus-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010366	**Tetanus Toxoid, CPM**	**Net CPM**
86000888	**Tetanus Toxoid, SI**	**SI**
91977-3 Tuberculin PPD-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010367	**Tuberculin PPD, CPM**	**Net CPM**
86000886	**Tuberculin PPD, SI**	**SI**

Candida-induced Lymphocyte Proliferation	
Message	****This test is not available for New York patient testing****
Clinical Significance	**Measurement of human lymphocytes' proliferative responses to various stimuli is a fundamental technique used to assess their biological status and functions. Lymphocyte proliferation response to antigens, such as Candida, tetanus toxoid and tuberculin purified protein derivative (PPD), are evaluated as a function of memory in cell-mediated immunity.**
Effective Date	**1/27/2014**
Test Code	**17270**
CPT Codes	**86353**
Specimen Requirements	**10 mL (3 mL minimum) whole blood collected in a sodium heparin (green-top) tube**

Reject Criteria	**Received refrigerated; received frozen; hemolysis; clotted specimens**
Instructions	**Whole blood must be transported at room temperature and delivered to the testing laboratory preferably within 48 hours after collection. Submit Monday through Thursday only.** **Maintain and transport blood at room temperature. Avoid temperatures <15° C and >37° C. In hot weather, it may be necessary to pack the specimen in a container with insulating material around it and place this container inside another one that contains a cold pack (ice pack) and absorbent material. This method will help retain the specimen at ambient temperature.** **For longitudinal studies, draw specimens at the same time of day to minimize diurnal variation.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Tues, Thurs, Fri, Sat; Report available: 7-10 days**
Reference Range	**Accompanies Report**
Methodology	**Cell culture and scintillation counter**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

Result Code	Result Name	Unit of Measure
86010360	Candida Antigen, CPM	Net CPM
86000891	Candida Antigen, SI	SI

Concanavalin A (Con A)-induced Lymphocyte Proliferation	
Message	*****This test is not available for New York patient testing*****
Clinical Significance	**Measurement of human lymphocytes' proliferative responses to various stimuli is a fundamental technique used to assess their biological status and functions. Mitogens, such as plant lectins phytohemagglutinin (PHA), concanavalin A (Con A) and pokeweed mitogen (PWM), are able to nonspecifically stimulate lymphocyte proliferation and used to evaluate patient immune responsiveness.**
Effective Date	**1/27/2014**
Test Code	**91982**
CPT Codes	**86353**
Specimen Requirements	**10 mL (3 mL minimum) whole blood collected in a sodium heparin (green-top) tube**
Reject Criteria	**Received refrigerated; received frozen; hemolysis; clotted specimens**
Instructions	**Whole blood must be transported at room temperature and delivered to the testing laboratory preferably within 48 hours after collection. Submit Monday through Thursday only.** **Maintain and transport blood at room temperature. Avoid temperatures <15° C and >37° C. In hot weather, it may be necessary to pack the specimen in a container with insulating material around it and place this container inside another one that contains a cold pack (ice pack) and absorbent material. This method will help retain the specimen at ambient temperature.** **For longitudinal studies, draw specimens at the same time of day to minimize diurnal variation.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Tues, Thurs, Fri, Sat; Report available: 5-8 days**

Reference Range	**Accompanies Report**
Methodology	**Cell culture and scintillation counter**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

Result Code	Result Name	Unit of Measure
86010372	Con A, CPM	Net CPM
86010373	Con A, SI	SI

Mitogen- and Antigen-induced Lymphocyte Proliferation Panel	
Message	****This test is not available for New York patient testing****
Clinical Significance	**Measurement of human lymphocytes' proliferative responses to various stimuli is a fundamental technique used to assess their biological status and functions. Mitogens, such as plant lectins phytohemagglutinin (PHA), concanavalin A (Con A) and pokeweed mitogen (PWM), are able to nonspecifically stimulate lymphocyte proliferation and used to evaluate patient immune responsiveness. Lymphocyte proliferation response to antigens, such as candida, tetanus toxoid and tuberculin purified protein derivative (PPD), are evaluated as a function of memory in cell-mediated immunity.**
Effective Date	**1/27/2014**
Test Code	**91978**
CPT Codes	**86353 (x6)**
Specimen Requirements	**20 mL (10 mL minimum) whole blood collected in a sodium heparin (green-top) tube**
Reject Criteria	**Received refrigerated; received frozen; hemolysis; clotted specimens**
Instructions	**Whole blood must be transported at room temperature and delivered to the testing laboratory preferably within 48 hours after collection. Submit Monday through Thursday only.** **Maintain and transport blood at room temperature. Avoid temperatures <15° C and >37° C. In hot weather, it may be necessary to pack the specimen in a container with insulating material around it and place this container inside another one that contains a cold pack (ice pack) and absorbent material. This method will help retain the specimen at ambient temperature.** **For longitudinal studies, draw specimens at the same time of day to minimize diurnal variation.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: Unacceptable**
Set-up/Analytic Time	**See individual assays**
Reference Range	**Accompanies Report**
Methodology	**Cell culture and scintillation counter**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

91978-1 Phytohemagglutinin (PHA)-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010368	**PHA, CPM**	**Net CPM**
86010369	**PHA, SI**	**SI**
91978-2 Concanavalin A (Con A)-induced Lymphocyte Proliferation		

Result Code	Result Name	Unit of Measure
86010372	Con A, CPM	Net CPM
86010373	Con A, SI	SI
91978-3 Pokeweed Mitogen (PWM)-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010370	PWM, CPM	Net CPM
86010371	PWM, SI	SI
91978-4 Candida-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010360	Candida Antigen, CPM	Net CPM
86000891	Candida Antigen, SI	SI
91978-5 Tetanus-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010366	Tetanus Toxoid, CPM	Net CPM
86000888	Tetanus Toxoid, SI	SI
91978-6 Tuberculin PPD-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010367	Tuberculin PPD, CPM	Net CPM
86000886	Tuberculin PPD, SI	SI

Mitogen-induced Lymphocyte Proliferation Panel (PHA, Con A, PWM)	
Message	****This test is not available for New York patient testing****
Clinical Significance	**Measurement of human lymphocytes' proliferative responses to various stimuli is a fundamental technique used to assess their biological status and functions. Mitogens, such as plant lectins phytohemagglutinin (PHA), concanavalin A (Con A) and pokeweed mitogen (PWM), are able to nonspecifically stimulate lymphocyte proliferation and used to evaluate patient immune responsiveness.**
Effective Date	**1/27/2014**
Test Code	**91976**
CPT Codes	**86353 (x3)**
Specimen Requirements	**10 mL (5 mL minimum) whole blood collected in a sodium heparin (green-top) tube**
Reject Criteria	**Received refrigerated; received frozen; hemolysis; clotted specimens**
Instructions	**Whole blood must be transported at room temperature and delivered to the testing laboratory preferably within 48 hours after collection. Submit Monday through Thursday only.** **Maintain and transport blood at room temperature. Avoid temperatures <15° C and >37° C. In hot weather, it may be necessary to pack the specimen in a container with insulating material around it and place this container inside another one that contains a cold pack (ice pack) and absorbent material. This method will help retain the specimen at ambient temperature.** **For longitudinal studies, draw specimens at the same time of day to minimize diurnal variation.**

Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Tues, Thurs, Fri, Sat; Report available: 5-8 days**
Reference Range	**Accompanies Report**
Methodology	**Cell culture and scintillation counter**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

91976-1 Phytohemagglutinin (PHA)-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010368	**PHA, CPM**	**Net CPM**
86010369	**PHA, SI**	**SI**
91976-2 Concanavalin A (Con A)-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010372	**Con A, CPM**	**Net CPM**
86010373	**Con A, SI**	**SI**
91976-3 Pokeweed Mitogen (PWM)-induced Lymphocyte Proliferation		
Result Code	**Result Name**	**Unit of Measure**
86010370	**PWM, CPM**	**Net CPM**
86010371	**PWM, SI**	**SI**

Phytohemagglutinin (PHA)-induced Lymphocyte Proliferation	
Message	*****This test is not available for New York patient testing*****
Clinical Significance	**Measurement of human lymphocytes' proliferative responses to various stimuli is a fundamental technique used to assess their biological status and functions. Mitogens, such as plant lectins phytohemagglutinin (PHA), concanavalin A (Con A) and pokeweed mitogen (PWM), are able to nonspecifically stimulate lymphocyte proliferation and used to evaluate patient immune responsiveness.**
Effective Date	**1/27/2014**
Test Code	**91980**
CPT Codes	**86353**
Specimen Requirements	**10 mL (3 mL minimum) whole blood collected in a sodium heparin (green-top) tube**
Reject Criteria	**Received refrigerated; received frozen; hemolysis; clotted specimens**
Instructions	**Whole blood must be transported at room temperature and delivered to the testing laboratory preferably within 48 hours after collection. Submit Monday through Thursday only.** **Maintain and transport blood at room temperature. Avoid temperatures <15° C and >37° C. In hot weather, it may be necessary to pack the specimen in a container with insulating material around it and place this container inside another one that contains a cold pack (ice pack) and absorbent material. This method will help retain the specimen at ambient temperature.** **For longitudinal studies, draw specimens at the same time of day to minimize diurnal variation.**
Transport Temperature	**Room temperature**

Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Tues, Thurs, Fri, Sat; Report available: 5-8 days**
Reference Range	**Accompanies Report**
Methodology	**Cell culture and scintillation counter**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

Result Code	Result Name	Unit of Measure
86010368	PHA, CPM	Net CPM
86010369	PHA, SI	SI

Pokeweed Mitogen (PWM)-induced Lymphocyte Proliferation	
Message	*****This test is not available for New York patient testing*****
Clinical Significance	**Measurement of human lymphocytes' proliferative responses to various stimuli is a fundamental technique used to assess their biological status and functions. Mitogens, such as plant lectins phytohemagglutinin (PHA), concanavalin A (Con A) and pokeweed mitogen (PWM), are able to nonspecifically stimulate lymphocyte proliferation and used to evaluate patient immune responsiveness.**
Effective Date	**1/27/2014**
Test Code	**91981**
CPT Codes	**86353**
Specimen Requirements	**10 mL (3 mL minimum) whole blood collected in a sodium heparin (green-top) tube**
Reject Criteria	**Received refrigerated; received frozen; hemolysis; clotted specimens**
Instructions	**Whole blood must be transported at room temperature and delivered to the testing laboratory preferably within 48 hours after collection. Submit Monday through Thursday only.** **Maintain and transport blood at room temperature. Avoid temperatures <15° C and >37° C. In hot weather, it may be necessary to pack the specimen in a container with insulating material around it and place this container inside another one that contains a cold pack (ice pack) and absorbent material. This method will help retain the specimen at ambient temperature.** **For longitudinal studies, draw specimens at the same time of day to minimize diurnal variation.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Tues, Thurs, Fri, Sat; Report available: 5-8 days**
Reference Range	**Accompanies Report**
Methodology	**Cell culture and scintillation counter**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

Result Code	Result Name	Unit of Measure
86010370	PWM, CPM	Net CPM
86010371	PWM, SI	SI

Streptococcus pneumoniae IgG Ab (23 serotypes), MAID	
Clinical Significance	**Responses to pneumococcal vaccines are demonstrated by 2-to 4-fold increases in the levels of IgG recognizing approximately 70% of the serotypes contained within a given pneumococcal vaccine.**
Effective Date	**1/27/2014**
Test Code	**16963**
CPT Codes	**86317 (x23)**
Specimen Requirements	**0.5 mL (0.25 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 90 days**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 1-4 days**
Units Of Measure	**mcg/mL**
Always Message	**Note: Serotype designation are American nomenclature, with Danish nomenclature in parenthesis.** **Studies from the 1980's using radioimmunoassay suggested that vaccine-induced S. pneumoniae type-specific antibody levels of approximately 2.0 mcg/mL were protective against invasive pneumococcal disease. Newer methods (ELISA and multiplexed immunoassay) incorporating an absorption step to remove cross-reactive antibodies yield results that are comparable to each other, but are lower than those obtained with the original radioimmunoassay. Rigorous studies of protective antibody levels as determined by the newer methods have not been performed. In addition to antibody quantity, protection also depends on antibody avidity and opsonophagocytic activity.** **Evaluation of the response to pneumococcal vaccination is best accomplished by comparing pre-vaccination and post-vaccination antibody levels. A 2- to 4-fold increase in type-specific antibodies measured 4-6 weeks after vaccination is expected in immunocompetent adults. The number of serotypes for which a 2- to 4-fold increase is observed varies greatly among individuals; a consensus panel has suggested that individuals older than 5 years should response to at least approximately 70% of pneumococcal serotypes. Adults >65 years old may exhibit a smaller (<2-fold) increase in type-specific antibody levels.** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.**
Methodology	**MAID**
Performing Site	**Focus Diagnostics, Inc.**
CPU Mappings	

Result Code	Result Name	Unit of Measure
85967090	Serotype 1 (1)	mcg/mL
86004283	Serotype 2 (2)	mcg/mL
85967100	Serotype 3 (3)	mcg/mL
86002136	Serotype 4 (4)	mcg/mL
86002146	Serotype 5 (5)	mcg/mL
86002147	Serotype 8 (8)	mcg/mL
86002148	Serotype 9 (9N)	mcg/mL
86002149	Serotype 12 (12F)	mcg/mL
85967110	Serotype 14 (14)	mcg/mL

86004284	**Serotype 17 (17F)**	**mcg/mL**
85967120	**Serotype 19 (19F)**	**mcg/mL**
86004285	**Serotype 20 (20)**	**mcg/mL**
86004286	**Serotype 22 (22F)**	**mcg/mL**
85967130	**Serotype 23 (23F)**	**mcg/mL**
86002140	**Serotype 26 (6B)**	**mcg/mL**
86004287	**Serotype 34 (10A)**	**mcg/mL**
86004288	**Serotype 43 (11A)**	**mcg/mL**
85967140	**Serotype 51 (7F)**	**mcg/mL**
86004289	**Serotype 54 (15B)**	**mcg/mL**
86002141	**Serotype 56 (18C)**	**mcg/mL**
86004290	**Serotype 57 (19A)**	**mcg/mL**
86002142	**Serotype 68 (9V)**	**mcg/mL**
76004291	**Serotype 70 (33F)**	**mcg/mL**

Streptococcus pneumoniae IgG AB (7 Serotypes), MAID	
Revision Message!	**Please note: CPU Mapping was updated to remove analyte *Serotype 51* and the always message updated Serotype 26 to (6B) effective 12/20/2013.**
Clinical Significance	**Responses to pneumococcal vaccines are demonstrated by 2- to 4-fold increases in the levels of IgG recognizing approximately 70% of the serotypes contained within a given pneumococcal vaccine.**
Effective Date	**1/27/2014**
Test Code	**19563**
CPT Codes	**86317 (x7)**
Specimen Requirements	**0.5 mL (0.25 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 90 days**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 1-4 days**
Units Of Measure	**mcg/mL**
Always Message	**Note: Serotype designations are American nomenclature, with Danish nomenclature in parenthesis. Infants and young children receiving 4 doses of haptavalent pneumococcal conjugate vaccine exhibit reduced frequencies of invasive disease and otitis media caused by S. pneumoniae. Although the minimum serum antibody concentration necessary for protection has not been rigorously established for any pneumococcal serotype, a value in the range of 0.15-0.50 mcg/mL has been suggested. The values shown below, generated by the vaccine manufacturer, represent the lower limit of the 95% confidence interval around the mean for a group of 68 children (mean age 14 months) who received 4 doses of vaccine.** **Serotype 4 (4) 1.9 mcg/mL** **Serotype 14 (14) 5.2 mcg/mL** **Serotype 19 (19F) 1.7 mcg/mL** **Serotype 23 (23F) 2.9 mcg/mL** **Serotype 26 (6B) 11.2 mcg/mL**

	Serotype 56 (18C) 2.7 mcg/mL **Serotype 68 (9V) 2.8 mcg/mL** **Comparison of pre-vaccination and post-vaccination antibody levels, rather than assessing post-vaccination antibody levels only, provides a more complete evaluation of the pneumococcal conjugate vaccine response. A 4-fold increase in type-specific antibodies is expected after 4 doses of vaccine.** **This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test**
Methodology	**MAID**
Performing Site	**Focus Diagnostics, Inc.**
CPU Mappings	

Result Code	Result Name	Unit of Measure
86002136	Serotype 4 (4)	mcg/mL
85967110	Serotype 14 (14)	mcg/mL
85967120	Serotype 19 (19F)	mcg/mL
85967130	Serotype 23 (23F)	mcg/mL
86002140	Serotype 26 (6B)	mcg/mL
86002141	Serotype 56 (18C)	mcg/mL
86002142	Serotype 68 (9V)	mcg/mL

Streptococcus pneumoniae IgG Antibody Panel (14 Serotypes), MAID	
Clinical Significance	**Responses to pneumococcal vaccines are demonstrated by 2- to 4-fold increases in the levels of IgG recognizing approximately 70% of the serotypes contained within a given pneumococcal vaccine.**
Effective Date	**1/27/2014**
Test Code	**19564**
CPT Codes	**86317 (x14)**
Specimen Requirements	**0.5 mL (0.25 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 90 days**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 1-4 days**
Units Of Measure	**mcg/mL**
Always Message	**Note: Serotype designations are American nomenclature, with Danish nomenclature in parenthesis.** **Studies from the 1980's using radioimmunoassay suggested that vaccine-induced S. pneumoniae type-specific antibody levels of approximately 2.0 mcg/mL were protective against invasive pneumococcal disease. Newer methods (ELISA and multiplexed immunoassay) incorporating an absorption step to remove cross-reactive antibodies yield results that are comparable to each other, but are lower than those obtained with the original radioimmunoassay. Rigorous studies of protective antibody levels as determined by the newer methods have not been performed. In addition to antibody quantity, protection also depends on antibody avidity and opsonophagocytic activity.** **Evaluation of the response to pneumococcal vaccination is best accomplished by comparing pre-vaccination and post-vaccination antibody levels. A 2- to 4-fold increase in type-specific antibodies measured 4-6 weeks after vaccination is expected in immunocompetent adults. The number of serotypes for which a 2- to 4-fold increase is observed varies greatly among individuals; a consensus**

	panel has suggested that individuals older than 5 years should respond to at least approximately 70% of pneumococcal serotypes. Adults >65 years old may exhibit a smaller (<2-fold) increase in type-specific antibody levels. **This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.**
Methodology	**MAID**
Performing Site	**Focus Diagnostics, Inc.**
CPU Mappings	

Result Code	Result Name	Unit of Measure
85967090	Serotype 1 (1)	mcg/mL
85967100	Serotype 3 (3)	mcg/mL
86002136	Serotype 4 (4)	mcg/mL
86002146	Serotype 5 (5)	mcg/mL
86002147	Serotype 8 (8)	mcg/mL
86002148	Serotype 9 (9N)	mcg/mL
86002149	Serotype 12 (12F)	mcg/mL
85967110	Serotype 14 (14)	mcg/mL
85967120	Serotype 19 (19F)	mcg/mL
85967130	Serotype 23 (23F)	mcg/mL
86002140	Serotype 26 (6B)	mcg/mL
85967140	Serotype 51 (7F)	mcg/mL
86002141	Serotype 56 (18C)	mcg/mL
86002142	Serotype 68 (9V)	mcg/mL

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*.

Bloom Syndrome DNA Mutation Analysis	
Message	*****This test is now available for New York patient testing.*****
Effective Date	**1/13/2014**
Former Test Code	*S51562*
Test Code	**90872**
CPT Codes	**81209**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	

Result Code	Result Name

	86008268 — **Bloom Syndrome**
Additional Information	**Update report format. Remove shared assay component.**

Canavan Disease Mutation Analysis	
Message	***This test is now available for New York patient testing.****
Effective Date	**1/13/2014**
Former Test Code	*S51568*
Test Code	**90905**
CPT Codes	**81200**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code**: **86008265** — **Result Name**: **Canavan Disease**
Additional Information	**Update report format. Remove shared assay component.**

Creatine, Serum	
Effective Date	**1/13/2014**
Former Test Code	*S49683*
Test Code	**37091**
Reference Range	**<1.3 mg/dL**
Performing Site	Quest Diagnostics Nichols Institute, Chantilly

Familial Dysautonomia Mutation Analysis	
Message	***This test is now available for New York patient testing.****
Effective Date	**1/13/2014**
Former Test Code	*S51574*
Test Code	**90912**
CPT Codes	**81260**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code**: **86008270** — **Result Name**: **Familial Dysautonomia**
Additional Information	**Update report format. Remove shared assay component.**

Fanconi Anemia DNA Mutation Analysis	
Message	***This test is now available for New York patient testing.****

Effective Date	**1/13/2014**
Former Test Code	*S51577*
Test Code	**90897**
CPT Codes	**81242**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Result Name**: **86008267** / **Fanconi Anemia**
Additional Information	**Update report format. Remove shared assay component.**

FISH, Neonatal Screen		
Effective Date	**1/13/2014**	
Former Test Code	*S52301*	
Test Code	**36053**	
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano	
CPU Mappings		

Result Code	Type	Result Name
85985333		**FISH, Neonatal Screen**
85997860	**Prompt-Result (no return)**	**Specimen Type/Source/Vol:**
86007537	Prompt-Result (no return)	Clinical Indication:
86007538	Prompt-Result (no return)	Referring Physician:
85997863	**Prompt-Result (no return)**	**Referring Physician Phone:**
85997864	**Prompt-Result (no return)**	**Client/Phone #:**
86007469	Prompt-Result (no return)	Client Accession #:
86007539	Prompt-Result (no return)	Patient ID:

Gaucher Disease, DNA Mutation Analysis	
Message	*****This test is now available for New York patient testing.*****
Effective Date	**1/13/2014**
Former Test Code	*S51581*
Test Code	**90907**
CPT Codes	**81251**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Result Name**: **86008266** / **Gaucher Disease**

Additional Information	**Update report format. Remove shared assay component.**

Hepatitis C Antibody with Reflex to HCV RNA, Quantitative Real-Time PCR	
Clinical Significance	For the detection of active HCV infection in HCV antibody positive individuals.
Effective Date	**1/13/2014**
Former Test Name	*Hepatitis C Antibody w/Rfx to RNA Quantitation*
Former Test Code	*7493*
Test Code	**91438**
CPT Codes	**86803**
Specimen Requirements	**4 mL (3 mL minimum) serum** **Acceptable: plasma EDTA (lavender-top) tube**
Reject Criteria	**Moderate hemolysis; Gross hemolysis; Gross lipemia; Unspun serum separator tube; Unspun red top tube**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 72 hours** **Refrigerated: 14 days** **Frozen: 42 days**
Set-up/Analytic Time	**See individual assays**
Reference Range	**Hepatitis C Antibody:** — **Nonreactive** **Signal to Cutoff:** — **<1.00** **HCV RNA, PCR, Quant:** — **<15 IU/mL** **HCV RNA, PCR, Quant:** — **<1.18 LogIU/mL**
Always Message	**Hepatitis C Viral RNA, Quantitative Real-Time PCR**: **Please note: the guidelines for the use of new anti-HCV therapies (boceprevir and telaprevir) recommend using a test method that detects plasma viral nucleic acid levels as low as 10 IU/ml. This assay has a Limit of Detection of 10-13 IU/mL for genotype 1 and conforms to the recommendation. Quantitation of plasma HCV nucleic acid levels below 15 IU/ml (the Lower Limit of Quantitation for this test) may not be linear, and in this circumstance is reported as "<15 IU/mL HCV RNA Detected".** **This test was performed using the COBAS® AmpliPrep / COBAS® TaqMan® HCV Test, v2.0. (Roche Molecular Systems, Inc.).** **For more information on this test, go to:** **http://education.questdiagnostics.com/faq/FAQ22v1** **The performance characteristics of this assay have been determined by Quest Diagnostics. Performance characteristics refer to the analytical performance of the test.**
Methodology	**Immunoassay; Real-Time Polymerase Chain Reaction**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**91438 Hepatitis C Antibody** **Result Code** — **Result Name** **55071600** — **Hepatitis C Antibody**

	55071705 — **Signal to Cutoff**
	***RRE-Reflex Hepatitis C Viral RNA, Quantitative Real-Time PCR**
	Result Code — **Result Name** — **Unit of Measure**
	55194255 — **HCV RNA, PCR, Quant** — **IU/mL**
	55194250 — **HCV RNA, PCR, Quant** — **LogIU/mL**
Additional Information	***If the Hepatitis C Antibody is Reactive, the Hepatitis C Viral RNA, Quantitative Real-Time PCR will be performed at an additional charge (CPT codes(s): 87522)**

Insect Venom, Honey Bee IgG	
Effective Date	**1/13/2014**
Former Test Name	*Allergen - Honeybee Venom IgG*
Former Test Code	*I1G*
Test Code	**8641**
Specimen Requirements	**0.3 mL (0.15 mL minimum)** serum
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Sun, Wed, Fri; Report available: 1-3 days**
Reference Range	**<2.0 mcg/mL**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** — **Result Name** — **Unit of Measure** **85993068** — **Bee, Honey, IgG** — **mcg/mL**

Magnesium, RBC	
Message	***This test is **now available** for New York patient testing.***
Clinical Significance	**Magnesium is an essential trace element. Deficiency leads to irritability, neuromuscular abnormalities, cardiac and renal damage. Its salts are used as antacids and cathartics. Excessive amount may cause CNS depression, loss of muscle tone, respiratory and cardiac arrest.**
Effective Date	**1/13/2014**
Former Test Name	*Magnesium RBC*
Former Test Code	*4866R*
Test Code	**623**
Instructions	**Patient should refrain from taking vitamins, or mineral herbal supplements for at least one week before sample collection. Leave packed cells in original collection tube. Do not centrifuge whole blood.**
Specimen Stability	Packed cells: Room temperature and Refrigerated: 7 days Frozen: Unacceptable **EDTA whole blood:**

	Room temperature: 4 days **Refrigerated: 7 days** Frozen: Unacceptable
Set-up/Analytic Time	**Set up: Mon, Thurs; Report available: 2-5 days**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** / **Unit of Measure** **85990530** / **Magnesium, RBC** / **mg/dL**

Mucolipidosis Type IV Mutation Analysis	
Message	***This test is now available for New York patient testing.****
Effective Date	**1/13/2014**
Former Test Code	*S51588*
Test Code	**90899**
CPT Codes	**81290**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Result Name** **86008272** / **Mucolipidosis Type IV**
Additional Information	**Update report format. Remove shared assay component.**

Niemann-Pick Disease Mutation Analysis	
Message	***This test is now available for New York patient testing.****
Effective Date	**1/13/2014**
Former Test Code	*S51592*
Test Code	**90893**
CPT Codes	**81330**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Result Name** **86008271** / **Niemann-Pick Disease**
Additional Information	**Update report format. Remove shared assay component.**

Opiates Confirmation, LC/MS/MS	
Clinical Significance	**This panel is useful for confirmation of screen positive results.**
Effective Date	**1/13/2014**
Former Test Name	*Opiates Confirmation Serum*

Former Test Code	*4185*
Test Code	**91894**
Specimen Requirements	**5 mL (2.5 mL minimum) serum collected in a red-top tube (no gel)**
Reject Criteria	**Serum separator tubes**
Specimen Stability	**Room temperature: 7 days** **Refrigerated and Frozen: 14 days**
Set-up/Analytic Time	**Set up: Tue, Fri; Report available: 2-6 days**
Units Of Measure	**ng/mL**
Always Message	**Limit of quantitation** **Codeine Free** — **5.0 ng/mL** **Hydrocodone Free** — **5.0 ng/mL** **Hydromorphone Free** — **5.0 ng/mL** **Morphine Free** — **5.0 ng/mL** **Oxycodone Free** — **5.0 ng/mL**
Methodology	**Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** / **Unit of Measure** **86010135** / **Codeine Free** / **ng/mL** **86010136** / **Hydrocodone Free** / **ng/mL** **86010137** / **Hydromorphone Free** / **ng/mL** **86010138** / **Morphine Free** / **ng/mL** **86010139** / **Oxycodone Free** / **ng/mL**

Osteocalcin, N-MID	
Clinical Significance	**Osteocalcin, the most abundant non-collagen protein in bone matrix, is a bone-specific, calcium binding protein. Serum osteocalcin levels are related to the rate of bone turnover in various disorders of bone metabolism, e.g., osteoporosis, primary and secondary hyperparathyroidism, and Paget's disease.**
Effective Date	**1/13/2014**
Former Test Code	*3550*
Test Code	**16322**
Specimen Requirements	1 mL (0.5 mL minimum) frozen serum **EDTA (lavender-top) tube is no longer acceptable**
Instructions	**Collect blood in a red-top tube (no gel). Allow blood to clot at room temperature (20-26° C) and centrifuge immediately to separate the serum from the cells. Freeze as soon as possible.**
Transport Temperature	**Frozen**
Specimen Stability	**Room temperature: Unacceptable**

	Refrigerated: 24 hours **Frozen: 21 days**
Reference Range	**Reference Ranges for Osteocalcin, N-MID:** **Age** / **Reference Range** **5-9 years:** / **47-142 ng/mL** **10-13 years:** / **49-167 ng/mL** **14-17 years:** / **Males: 26-203 ng/mL** / **Females: 14-85 ng/mL** **Adult:** / **Males: 9-38 ng/mL** / **Females: 8-32 ng/mL**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** / **Unit of Measure** **86006224** / **Osteocalcin, N-MID** / **ng/mL**

QuestAssureD™ 25–Hydroxyvitamin D (D2, D3), LC/MS/MS	
Effective Date	**1/13/2014**
Former Test Name	*Vitamin D, 25–Hydroxy, LC/MS/MS*
Test Code	17306
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	**Test Codes:** / **Name:** 3541 / Vitamin D, 25-Hydroxy, LC/MS/MS

QuestAssureD™ 25-Hydroxy and 1,25–Dihydroxyvitamin D, LC/MS/MS	
Effective Date	**1/13/2014**
Former Test Name	*Vitamin D, 25–Hydroxy and 1, 25–Dihydroxy, LC/MS/MS*
Test Code	16761
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Rape Weed (w203) IgE	
Effective Date	**1/13/2014**
Former Test Name	*Allergen - Rape IgE*
Former Test Code	*RW203*
Test Code	**3486**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days**

	Frozen: 30 days
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. 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	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name	Unit of Measure
55153005	Rape Weed (w203) IgE	kU/L
55153010	Class	

Saffron (f331) IgE	
Effective Date	**1/13/2014**
Former Test Name	*Allergen - Saffron IgE*
Former Test Code	*RF331*
Test Code	**91916**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. 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	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name	Unit of Measure
86010172	Saffron (f331) IgE	kU/L
86010173	Class	

Tay-Sachs Disease Mutation Analysis	
Message	****This test is now available for New York patient testing.****
Effective Date	**1/13/2014**
Former Test Code	*S51598*

Test Code	**90903**
CPT Codes	**81255**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Result Name**: **86008269** / **Tay-Sachs DNA**
Additional Information	**Update report format. Remove shared assay component.**

Temazepam	
Clinical Significance	**Temazepam is one of several drugs in the class known as benzodiazepines. These drugs produce a variety of effects, but most cause some degree of drowsiness (sedation). Temazepam is used almost exclusively as a hypnotic, or drug given to help people fall asleep. It is nearly always taken just before bedtime.**
Effective Date	**1/13/2014**
Former Test Code	*4088*
Test Code	**91897**
CPT Codes	**80154**
Specimen Requirements	**2 mL (1 mL minimum) serum collected in a red-top tube (no gel)**
Reject Criteria	**Serum separator tube**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: Unacceptable** **Refrigerated: 5 days** **Frozen: 14 days**
Set-up/Analytic Time	**Set up: Tue, Thu, Sat; Report available: 1-3 days**
Reference Range	**50-1000 ng/mL**
Methodology	**Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)**
Assay Category	**Laboratory Developed Test**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** / **Result Name** / **Unit of Measure**: **86010156** / **Temazepam** / **ng/mL**

Turkey Feathers (e89) IgE	
Effective Date	**1/13/2014**
Former Test Name	*Allergen - Turkey Feathers IgE*
Former Test Code	*E89*
Test Code	**2539**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**

Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name	Unit of Measure
55150305	**Turkey Feathers (e89) IgE**	**kU/L**
55150310	**Class**	

Lupus Anticoagulant and Cardiolipin Ab Panel with Reflexes	
Effective Date	**1/20/2014**
Test Code	9762
Reject Criteria	**Received thawed;** Hemolysis
Instructions	**Platelet Poor Plasma: Centrifuge light blue-top tube 15 minutes at approx. 1500 g within 60 minutes of collection. Using a plastic pipette, remove plasma, taking care to avoid the WBC/platelet buffy layer and place into a plastic vial. Centrifuge a second time and transfer platelet-poor plasma into a new plastic vial. Plasma must be free of platelets (<10,000/mcl). Freeze immediately and ship on dry ice.**
Set-up/Analytic Time	Set up: Mon-Sat; **Report available: 3-5 days**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Methamphetamine and Metabolite, Urine	
Effective Date	**1/20/2014**
Former Test Name	*Methamphetamine and Metabolite, Quant, Urine*
Former Test Code	*4663U*
Test Code	**91730**
Specimen Requirements	**7 mL (2 mL minimum) urine**
Reject Criteria	**Urine specimens with preservative.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 2 days**
Units Of Measure	**ng/mL**
Always Message	

Limit of quantitation:	
Amphetamine:	**200 ng/mL**

	Methamphetamine: — **200 ng/mL**
Methodology	**Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** — **Result Name** — **Unit of Measure** **86009962** — **Amphetamine** — **ng/mL** **86009963** — **Methamphetamine** — **ng/mL**

Plasminogen Activator Inhibitor-1 (PAI-1) 4G/5G	
Effective Date	**1/20/2014**
Test Code	11368
Instructions	**Preferred Specimen(s)** **5 mL whole blood collected in an EDTA (lavender-top) tube** **Alternative Specimen(s)** Whole blood collected in ACD solution B (yellow-top), EDTA (royal blue-top), sodium heparin (green-top), lithium heparin (green-top), or ACD solution A (yellow-top) tube, 100 ng Extracted DNA (Reference ranges do not apply), Bone marrow or Fresh (unfixed) tissue or Tissue biopsy **(Reference ranges do not apply).** **Forward tissue specimens immediately to the Molecular Genetics Laboratory; do not hold.** **Whole blood: Normal phlebotomy procedure. Specimen stability is crucial. Store and ship ambient immediately. Do not freeze.**
Set-up/Analytic Time	Set-up: Wed, Sat; **Report available: 6-10 days**
Methodology	**Polymerase Chain Reaction (PCR)**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Beta-2-Microglobulin, Serum	
Clinical Significance	**Beta-2-microglobulin normally passes through the glomerulus into the proximal tubule where much of it is reabsorbed. Serum levels are therefore an index of glomerular function. When impaired, serum levels rise in inverse ratio to glomerular filtration rate. Increased amounts of beta-2-microglobulin are excreted in several renal disorders, e.g., Balkan nephropathy, heavy metal poisoning and renal tubular disease due to therapeutic agents. Serial levels of beta-2-microglobulin in serum and urine are used to evaluate transplant viability and anticipate rejection. Following a successful graft, serum levels decline toward normal. Increasing serum levels provide an early sign of rejection. Elevated levels are also noted in lymphproliferative disorders, neoplasms (malignant and benign), inflammatory disease, and autoimmune diseases such as systemic lupus erythematosus (SLE) and Sjogren's disease.**
Effective Date	**1/27/2014**
Former Test Code	*3143*
Test Code	**852**
Reject Criteria	**Hemolysis; lipemia**
Instructions	**Overnight fasting is preferred.**
Set-up/Analytic Time	**Set up: Mon-Thurs; Report available: 3-7 days**
Reference Range	**Age** — **Reference Range** **< 18 years** — **Not Established**

	Adults | **< or = 2.51 mg/L**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code** | **Result Name** **45030500** | **B2 Microglobulin, Serum**
Tests Affected	**Test Codes:** | **Name:** 3143SR | Beta-2-Mircoglobulin w/Serial Reporting

Coccidioides Antibodies to TP & F Antigens, ID	
Effective Date	**1/27/2014**
Former Test Code	*S52389*
Test Code	**19963**
Performing Site	Focus Diagnostics, Inc.
CPU Mappings	**Result Code** | **Result Name** **86002935** | **Ab to TP Antigen (IgM)** **86002936** | **Ab to F Antigen (IgG)**

Coccidioides Antibody (TP Antigen), Immunodiffusion	
Effective Date	**1/27/2014**
Test Code	90799
Performing Site	Focus Diagnostics, Inc.
CPU Mappings	**Result Name** | **Result Code** **86002935** | **Ab to TP Antigen (IgM)**

Human Anti-mouse Antibody (HAMA)	
Message	***This test is **not available** for New York patient testing***
Clinical Significance	**The presence of human anti-mouse antibody (HAMA) has been associated with patients receiving injections of murine monoclonal antibody (MAb) for diagnostics and/or therapeutic purposes. HAMA produced in response to monoclonal antibody therapy may interfere with therapeutic efficacy. Therefore, it is recommended that baseline HAMA levels are determined prior to the initiation of therapy with murine-derived proteins.**
Effective Date	**1/27/2014**
Former Test Name	*Human Anti-Mouse Antibody (HAMA), ELISA [41882]*
Former Test Code	*S51635*

Test Code	**1468**
CPT Codes	**83520**
Specimen Requirements	**1 mL (0.5 mL minimum) serum collected in red-top tube (no gel)**
Reject Criteria	**Gross lipemia; serum separator tubes**
Transport Temperature	**Frozen**
Specimen Stability	**Room temperature: Unacceptable** **Refrigerated: 24 hours** **Frozen -20° C: 21 days** **Frozen -70° C: 90 days**
Set-up/Analytic Time	**Set up: Thurs; Report available: 7-14 days**
Reference Range	**0-74 ng/mL**
Methodology	**Enzyme Linked Immunosorbent Assay**
Performing Site	**This test previously performed at Focus Diagnostics, Inc., will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.**
CPU Mappings	

Result Code	Result Name	Unit of Measure
85997071	Human Anti-mouse AB (HAMA)	ng/mL

IgA, Saliva	
Message	****This test is not available for New York patient testing.****
Clinical Significance	**Secretory IgA is composed of approximately equal concentrations of IgA1 and IgA2. Secretory IgA is responsible for binding antigens at the mucosal surface which will inhibit microorganisms from binding to epithelial cell surfaces. The quantitation of salivary IgA is useful in investigating recurrent upper respiratory infections in children.**
Effective Date	**1/27/2014**
Former Test Name	*IgA Salivary, by RID [20360]*
Former Test Code	*S51451*
Test Code	**540**
CPT Codes	**82784**
Specimen Requirements	**3 mL (0.1 mL minimum) saliva collected in a Salivette® collection tube**
Reject Criteria	**Sputum and very viscous specimens; gross hemolysis; gross lipemia; grossly icteric**
Instructions	**Fasting is not required but no eating or drinking 30 minutes prior to specimen collection.**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: Unacceptable** **Refrigerated: 7 days** **Frozen: 90 days**
Set-up/Analytic Time	**Set up: Mon; Report available: 3-10 days**
Reference Range	**25-168 mg/L**
Always Message	**This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.**

Methodology	**Radial Immunodiffusion**
Performing Site	**This test previously performed at Focus Diagnostics, Inc., will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.**
CPU Mappings	

Result Code	Result Name	Unit of Measure
85666200	IgA Saliva	mg/L

Interferon-alpha	
Message	***This test is not available for New York patient testing****
Clinical Significance	**IFNalpha is mainly produced by monocytes/macrophages, lymphoblastic cells and fibroblasts, but different types of virus activated cells may produce the cytokine. IFNalpha shows antiviral, antiparasitic, and antiproliferative properties. Increased levels suggest recent or ongoing viral or parasitic infection.**
Effective Date	**1/27/2014**
Former Test Name	*Interferon Alpha [20558]*
Former Test Code	*S49579*
Test Code	**34887**
Specimen Requirements	1 mL (0.5 mL minimum) **frozen serum collected in a red-top tube (no gel)**
Reject Criteria	**Gross hemolysis; lipemia; icteric; heat inactivated serum; serum separator tubes; CSF and other body fluids**
Instructions	**Keep samples frozen. Freeze within 30 minutes of draw.**
Specimen Stability	**Room temperature and Refrigerated: Unacceptable** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Second and fourth Thurs of the month; Report available 7-14 days**
Reference Range	**< or = 3 IU/mL**
Always Message	**This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.**
Methodology	**Enzyme Linked Immunosorbent Assay**
Performing Site	**This test previously performed at Focus Diagnostics, Inc., will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.**
CPU Mappings	

Result Code	Result Name	Unit of Measure
85994445	Interferon-alpha	IU/mL

Myelin Antibody (IgG), IFA	
Message	***This test is **not available** for New York patient testing***
Clinical Significance	**Antibodies against myelin are found in multiple sclerosis and other neurological diseases. However, the diagnostic value of this serum antibody is controversial, as high titers in healthy subjects can also be detected. Antibodies against myelin-associated glycoproteins are present at times with Guillain-Barre syndrome.**

Effective Date	**1/27/2014**
Former Test Name	*Myelin IgG Antibody, IFA [20545]*
Former Test Code	*S51647*
Test Code	**4639**
CPT Codes	**86255**
Specimen Requirements	**0.5 mL (0.3 mL minimum) serum collected in a red-top tube (no gel)**
Reject Criteria	**Gross hemolysis; lipemia; specimens with visible particulate matter; serum separator tubes**
Instructions	**Serum specimens should be collected under aseptic condition. Hemolysis should be avoided through prompt separation of the serum from the clot.**
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days **Frozen: 21 days**
Set-up/Analytic Time	**Set up: Wed; Report available: 2-9 days**
Reference Range	**Negative**
Always Message	**This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.**
Methodology	**Indirect Immunofluorescence**
Performing Site	**This test previously performed at Focus Diagnostics, Inc., will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.**
CPU Mappings	**Result Code** / **Result Name** **85981510** / **Myelin Antibody**

Natural Killer Cells, Functional	
Message	***This test is **not available** for New York patient testing***
Clinical Significance	**Natural killer cells (NK cells) are a subset of non-B, non-T peripheral blood lymphocytes that appear to play a crucial role in the human innate immune response. The function of NK cells is important for the clearance of tumor cells, for the removal of immunoglobulin-bound antigens, and for the control of viral infections. NK function has been reported to be decreased in certain individuals, including those with primary immunodeficiencies, those with late-stage human immunodeficiency virus infections, and pregnant women.**
Effective Date	**1/27/2014**
Former Test Name	*ALT-Natural Killer Cell Functional Assay, FC [20595]*
Former Test Code	*A52327*
Test Code	**34184**
CPT Codes	**88184, 88185 (x2)**
Specimen Requirements	**10 mL (5 mL minimum) whole blood collected in a sodium heparin (green-top) tube**
Reject Criteria	**Hemolysis; received frozen; clotted specimens; expired (>48 hours)**
Instructions	**Specimen must be received in the testing lab within 48 hours of collection. Submit Monday through Thursday only.**

	Maintain and transport blood at room temperature. Avoid temperatures <15° C and >37° C. In hot weather, it may be necessary to pack the specimen in a container with insulating material around it and place this container inside another that contains a cold pack (ice pack) and absorbent material. This method will help retain the specimen at ambient temperature. **For longitudinal studies, draw specimens at the same time of day to minimize diurnal variation.** **Normal diet, fasting preferred to avoid lipemia.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated and Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Tues-Sat; Report available: 2-5 days**
Reference Range	**Decreased Activity** — **<7 LU30** **Normal Activity** — **7-125 LU30** **Increased Activity** — **>125 LU30**
Always Message	**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	**Flow Cytometry**
Performing Site	**This test previously performed at Focus Diagnostics, Inc., will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.**
CPU Mappings	**Result Code: 85969340** — **Result Name: NK Cells, Functional** — **Unit of Measure: LU30**

Redirects

Tarragon (f272) IgE	
Effective Date	**1/13/2014**
Former Test Name	*Allergen - Tarragon IgE*
Former Test Code	*RF272*
Test Code	**3057**
Specimen Requirements	**0.3 mL (0.15 mL minimum) serum**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 14 days** **Frozen: 30 days**
Set-up/Analytic Time	**Set up: daily; Report available: 1-14 days**
Reference Range	**<0.35 kU/L**
Always Message	**This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. 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	**This test previously performed at Viracor IBT will now be performed at Quest Diagnostics Nichols Institute, Valencia**
CPU Mappings	

Result Code	Result Name	Unit of Measure
55173505	**Tarragon (f272) IgE**	**kU/L**
55173510	**Class**	

Discontinued Tests

***Rickettsia conorii* IgG & IgM Antibodies**	
Effective Date	**1/13/2014**
Test Code	7951
Additional Information	The recommended alternative is test code 15332-*Rickettsia conorii* Antibody Panel, IFA in New Test Offerings.

***Rickettsia conorii* IgG Abs**	
Effective Date	**1/13/2014**
Test Code	7949
Additional Information	The recommended alternative is test code 15332-*Rickettsia conorii* Antibody Panel, IFA in New Test Offerings.

***Rickettsia conorii* IgM Abs**	
Effective Date	**1/13/2014**
Test Code	7950
Additional Information	The recommended alternative is test code 15332-*Rickettsia conorii* Antibody Panel, IFA in New Test Offerings.

Strongyloides IgG Antibody [10091]	
Effective Date	**1/13/2014**
Test Code	S49761
Additional Information	The recommended alternative is 34309 - Strongyloides Antibody IgG in the New Test Offering section

Blastomyces Antibody Panel, CF, ID, and ELISA	
Effective Date	**1/27/2014**
Test Code	S52352
Additional Information	The recommended alternatives are:

	• 2511 -Blastomyces Total ABS [CF] • S52018 -Blastomyces Antibody, Immunodiffusion, Serum

Chlamydia Group Antibody Screen, IFA (Serum)	
Effective Date	**1/27/2014**
Test Code	S52342
Additional Information	The recommended alternatives are: • 8076 -*Chlamydia pneumoniae* IgG, IgM & IgA ABS • 8026 -*Chlamydia psittaci* IgG, IgM & IgA ABS • 8041 -*Chlamydia trachomatis* IgG, IgM & IgA ABS • 8006 -Chlamydia SPP IgG, IgM & IgA ABS

Coccidioides Antibody Panel, CF, ID, LA, and ELISA	
Effective Date	**1/27/2014**
Test Code	A52270
Additional Information	There is no recommended alternative.

Histoplasma Antibody Panel, CF, ID, and ELISA	
Effective Date	**1/27/2014**
Test Code	S52346
Additional Information	The recommended alternatives are: • 2581 -Histoplasma Antibody, Complement Fixation, Serum • S52019 -Histoplasma Antibody, Immunodiffusion, Serum

Humoral Immune Evaluation (Pneumo 14)	
Effective Date	**1/27/2014**
Test Code	1143
Additional Information	The recommended alternative is both: • 1331-Tetanus & Diphtheria Toxoid IgG Abs • **19564-Streptococcus pneumoniae IgG Antibody Panel (14 Serotypes), MAID in the New Test Offering section**

Humoral Immune Evaluation (Pneumo 14) & H. Influenzae B	
Effective Date	**1/27/2014**
Test Code	1146
Additional Information	The recommended alternative is: • 1331-Tetanus & Diphtheria Toxoid IgG Abs

	• 9861-Haemophilus Influenzae B IgG Abs • **19564-Streptococcus pneumoniae IgG Antibody Panel (14 Serotypes), MAID in the New Test Offering section**

Humoral Immune Evaluation (Pneumo 23)	
Effective Date	**1/27/2014**
Test Code	1049
Additional Information	The recommended alternative is both: • 1331-Tetanus & Diphtheria Toxoid IgG Abs • **16963-Streptococcus pneumoniae IgG Ab (23 serotypes), MAID in the New Test Offering section**

Humoral Immune Evaluation (Pneumo 23) & H. Influenzae B	
Effective Date	**1/27/2014**
Test Code	1088
Additional Information	The recommended alternative is: • 1331-Tetanus & Diphtheria Toxoid IgG Abs • 9861-Haemophilus Influenzae B IgG Abs • **16963-Streptococcus pneumoniae IgG Ab (23 serotypes), MAID in the New Test Offering section**

Humoral Immune Evaluation (Pneumo 7)	
Effective Date	**1/27/2014**
Test Code	1047
Additional Information	The recommended alternative is both: • 1331-Tetanus & Diphtheria Toxoid IgG Abs • **19563-Streptococcus pneumoniae IgG Ab (7 Serotypes), MAID in the New Test Offering section**

Humoral Immune Evaluation (Pneumo 7) & H. Influenzae B	
Effective Date	**1/27/2014**
Test Code	1087
Additional Information	The recommended alternative is: • 1331-Tetanus & Diphtheria Toxoid IgG Abs • 9861-Haemophilus Influenzae B IgG Abs • **19563-Streptococcus pneumoniae IgG Ab (7 Serotypes), MAID in the New Test Offering section**

Humoral Immune Status Survey (Pneumo 14)	
Effective Date	**1/27/2014**

Test Code	1148
Additional Information	This test is being discontinued due to low volume. There is no recommended alternative.

Humoral Immune Status Survey (Pneumo 23)	
Effective Date	**1/27/2014**
Test Code	1149
Additional Information	This test is being discontinued due to low volume. There is no recommended alternative.

Humoral Immune Status Survey (Pneumo 7)	
Effective Date	**1/27/2014**
Test Code	1147
Additional Information	This test is being discontinued due to low volume. There is no recommended alternative.

Lymphocyte Antigen Stimulation Screen, Candida, CC	
Effective Date	**1/27/2014**
Test Code	A52331
Additional Information	Use alternative test code 17270- Candida-induced Lymphocyte Proliferation in New Test Offering section.

Streptococcus pneumoniae IgG Abs, 14 Serotypes	
Revision Message!	**Please note: Announcement was added 12/20/13.**
Effective Date	**1/27/2014**
Test Code	2386
Additional Information	The recommended alternative is test code 19564- Streptococcus pneumonia IgG AB (14 Serotypes), MAID in the New Test Offering section.

Streptococcus pneumoniae IgG Abs, 14 Serotypes, Pre/Post	
Revision Message!	**Please note: This announcement was added 12/20/13.**
Effective Date	**1/27/2014**
Test Code	2386P
Additional Information	This test is being discontinued due to low use, there is no recommended alternative.

Streptococcus pneumoniae IgG Abs, 23 Serotypes	
Revision Message!	**Please note: Announcement was added 12/20/13.**
Effective Date	**1/27/2014**
Test Code	2388
Additional Information	The recommended alternative is test code 16963- Streptococcus pneumonia IgG AB (23 Serotypes), MAID in the New Test Offering section.

Streptococcus pneumoniae IgG Abs, 23 Serotypes, Pre/Post	
Revision Message!	**Please note: This announcement was added 12/20/13**
Effective Date	**1/27/2014**
Test Code	2388P
Additional Information	This test is being discontiinued due to low use, there is no recommended alternative.

Streptococcus pneumoniae IgG Abs, 7 Serotypes [Heptavalent]	
Revision Message!	**Please note: Announcement was added 12/20/13.**
Effective Date	**1/27/2014**
Test Code	2384
Additional Information	The recommended alternative is test code 19563- Streptococcus pneumonia IgG AB (7 Serotypes), MAID in the New Test Offerings section.

Streptococcus pneumoniae IgG Abs, 7 Serotypes, Pre/Post	
Revision Message!	**Please note: This announcement was added 12/20/13.**
Effective Date	**1/27/2014**
Test Code	2384P
Additional Information	This test is being discontinued due to low use, there is no recommended alternative.

New York Patient Testing Update

New York Testing Update	
Message	***These test codes are **now available** for New York patient testing at Focus Diagnostics***
Tests Affected	**Test Codes:** / **Name:** S50504 / Antiviral Susceptibility, Acyclovir S50566 / Antiviral Susceptibility, Foscarnet

Monoclonal Gammopathies CSF	
Message	***This test code is **not available** for New York patient testing.***
Effective Date	**12/2/2013**
Test Code	3125C

Mycobacterium avium-intracellulare DNA, Qualitative PCR	
Message	***This test code is **not available** for New York patient testing***
Effective Date	**12/2/2013**
Test Code	S52093

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.**

Amphetamines Panel, Serum/Plasma	
Effective Date	**1/6/2014**
Test Code	S47280
Instructions	**Promptly centrifuge and separate serum or plasma into a plastic screw-cap vial**
Reference Range	**MDA - MDA is a metabolite of MDMA and methylenedioxyethylamphetamine (MDEA) and is abused for its central nervous system stimulant and hallucinogenic properties.** **The peak concentration of the MDA metabolite following a 110 mg dose of MDMA was reported as 28 ng/mL at 4 hours.**

Buprenorphine and Metabolite - Free (Unconjugated) Confirmation, Serum/Plasma	
Effective Date	**1/6/2014**
Test Code	A50999
Specimen Requirements	Preferred: 2 mL serum **collected in a red-top tube (no gel)** Acceptable: Plasma **collected in an EDTA (lavender-top) or EDTA (pink-top) tube**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated and Frozen: 30 days**

Buprenorphine and Metabolite - Free (Unconjugated) Screen, Serum/Plasma	
Effective Date	**1/6/2014**
Test Code	S50970
Specimen Requirements	Preferred: **3 mL** (1.4 mL minimum) serum **collected in a red-top tube (no gel)** Acceptable: **Plasma collected in an EDTA (lavender-top) or EDTA (pink-top) tube**

Consolidated Labs Discontinued Tests	
Effective Date	**1/20/2014**
Additional Information	These tests will be discontinued, there are no recommended alternatives.
Tests Affected	**Test Codes:** / **Name:** S49805 / HIV Monitor - Ritonavir S49796 / HIV Monitor - Lopinavir

S49801	HIV Monitor - Lamivudine
S49795	HIV Monitor - Amprenavir
S49800	HIV Monitor - Nelfinavir
S49806	HIV Monitor - Indinavir
S49793	HIV Monitor - Efavirenz
S49942	HIV Monitor - Abacavir
S50040	Tenofovir (Viread)
S50451	HIV Monitor - Zidovudine
S50477	HIV Monitor - Atazanavir (Reyataz)
S51101	HIV Monitor Kaletra
S52031	HIV Monitor - Darunavir (DAV)

Mephenytoin (Mesantoin) [90007]	
Effective Date	**1/20/2014**
Test Code	S50852
Additional Information	Test will be discontinued, there is no recommended alternative.

Scrub Typhys Ab [8148]	
Effective Date	**1/20/2014**
Test Code	S49941
Additional Information	Test will be discontinued, there is no recommended alternative.

Trifluoperazine (Stelazine) [90071]	
Effective Date	**1/20/2014**
Test Code	S50881
Additional Information	Test will be discontinued, there is no recommended alternative.

Trypsin, Stool (0020383)	
Effective Date	**1/20/2014**
Test Code	S43880
Additional Information	Test will be discontinued, there is no recommended alternative.

Unknown Substance ID [7201L1]	
Effective Date	**1/20/2014**
Test Code	S50608
Additional Information	Test will be discontinued, there is no recommended alternative.