Quest Diagnostics Nichols Institute
27027 Tourney Road
Valencia, CA 91355
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www.NicholsInstitute.com/valencia

Test Updates

March 7, 2011

Dear Colleague:

We are pleased to announce nine new SureSwab™ molecular assays for gynecologic infections using real-time PCR and TMA methods to test for multiple organisms on a single swab. SureSwab™ provides results that support a more definitive diagnosis and address a number of infections.

We would also like to request that you pay close attention to the specimen preparation instructions for QuantiFERON®-TB Gold (Incubated) [6100]. Deviation from the procedures may result in increased rates of *Indeterminate* results. The instructions are shown here again, and should be shared with the personnel responsible for collection, preparation and transportation of specimens.

1. For each patient, collect 1 mL of blood by venipuncture directly into each of the three (3) unique QuantiFERON(R)-TB Gold IT blood collection tubes (Nil, TB Antigen, Mitogen). Under or overfilling of the tubes may lead to erroneous results.
2. Mix the tubes by shaking vigorously for 5 seconds and label tubes appropriately.
3. Incubate the three (3) tubes upright strictly at 37 ± 1 degrees C for 16 to 24 hours.
4. Following incubation either:
   A. Immediately transport the three (3) transport tubes between 2 and 27 degrees C. Samples will be stable for 72 hours at 2-27 degrees C (room temperature or refrigerated).
   OR
   B. Centrifuge each of the three (3) incubated collection tubes for 15 minutes at 2000 to 3000 RCF (g). Label with patient name, identification number and date of collection. Deliver at 2-8 degrees C. Samples will be stable for 28 days at 2-8 degrees C (refrigerated).
5. Transport incubated tubes between 2-27 degrees C.
6. Frozen samples are not acceptable.

We thank you for choosing Quest Diagnostics Nichols Institute, Valencia and look forward to your continued support. For additional information, please visit our Web site at *www.NicholsInstitute.com/Valencia* or contact Client Relations at 800-421-4449.

Respectfully Yours,

Basel Kashlan

Basel Kashlan, MD, FCAP
Laboratory Director

New Tests (Valencia):

3754 Allergy Panel – Adult Food IgG (Available Immediately)

Component	Method	Reference Range/Units
Casein IgG	**ImmunoCAP**	**<2.0 ug/mL**
Cacao (chocolate) IgG	**ImmunoCAP**	**<2.0 ug/mL**
Codfish IgG	**ImmunoCAP**	**<2.0 ug/mL**
Coffee IgG	**ImmunoCAP**	**<2.0 ug/mL**
Corn IgG	**ImmunoCAP**	**<2.0 ug/mL**
Egg white IgG	**ImmunoCAP**	**<2.0 ug/mL**
Peanut IgG	**ImmunoCAP**	**<2.0 ug/mL**
Soybean IgG	**ImmunoCAP**	**<2.0 ug/mL**
Tomato IgG	**ImmunoCAP**	**<2.0 ug/mL**
Wheat IgG	**ImmunoCAP**	**<2.0 ug/mL**
Yeast (bakers/brewers) IgG	**ImmunoCAP**	**<2.0 ug/mL**

Specimen/Stability	Serum 5.0 (2.0) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Schedule	Tuesday- Saturday
Report	Same day
CPT Code	86001x11
Regulatory Status	Investigational Use Only
Clinical Utility	The reference range listed on the report is the lower limit of quantitation for the assay. The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test.
Always Statement	This test(s) was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. This test should not be used for diagnosis without confirmation by other medically established means.

16898 SureSwab™, Bacterial Vaginosis DNA, Quantitative RT-PCR

(Available April 5)

Component	Method	Reference Range/Units
***Lactobacillus* species**	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
Atopobium vaginae	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
***Megasphaera* species**	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
Gardnerella vaginalis	**Real Time-PCR**	**W/Rpt Log (cells/mL)**

Specimen/Stability	Vaginal swab in 0.7 mL: Aptima™ Vaginal Swab Collection Kit (Orange label) Ambient 48 Hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Follow instructions in the Aptima™ Vaginal Swab Specimen Collection kit for physician collected or self-collection of vaginal specimens.
Schedule	Monday- Saturday
Report	2 days
CPT Code	84891 (x4), 87512, 87798, 87799 (x3)
Regulatory Status	Laboratory Developed Test
Clinical Utility	Concentrations of *Lactobacilli* are collectively reported under the term *'Lactobacillus spp.*', as these species are among the peroxide producing *Lactobacilli* thought to be protective against bacterial vaginosis. In the absence of peroxide producing Lactobacilli*, Atopobium vaginae, Megasphaera spp., and Gardnerella* (> 6.0 log (cells/ mL)) have been associated with vaginosis.
Always Statement	This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.
Note	*** This test is not available for New York State patient testing. There is no recommended alternative for New York patient testing.*

New Tests: (cont.)

15509 SureSwab™, Bacterial Vaginosis/Vaginitis (Available April 11)

Component	Method	Reference Range/Units
***T. vaginalis* RNA, QL, TMA**	**TMA**	**Not Detected**
***Lactobacillus* species**	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
Atopobium vaginae	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
***Megasphaera* species**	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
Gardnerella vaginalis	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
***C. albicans,* DNA**	**Real Time-PCR**	**Not Detected**
***C. glabrata,* DNA**	**Real Time-PCR**	**Not Detected**
***C. tropicalis,* DNA**	**Real Time-PCR**	**Not Detected**
***C. parapsilosis,* DNA**	**Real Time-PCR**	**Not Detected**

Specimen/Stability	Vaginal swab in 3 mL: Aptima™ Vaginal Swab Collection Kit (Orange label) Ambient 48 Hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Follow instructions in the Aptima™ Vaginal Swab Specimen Collection kit for physician collected or self-collection of vaginal specimens.
Schedule	Monday-Saturday
Report	2 days
CPT Code	84891 (x4), 87512, 87798, 87799 (x3)
Regulatory Status	Analyte Specific Reagent, Laboratory Developed Test
Clinical Utility	To diagnose the causative agent(s) of vaginosis/vaginitis.
Always Statement	*T. vaginalis* RNA, QL, TMA: This test(s) 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. *Lactobacillus, Atopobium, Megasphaera, Gardnerella and Candida*: This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.
Note	*** This test is not available for New York State patient testing. There is no recommended alternative for New York patient testing.*

16495 SureSwab™, *Candida albicans* DNA (Available April 5)

Component	Method	Reference Range/Units
C. albicans, DNA	**Real Time-PCR**	**Not Detected**

Specimen/Stability	Vaginal swab in 0.7 mL: Aptima™ Vaginal Swab Collection Kit (Orange label) Ambient 48 Hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Follow the instructions provided in the Aptima Vaginal Swab Collection Kit. Remove the swab from the packaging and insert the swab into the vagina about two inches inside the opening. Gently rotate for 10 to 30 seconds, making sure that the swab touches the wall of the vagina so that moisture is absorbed by the swab. Withdraw the swab without touching the skin. Immediately place the swab into the transport tube so that the tip of the swab is visible below the tube label. Carefully break the swab shaft at the score line against the side of the tube and discard the top portion of the swab shaft. Tightly screw the cap onto the tube.
Schedule	Monday- Saturday
Report	2 days
CPT Code	87481
Regulatory Status	Laboratory Developed Test
Always Statement	This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.
Clinical Utility	Diagnosis of *Candida* vulvovaginitis.
Note	*** This test is not available for New York State patient testing. There is no recommended alternative for New York patient testing.*

New Tests: (cont.)

16494 SureSwab™, Candidiasis, PCR (Available April 5)

Component	Method	Reference Range/Units
***C. albicans,* DNA**	**Real Time-PCR**	**Not Detected**
***C. glabrata,* DNA**	**Real Time-PCR**	**Not Detected**
***C. tropicalis,* DNA**	**Real Time-PCR**	**Not Detected**
***C. parapsilosis,* DNA**	**Real Time-PCR**	**Not Detected**

Specimen/Stability	Vaginal swab in 0.7 mL: Aptima™ Vaginal Swab Collection Kit (Orange label) Ambient 48 Hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Follow instructions in the Aptima™ Vaginal Swab Specimen Collection kit for physician collected or self-collection of vaginal specimens.
Schedule	Monday- Saturday
Report	2 days
CPT Code	87481 (x4)
Regulatory Status	Laboratory Developed Test
Clinical Utility	Diagnosis of *Candida* vulvovaginitis.
Always Statement	This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.
Note	*** This test is not available for New York State patient testing. There is no recommended alternative for New York patient testing.*

11363 SureSwab™, *C. trachomatis*/*N. gonorrhoeae* RNA, TMA (Available April 5)

Component	Method	Reference Range/Units
***C. trachomatis* RNA**	**TMA**	**Not Detected**
***N. gonorrhoeae* RNA**	**TMA**	**Not Detected**

Specimen/Stability	Vaginal swab in 3 mL: Aptima™ Vaginal Swab Collection Kit (Orange label) Room temperature 48 Hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Follow instructions in the Aptima™ Vaginal Swab Specimen Collection kit for physician collected or self-collection of vaginal specimens.
Schedule	Monday-Saturday
Report	2 days
CPT Code	87491, 87591
Regulatory Status	FDA Approved
Clinical Utility	To diagnose two sexually transmitted diseases associated with vaginitis.

16492 SureSwab™, CT/NG, *T. vaginalis* (Available April 5)

Component	Method	Reference Range/Units
***C. trachomatis* RNA. TMA**	**TMA**	**Not Detected**
***N. gonorrhoeae* RNA, TMA**	**TMA**	**Not Detected**
***T. vaginalis* RNA, QL, TMA**	**TMA**	**Not Detected**

Specimen/Stability	Vaginal swab in 3 mL: Aptima™ Vaginal Swab Collection Kit (Orange label) Ambient 14 days, Refrigerated 14 days, Frozen 14 days
Collection Instructions	Follow instructions in the Aptima™ Vaginal Swab Specimen Collection kit for physician collected or self-collection of vaginal specimens.
Schedule	Monday- Saturday
Report	2 days
CPT Code	87491, 87591, 87798
Regulatory Status	FDA Approved, Analyte Specific Reagent
Clinical Utility	To diagnose three sexually transmitted diseases associated with vaginitis.
Always Statement	*T. vaginalis* RNA, QL, TMA: This test(s) 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.
Note	*** This test is not available for New York State patient testing. There is no recommended alternative for New York patient testing.*

New Tests: (cont.)

19550 SureSwab™, *Trichomonas vaginalis* RNA, Qualitative TMA (Available April 5)

Component	Method	Reference Range/Units
***T. vaginalis* RNA, QL, TMA**	**TMA**	**Not Detected**

Specimen/Stability	Vaginal swab in 3 mL: Aptima™ Vaginal Swab Collection Kit (Orange label) Ambient 48 Hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Follow instructions in the Aptima™ Vaginal Swab Specimen Collection kit for physician collected or self-collection of vaginal specimens.
Schedule	Monday-Saturday
Report	2 days
CPT Code	87491, 87591, 87798
Regulatory Status	Analyte Specific Reagent
Clinical Utility	This test is used to detect *Trichomonas vaginalis* in clinical specimens. The test has greater analytical sensitivity than culture methods.
Always Statement	This test(s) 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.
Note	*** This test is not available for New York State patient testing. There is no recommended alternative for New York patient testing.*

16491 SureSwab™, Vaginosis, CT/NG (Available April 5)

Component	Method	Reference Range/Units
***Chlamydia trachomatis* RNA, TMA**	**TMA**	**Not Detected**
***Neisseria gonorrhoeae* RNA, TMA**	**TMA**	**Not Detected**
***Lactobacillus* species**	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
Atopobium vaginae	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
***Megasphaera* species**	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
Gardnerella vaginalis	**Real Time-PCR**	**W/Rpt Log (cells/mL)**

Specimen/Stability	Vaginal swab in 3 mL: Aptima™ Vaginal Swab Collection Kit (Orange label) Ambient 48 Hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Follow instructions in the Aptima™ Vaginal Swab Specimen Collection kit for physician collected or self-collection of vaginal specimens.
Schedule	Monday- Saturday
Report	2 days
CPT Code	87799 (x3), 87512, 87491, 87591
Regulatory Status	FDA Approved, Laboratory Developed Test
Clinical Utility	To diagnose bacterial vaginosis and concomitant infection with *Chlamydia trachomatis* and/or *Neisseria gonorrhoeae* in sexually active women.
Always Statement	*Lactobacillus, Atopobium, Megasphaera, Gardnerella and Candida*: This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.
Note	*** This test is not available for New York State patient testing. There is no recommended alternative for New York patient testing.*

New Tests: (cont.)

17333 SureSwab™, Vaginosis/Vaginitis Plus (Available April 5)

Component	Method	Reference Range/Units
***C. trachomatis* RNA. TMA**	**TMA**	**Not Detected**
***N. gonorrhoeae* RNA, TMA**	**TMA**	**Not Detected**
***T. vaginalis* RNA, QL, TMA**	**TMA**	**Not Detected**
***Lactobacillus* species**	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
Atopobium vaginae	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
***Megasphaera* species**	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
Gardnerella vaginalis	**Real Time-PCR**	**W/Rpt Log (cells/mL)**
***C. albicans,* DNA**	**Real Time-PCR**	**Not Detected**
***C. glabrata,* DNA**	**Real Time-PCR**	**Not Detected**
***C. tropicalis,* DNA**	**Real Time-PCR**	**Not Detected**
***C. parapsilosis,* DNA**	**Real Time-PCR**	**Not Detected**

Specimen/Stability	Vaginal swab in 3 mL: Aptima™ Vaginal Swab Collection Kit (Orange label) Ambient 48 Hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Follow instructions in the Aptima™ Vaginal Swab Specimen Collection kit for physician collected or self-collection of vaginal specimens.
Schedule	Monday- Saturday
Report	2 days
CPT Code	87491, 87512, 87591, 87798, 87799 (x3), 87481 (x4)
Regulatory Status	FDA Approved, Laboratory Developed Test, Analyte Specific Reagent
Clinical Utility	To diagnose the causative agent(s) of vaginosis/vaginitis.
Always Statement	T. vaginalis RNA, QL, TMA: This test(s) 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. *Lactobacillus, Atopobium, Megasphaera, Gardnerella and Candida*: This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.
Note	*** This test is not available for New York State patient testing. There is no recommended alternative for New York patient testing.*

New Tests: (cont.)

3921 Testosterone, Total, LC/MS/MS (Available April 5)

Component	Method	Reference Range/Units
Testosterone, Total	**LC/MS/MS**	**SEE BELOW**

Specimen/Stability: Serum 0.5 (0.2) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 years
Plasma Heparinized 0.5 (0.2) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 years

Collection Instructions: Collect blood in a red-top tube (no gel). Serum separator tubes are unacceptable. Room temperature preferred.

Schedule: Monday-Sunday

Report: Next day

Reference Range: Adult

Male 18-69	250-1100	ng/dL
Male 70-89	90-890	ng/dL
Female 18-69 Years	2-45	ng/dL
Female 70–94 Years	2-40	ng/dL

Aging men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of the 200-300 ng/dL or less may benefit from testosterone treatment after adequate risk and benefits counseling.

Always Message: Total Testosterone PEDIATRIC Reference Ranges
*** Unable to flag abnormal result(s); please refer to reference range(s) below:

Age	Male (ng/dL)	Female (ng/dL)
**Cord Blood	17-61	16-44
**1-10 days	187 or less	24 or less
**1- 3 months	72 – 344	17 or less
**3- 5 months	201 or less	12 or less
**5- 7 months	59 or less	13 or less
**7-12 months	16 or less	11 or less
1- 5.9 years	5 or less	8 or less
6 -7.9 years	25 or less	20 or less
8-10.9 years	42 or less	35 or less
11-11.9 years	260 or less	40 or less
12-13.9 years	420 or less	40 or less
14-17.9 years	1000 or less	40 or less

**Data from J Clin Invest 1974;53:819-828 and J Clin Endocrinol Metab 1973;36:1132-1142

Pediatric Reference Ranges by Pubertal Stage for Testosterone, Total (Women and Children), LC/MS/MS (ng/dL)

Tanner Stage

	Male (ng/dL)	Female (ng/dL)
I	5 or less	8 or less
II	167 or less	24 or less
III	21-719	28 or less
IV	25-912	31 or less
V	110-975	33 or less

CPT Code: 84403

Clinical Utility: Helpful in assessing testicular function in male and managing hirsutism, virilization in females.

Note: ***This test is not available for New York State patient testing.*

New Tests: (cont.)

3924 Testosterone, Free, Bioavailable, and Total, LC/MS/MS (Available April 5)

Component	Method	Reference Range/Units
Testosterone, Total	**LC/MS/MS**	**SEE BELOW**
Testosterone, Free	**Calculated, LC/MS/MS**	**SEE BELOW**
Testosterone, Bioavailable	**Calculated, LC/MS/MS**	**SEE BELOW**
Sex Hormone Binding Globulin	**ICMA**	**SEE BELOW**
Albumin	**Spectrometry**	**SEE BELOW**

Effective: April 5

Specimen/Stability: Serum: 2.8 (1.3) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 years
Plasma Heparinized 2.8 (1.3) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 years

Collection Instructions: Collect blood in a red-top tube (no gel). Serum separator tubes are unacceptable. Refrigerated preferred.

Schedule: Monday-Sunday

Report: 3 days

Component: Testosterone, Total

Methodology: LC/MS/MS

Reference Range: Adult

Male 18-69	250-1100	ng/dL
Male 70-89	90-890	ng/dL
Female 18-69 Years	2-45	ng/dL
Female 70–94 Years	2-40	ng/dL

Aging men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of the 200-300 ng/dL or less may benefit from testosterone treatment after adequate risk and benefits counseling.

Always Message: Total Testosterone PEDIATRIC Reference Ranges
*** Unable to flag abnormal result(s); please refer to reference range(s) below:

Age	Male (ng/dL)	Female (ng/dL)
**Cord Blood	17-61	16-44
**1-10 days	187 or less	24 or less
**1- 3 months	72 – 344	17 or less
**3- 5 months	201 or less	12 or less
**5- 7 months	59 or less	13 or less
**7-12 months	16 or less	11 or less
1- 5.9 years	5 or less	8 or less
6 -7.9 years	25 or less	20 or less
8-10.9 years	42 or less	35 or less
11-11.9 years	260 or less	40 or less
12-13.9 years	420 or less	40 or less
14-17.9 years	1000 or less	40 or less

**Data from J Clin Invest 1974;53:819-828 and J Clin Endocrinol Metab 1973;36:1132-1142

Pediatric Reference Ranges by Pubertal Stage for Testosterone, Total (Women and Children), LC/MS/MS (ng/dL)

Tanner Stage	Male (ng/dL)	Female (ng/dL)
I	5 or less	8 or less
II	167 or less	24 or less
III	21-719	28 or less
IV	25-912	31 or less
V	110-975	33 or less

Component: Testosterone, Free

Methodology: Calculated (same)

Reference Range: Adult

Age	Male (pg/mL)	Female (pg/mL)
18 – 69 Years	46.0 – 224.0	0.2 – 5.0
70 – 89 Years	6.0 – 73.0	0.3 – 5.0

(continued on next page)

New Tests: (cont.)

3924 Testosterone, Free, Bioavailable, and Total, LC/MS/MS (cont.)

Always Message: Pediatric Reference Ranges for Testosterone, Free-Calculated LC/MS/MS (pg/mL)
*** Unable to flag abnormal result(s); please refer to reference range(s):

Reference Range

Age	Male (pg/mL)	Female (pg/mL)
< 1 year	Not available	Not available
1 – 10.9 Years	1.3 or less	1.5 or less
11 – 11.9 Years	1.3 or less	1.5 or less
12 – 13.9 Years	64.0 or less	1.5 or less
14 – 17.9 Years	4.0 – 100.0	3.6 or less

Component: Testosterone, Bioavailable
Methodology: Calculated
Reference Range: Adult

Age	Male (ng/dL)	Female (ng/dL)
18 – 69 Years	110.0-575.0	0.5-8.5
70-89 Years	15.0-150.0	0.5-8.8

Always Message: Pediatric Reference Ranges for Testosterone, Bio-Available, Calculated, LC/MS/MS (ng/dL)
*** Unable to flag abnormal result(s); please refer to reference range(s):

Age	Male (ng/dL)	Female (ng/dL)
< 1 year	Not available	Not available
1 – 11.9 Years	5.4 or less	3.4 or less
12 – 13.9 Years	140.0 or less	3.4 or less
14 – 17.9 Years	8.0 – 210.0	7.8 or less

Component: Sex Hormone Binding Globulin
Methodology: ICMA
Reference Range: Adult

Age	Male (nmol/L)	Female (nmol/L)
18-29 Years	7-49	6-112
30-39 Years	8-48	14-102
40-49 Years	9-45	11-100
50-59 Years	18-47	17-78
60-69 Years	17-54	17-95
70-79 Years	23-65	21-90
80-91 Years	20-63	26-77
>91 Years	Not Established	Not Established

Always Message: Pediatric Reference Ranges for Sex Hormone Binding Globulin, Serum
*** Unable to flag abnormal result(s); please refer to reference range(s)

Age	nmol/L
<3 Years	Not Established
3-9 Years	18-136
10-13 Years	17-123
14-17 Years	11-71

Tanner Stage

	Males (nmol/L)	Females (nmol/L)
I	39-155	38-114
II	33-135	24-90
III	21-72	22-112
IV	11-92	22-69
V	18-54	18-76

Component: Albumin
Methodology: S
Reference Range: 3.6-5.1 g/dL

CPT Codes: 82040, 84270, 84403
Note: **This test is not available for New York State patient testing.*

Test Changes:

Effective Immediately:

5901 Activated Protein C Resistance w/Reflex Factor V GenotypR™

Effective	Immediately
Collection Instructions	First Specimen (Same) Second Specimen **(NEW)** For the potential reflex to Factor V GenotypR™, EDTA is the preferred anticoagulant, but ACD (A or B) is also acceptable. Refrigerated and frozen specimens are also acceptable but not preferred. Specimens will be stabilized upon departmental receipt.

2509 Adenovirus Ag Detection

Effective	Immediately
Collection Instructions	1. Specimens should be collected early in the acute phase of infection. The chance of viral recovery is best during the first 3 days after onset and is greatly reduced beyond 5 days with many viruses. 2. Source of specimen is recommended. 3. Submit 2 acetone-fixed slides or specimens in viral transport media. These specimens are nasal swab or washings, eye, and rectal. Ship in slide holder at ambient temperature. 4. Unacceptable specimens: Wooden swabs, dry swabs and calcium alginate. 5. Do not freeze specimen at -20C. Virus loses infectivity. 6. Ship specimens on cold pack or on dry ice. 7. M4 transport media (M4) and dacron-tipped swabs with plastic or fine-wire shafts available for use with M4 are provided. Please call Client Services, 800-421-4449 to request media.

5310 BAALC (Brain and Acute Leukemia, Cytoplasmic) UltraQuant®

Effective	Immediately
CPT Codes	83891, 83896x2, 83900, 83902, 83912

2412 *Clostridium difficile* Toxin B Detection

Effective	Immediately
Always Statement	Please **REMOVE** the following from the report format: “Screening performed by EIA. Detected results are confirmed by tissue culture assay.”

1966 Factor V [Leiden] GenotypR™

Effective	Immediately
Collection Instructions	EDTA is the preferred anticoagulant, but ACD (A or B) is also acceptable. Refrigerated and frozen specimens are also acceptable, but not preferred. Specimens will be stabilized upon departmental receipt.
Also Affected	DOS Codes 1515, 1518, 4555, 4562, 5055, 5353, 5369, 5371, 5375, 5383

4983 Hemoglobinopathy Evaluation

Effective	Immediately
Collection Instructions	Please note: Samples received refrigerated beyond 4 days will not have the following components reported: Hgb, Hct, MCV, MCH, RBC and RDW. Store and ship refrigerated.

3541 Vitamin D, 25-Hydroxy Total [LC/MS/MS]

Effective	Immediately
Collection Instructions	Serum is the only acceptable specimen type. Do not use any additives. Serum in centrifuged SST that is less than **48 hours** from collection is acceptable. Red top tube (with serum not separated) is not acceptable.

Test Changes: (cont'd)

Effective April 2:

1266 Gliadin IgG & IgA Abs

Effective	April 2
Name	Gliadin Antibody (IgG, IgA) **(NEW)**
Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 4 days, Refrigerated 7 days, Frozen 30 days **Note: Decreased ambient, refrigerated and frozen stability.**
Component	Gliadin Antibody, IgG **(NEW NAME)**
Reference Range	< 11 U/mL **(NEW)**
Methodology	EIA (same)
Component	Gliadin Antibody, IgA **(NEW NAME)**
Reference Range	< 11 U/mL **(NEW)**
Methodology	EIA (same)
Always Statement	REFERENCE RANGE for Gliadin IgG & IgM Abs: < 11 U/mL Negative 11 – 17 U/mL Equivocal > 17 U/mL Positive
Also Affected	DOS Codes 1075, 1076, 1077, 1261, 1286

1286 Gliadin IgA Abs

Effective	April 2
Name	Gliadin Antibody, IgA **(NEW)**

1261 Gliadin IgG Abs

Effective	April 2
Name	Gliadin Antibody, IgG **(NEW)**

Effective April 5:

3131 Adenosine Deaminase

Effective	April 5
Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days, Frozen 7 days Pleural Fluid 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days, Frozen 7 days **Note: CSF is no longer accepted; decreased refrigerated and frozen stability.**
Regulatory Status	Investigational Use Only
Always Statement	REFERENCE RANGE for Adenosine Deaminase: Serum 0 – 15.0 U/L Pleural Fluid 0 – 24.0 U/L This test(s) was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. This test should not be used for diagnosis without confirmation by other medically established means.

Allergens – IgG Specific

Effective	April 5
Always Statement	Please **REMOVE** the reference range table from the report format.
Also Affected	*****ALL IgG Allergen panels*****

4912 Alprazolam

Effective	April 5
Reference Range	10-50 ng/mL **(NEW)**
Always Statement	**REMOVE**
Also Affected	DOS Code 4090, Reflex of DOS Code 4107

Test Changes: (cont'd)

4147 Amiodarone & Metabolites

Effective	April 5
Name	Amiodarone and Metabolite **(NEW)**
Component	Amiodarone
Reference Range	1.5 – 2.5 mcg/mL **(NEW)**
Component	Desethylamiodarone
Reference Range	1.5 – 2.5 mcg/mL **(NEW)**
Always Statement	Toxic: >2.5 mcg/mL. Toxic effects have been observed at levels as low as 2.0 mcg/mL.

4258 Aripiprazole, Serum / Plasma

Effective	April 5
Name	Aripiprazole, Quantitative, Serum **(NEW)**

4420U Buprenorphine Screen

Effective	April 5
Name	Buprenorphine Screen, Urine **(NEW)**
Specimen/Stability	Urine 10 (1) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days **Note: Ambient specimens are now accepted; increased refrigerated and decreased frozen stability.**

1077 Celiac Disease EvaluatR™

Effective	April 5
Specimen/Stability	Serum 4.0 (2.0) mL: Refrigerated 7 days, Frozen 30 days **Note: Decreased frozen stability.**
Also Affected	DOS Codes 1075, 1076

4918 Clonazepam

Effective	April 5
Reference Range	30-60 ng/mL **(NEW)**
Always Statement	Potentially toxic: >70 ng/mL
Also Affected	DOS Code 4090, Reflex of DOS Code 4107

7670 *Clostridium difficile* Toxin Evaluation

Effective	April 5
Name	*Clostridium difficile* Toxin A and B Detection, EIA **(NEW)**
Component	*C. difficile* Toxin A and B **(ADD)**
Reference Range	Not detected
Methodology	EIA
Component	*Clostridium difficile* Toxin A **(REMOVE)**
Component	*Clostridium difficile* Toxin B **(REMOVE)**
Always Statement	Please **REMOVE** the following from the report format: "Toxin B screening performed by EIA. Detected results are confirmed by tissue culture assay."

4964 Clozapine & Norclozapine

Effective	April 5
Component	Clozapine (Clozaril)
Reference Range	**(REMOVE)**
Always Statement	Reference Range for Clozapine: The therapeutic response begins to appear at 100 ng/mL. Refractory schizophrenia appears to require a therapeutic concentration of at least 350 ng/mL (trough, at steady state).
Component	Norclozapine
Reference Range	25 – 400 ng/mL **(NEW)**
Always Statement	Reference Range for Norclozapine: 25 – 400 ng/mL (trough, steady state)

Test Changes: (cont'd)

7534 CoEnzyme Q10 (Co Q10) AssessR™

Effective	April 5
Name	Coenzyme Q10 **(NEW)**
Reference Range	0.44 – 1.64 mg/L **(NEW)**
Always Statement	Therapeutic range recommended for cardiovascular disease >2.5 mg/L.

9189 Cryptococcus Ag

Effective	April 5
Name	Cryptococcus Antigen Screen with Reflex to Titer **(NEW)**
Specimen/Stability	Serum 2.0 (0.5): Refrigerated 72 hours, Frozen 60 days CSF 1.0 (0.5): Refrigerated 72 hours, Frozen 60 days **Note: CSF specimens now accepted; ambient specimens no longer accepted; decreased refrigerated and frozen stability.**
Collection Instructions	Centrifuge serum specimens within 1 hour of collection. Transfer serum to clean, plastic, screw-capped vial(s). Refrigerate samples and transport on refrigerant coolant or freeze samples and transport on dry ice to the laboratory.
Component	Source **(ADD)**
Component	Screen **(NEW NAME)**
Reference Range	Not detected **(NEW)**
Units	none **(REMOVE existing)**
Methodology	Agglutination **(NEW)**
CPT Code	86403
Note	Screen detected results will automatically reflex to Titer for an additional fee (add CPT Code 86406).

4924 Doxepin & Nordoxepin

Effective	April 5
Methodology	LC/MS/MS **(NEW)**

4480 Flunitrazepam & Metabolites Confirmation Serum

Effective	April 5
Name	Flunitrazepam and Metabolites, Quantitative, Serum **(NEW)**

4480U Flunitrazepam & Metabolites Confirmation Urine

Effective	April 5
Name	Flunitrazepam and Metabolites, Quantitative, Urine **(NEW)**

3364 Gabapentin

Effective	April 5
Reference Range	**(REMOVE)**
Always Statement	Reference Range for Gabapentin: 2.7-4.1 mcg/mL (peak) following a single dose of 900-1800 mg/day. 4.0-8.5 mcg/mL (peak) following a multiple dose of 900-1800 mg/day administration. The reference range is evolving. Seizure control has been observed at levels in excess of 4 mcg/mL.

1398 Glucose-6 Phosphate Dehydrogenase (G-6-PDH)

Effective	April 5
Specimen/Stability	Whole Blood EDTA 7.0 (2.0) mL: Ambient 48 hours, Refrigerated 4 days WB EDTA Microtainer 2.0 (1.0) mL: Ambient 48 hours, Refrigerated 4 days **Note: Ambient specimens are now accepted.**
Reference Range	4.6 – 13.5 U/g Hb **(NEW)**

Test Changes: (cont'd)

4179U **Heroin Metabolites Urine**

Effective	April 5
Name	Heroin Metabolites, Quantitative, Urine **(NEW)**

3192 **Insulin**

Effective	April 5
Methodology	Immunoassay **(NEW)**

4872UR **Manganese Urine Random**

Effective	April 5
Component	Manganese Urine
Reference Range	<5.0 mcg/L **(NEW UNITS)**
Component	Manganese/Creatinine Ratio
Reference Range	<5.0 mcg/g creat **(NEW UNITS)**
	All other components remain the same

4873UI **Mercury Urine Industrial**

Effective	April 5
Reference Range	<35 mcg/g creat **(NEW UNITS)**

All other components remain the same

4190 **Nicotine & Metabolite**

Effective	April 5
Component	Nicotine
Always Statement	Reporting Limit: 2 ng/mL
	Observed concentrations in habitual smokers 3 to 63 ng Nicotine/mL. **(NEW)**
Component	Cotinine
Always Statement	Reporting Limit: 2 ng/mL
	Synonym(s): Nicotine Metabolite
	Observed concentrations in habitual smokers 20 to 700 ng Cotinine/mL. **(NEW)**

4190U **Nicotine & Metabolite Urine**

Effective	April 5
Component	Nicotine
Always Statement	Reference Range: Not detected
	Reporting Limit: 2 ng/mL
	Reported Nicotine concentrations in smokers (8-70 cigarettes/day): Greater than 100 ng Nicotine/mL. **(NEW)**
Component	Cotinine
Always Statement	Reference Range: Not detected
	Reporting Limit: 2 ng/mL
	Synonym(s): Nicotine Metabolite
	Expected levels in smokers: Greater than 200 ng Cotinine/mL. **(NEW)**

9620 **Nuclear Matrix Proteins (NMP)**

Effective	April 5
Reference Range	<10.1 U/mL **(NEW)**

4181U **Opiates Confirmation, Enhanced Sensitivity, Urine**

Effective	April 5
Name	Opiates, Quantitative, Enhanced Sensitivity, Urine **(NEW)**

Test Changes: (cont'd)

4350U **Oxidant Urine**

Effective	April 5
Specimen/Stability	Urine 10 (1) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days **Note: Ambient specimens are now accepted; increased refrigerated and decreased frozen stability.**

4176 **Oxycodone & Metabolite Serum**

Effective	April 5
Name	Oxycodone and Metabolite, Quantitative, Serum **(NEW)**

4176U **Oxycodone & Metabolite Urine**

Effective	April 5
Name	Oxycodone and Metabolite, Quantitative, Urine **(NEW)**

3941 **PTH, Intact**

Effective	April 5
Methodology	Immunoassay **(NEW)**
Also Affected	DOS Codes 3213, 3942, 3943, 3943SR, 3944

3218 **Sex Hormone Binding Globulin (SHBG)**

Component	Sex Hormone Binding Globulin
Reference Range	All reference ranges are the same except results will be reported in **whole numbers.**
Units	nmol/L
Methodology	ICMA **(NEW)**

3244 **Testosterone, Total, Chemiluminescence**

Effective	April 5
Reference Range	0 – 17 Years: **REMOVE** > 17 Years Male: 241-827 ng/dL (same) > 17 Years Female: **REMOVE**
Note	When requesting Total Testosterone for pediatric and females patient please refer to Testosterone, Total [LC/MS/MS] , test code 3921.
Also Affected	DOS Codes 2017, 3248

4960 **Trazodone**

Effective	April 5
Methodology	LC/MS/MS **(NEW)**

3393 **Troponin I-Ultra**

Effective	April 5
Methodology	Immunoassay **(NEW)**
Also Affected	DOS Code 3390

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 CPT Coding to the payer being billed.

Referral Test Changes:

Effective April 4:

S51747 **BK Virus, DNA, Qualitative Real-Time PCR, Plasma (48900)**
Specimen 0.7mL EDTA (lavender-top) plasma **(NEW)**
NOTE: CSF, Urine, Serum, Whole Blood, Plasma ACD are unacceptable for this test code. (NEW)
Assay Category: **ASR Class 1 (NEW)**
For CSF - Please use: S52402 BK Virus DNA, Qualitative Real-Time PCR, CSF (18889)
For Urine - Please use: S52403 BK Virus DNA, Qualitative Real-Time PCR, Urine (48901)

S51745 **JC Polyoma Virus DNA, Quantitative Real-Time PCR, Plasma (41446)**
*****This test is not approved for the testing of patient samples from New York State.***** **(NEW)**
Specimen 0.7mL EDTA (lavender-top) plasma **(NEW)**
NOTE: CSF, Urine, Serum, Plasma ACD are unacceptable for this test code. (NEW)
Assay Category: **Laboratory Developed Test (NEW)**
For CSF - Please use: S52406 JC Polyoma Virus DNA, Quantitative Real-Time PCR, CSF (16442)
For Urine - Please use: S52407 JC Polyoma Virus DNA, Quantitative Real-Time PCR, Urine (16446)

S51585 **Immune Complex Detection by C1q Binding (36735)**
Specimen 1mL red-top (no-gel) serum
NOTE: Plasma is no longer acceptable (NEW)
Reference Range/units: **< or = 25.1 mcg Eq/mL (NEW)**

S51744 **JC Polyoma Virus DNA, Qualitative Real-Time PCR, Plasma (41336)**
*****This test is not approved for the testing of patient samples from New York State.***** **(NEW)**
Specimen 0.7mL EDTA (lavender-top) plasma **(NEW)**
NOTE: CSF, Urine, Serum, Plasma ACD are unacceptable for this test code. (NEW)
Assay Category: **Laboratory Developed Test (NEW)**
For CSF - Please use: S52409 JC Polyoma Virus DNA, Qualitative Real-Time PCR, CSF (16441)
For Urine - Please use: S52408 JC Polyoma Virus DNA, Qualitative Real-Time PCR, Urine (16447)

S51498 **BK Virus, DNA, Quantitative Real-Time PCR, Plasma (47900)**
Specimen 0.7mL EDTA (lavender-top) plasma **(NEW)**
NOTE: CSF, Urine, Serum, Whole Blood, Plasma ACD are unacceptable for this test code. (NEW)
Assay Category: **ASR Class 1 (NEW)**
For CSF - Please use: S52404 BK Virus DNA, Quantitative Real-Time PCR, CSF (18901)
For Urine - Please use: S52405 BK Virus DNA, Quantitative Real-Time PCR, Urine (47901)

Referral Test Changes: (cont'd)

Effective April 11:

S52044 **HTLV I/II, Confirmatory Assay (8511) (NEW)**
Former Test Name: HTLV I/II, Western Blot (8511)
Methodology: **Line Immunoassay (NEW)**
Specimen **Potassium Oxalate (gray-top) and ACD-B (yellow-top) plasma are no longer acceptable (NEW)**

S51372 **Prolactin, Total and Monomeric (16122X) (NEW)**
Former Test Name: Macroprolactin (16122X)
Reference Range: Prolactin, Total Females (>18 years)
Non-pregnant: 3.0-30.0 ng/mL
Pregnant: 10.0-209.0 ng/mL
Post-menopausal: 2.0-20.0 ng/mL
Males (>18 years): 2.0-18.0 ng/mL
Tanner Stages
Female Observed Range
Tanner Stage I: 3.6-12.0 ng/mL
Tanner Stage II-III: 2.6-18.0 ng/mL
Tanner Stage IV-V: 3.2-20.0 ng/mL
Male Observed Range
Tanner Stage I: < or = 10.0 ng/mL
Tanner Stage II-III: < or = 6.1 ng/mL
Tanner Stage IV-V: 2.8-11.0 ng/mL
Prolactin, Monomeric (NEW)
Adult Females: 3.2-25.2 ng/mL
Adult Males: 3.4-14.8 ng/mL
Additional Information: remove % Free Prolactin and % Macroprolactin analytes

New Referral Tests:

The following tests are now available from other Quest Diagnostics laboratories and may be referred through Nichols Institute Valencia.

S52356 ***Chlamydia tracho/Neiss. gonorrhoeae* RNA, TMA, Throat (70051X)**
Test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

S52357 ***Chlamydia tracho/Neiss. gonorrhoeae* RNA, TMA, Rectal (16506X)**
Test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

S52359 **Chromosome Analysis, High Resolution (14595X)**
Test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

S52360 **Thyroglobulin, Fine Needle Aspirate (16559)**
Test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

S52371 **HLA-B51 DNA Typing (16775)**
Test performed at Quest Diagnostics Nichols Institute, Chantilly

Effective April 4:

S52402 **BK Virus DNA, Qualitative Real-Time PCR, CSF (18889)**
Test performed at Focus Diagnostics

S52403 **BK Virus DNA, Qualitative Real-Time PCR, Urine (48901)**
Test performed at Focus Diagnostics

S52404 **BK Virus DNA, Quantitative Real-Time PCR, CSF (18901)**
Test performed at Focus Diagnostics

S52405 **BK Virus DNA, Quantitative Real-Time PCR, Urine (47901)**
Test performed at Focus Diagnostics

S52409 **JC Polyoma Virus DNA, Qualitative Real-Time PCR, CSF (16441)**
This test is not approved for the testing of patient samples from New York State
Test performed at Focus Diagnostics

S52408 **JC Polyoma Virus DNA, Qualitative Real-Time PCR, Urine (16447)**
This test is not approved for the testing of patient samples from New York State
Test performed at Focus Diagnostics

S52406 **JC Polyoma Virus DNA, Quantitative Real-Time PCR, CSF (16442)**
This test is not approved for the testing of patient samples from New York State
Test performed at Focus Diagnostics

S52407 **JC Polyoma Virus DNA, Quantitative Real-Time PCR, Urine (16446)**
This test is not approved for the testing of patient samples from New York State
Test performed at Focus Diagnostics

Effective April 11:

S52401 **Homocysteine, Nutritional and Congenital (36362X)**
Test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

Please call client relations at 800-421-4449 or visit our website at www.NicholsInstitute.com/valencia for ordering information.

Discontinued Tests:

Effective Immediately:

S51837 **CA 125, Pleural Fluid (17580X)**
No Replacement

S49023 **Cannabinoids Confirmation Fluid [0964]**
No Replacement

7691 ***Clostridium difficile* Toxin A Detection**
Recommended replacement: 7670 – Clostridium difficile Toxin Evaluation
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

S49528NY **Flunitrazepam & Metab. Screen Serum Clinical (NY)**
Recommended replacement: 4480 – Flunitrazepam & Metabolites Confirmation, Serum
Test performed at Quest Diagnostics Nichols Institute, Valencia

S49524NY **Flunitrazepam & Metabolite Screen Urine Clinical (9341) (NY)**
Recommended replacement: 4480U – Flunitrazepam & Metabolites Confirmation, Urine
Test performed at Quest Diagnostics Nichols Institute, Valencia

2445 **Hepatitis C Antibody w/Reflex RIBA**
Suggested replacement confirmation assay: 7516 – Hepatitis C Virus RNA DetectR™
Assay requires a minimum of 2 mL frozen EDTA or ACD plasma.
Test performed at Quest Diagnostics Nichols Institute, Valencia

2445B **Hepatitis C Antibody w/Reflex RIBA + Bands**
Suggested replacement confirmation assay: 7516 – Hepatitis C Virus RNA DetectR™
Assay requires a minimum of 2 mL frozen EDTA or ACD plasma.
Test performed at Quest Diagnostics Nichols Institute, Valencia

2447 **Hepatitis C Virus Abs [RIBA]**
Suggested replacement confirmation assay: 7516 – Hepatitis C Virus RNA DetectR™
Assay requires a minimum of 2 mL frozen EDTA or ACD plasma.
Test performed at Quest Diagnostics Nichols Institute, Valencia

2447B **Hepatitis C Virus Abs [RIBA] + Bands**
Suggested replacement confirmation assay: 7516 – Hepatitis C Virus RNA DetectR™
Assay requires a minimum of 2 mL frozen EDTA or ACD plasma.
Test performed at Quest Diagnostics Nichols Institute, Valencia

2447T **Hepatitis C Virus Abs [RIBA] [Blood Bank]**
Suggested replacement confirmation assay: 7516 – Hepatitis C Virus RNA DetectR™
Assay requires a minimum of 2 mL frozen EDTA or ACD plasma.
Test performed at Quest Diagnostics Nichols Institute, Valencia

2447BT **Hepatitis C Virus Abs [RIBA] + Bands [Blood Bank]**
Suggested replacement confirmation assay: 7516 – Hepatitis C Virus RNA DetectR™
Assay requires a minimum of 2 mL frozen EDTA or ACD plasma.
Test performed at Quest Diagnostics Nichols Institute, Valencia

7491 **Hepatitis C Virus Evaluation [RIBA] w/Reflex TMA**
Suggested replacement confirmation assay: 7516 – Hepatitis C Virus RNA DetectR™
Assay requires a minimum of 2 mL frozen EDTA or ACD plasma.
Test performed at Quest Diagnostics Nichols Institute, Valencia

Discontinued Tests: (cont'd)

7491B **Hepatitis C Virus Evaluation [RIBA] + Bands w/Reflex TMA**
Suggested replacement confirmation assay: 7516 – Hepatitis C Virus RNA DetectR™
Assay requires a minimum of 2 mL frozen EDTA or ACD plasma.
Test performed at Quest Diagnostics Nichols Institute, Valencia

S51449 **Meprobamate, Urine [3104X]**
Recommended replacement: 3365U – Carisoprodol Metabolite, Quantitative, Urine
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

S48744 **Surgical Pathology Level Bone Marrow (See Case Comment)**
No Replacement

Effective March 29:

3990 **PTH-Related Protein**
Recommended replacement: S51608 – PTH-Related Protein (PTH-RP) (34478Z)
Test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

5270S **AccuType™ Metformin, Saliva**
Recommended replacement: 5270 – AccuType™ Metformin
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

9189C **Cryptococcus Ag CSF**
Recommended replacement: 9189 – Cryptococcus Antigen Latex
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

E79 **Allergen – Budgerigar Serum Proteins IgE**
Recommended replacement: None
Test performed at N/A

Effective April 1:

S50542 **Cortisol Saliva (84225)**
Recommended replacement: S52400 – Cortisol, Saliva, LC/MS/MS (19897X)
Test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

S51173 **Procalcitonin, Serum (83169)**
Recommended replacement: S52399 – Procalcitonin (16265)
Test performed at Quest Diagnostics Nichols Institute, Chantilly

Effective April 5:

3916 **Testosterone, Bioavailable**
Recommended replacement: 3924 – Testosterone, Free, Bioavailable, and Total, LC/MS/MS
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

3911 **Testosterone, Bioavailable w/High Sensitivity Total**
Recommended replacement: 3924 – Testosterone, Free, Bioavailable, and Total, LC/MS/MS
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

3917 **Testosterone, Weakly Binding**
Recommended replacement: 3924 – Testosterone, Free, Bioavailable, and Total, LC/MS/MS
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

Discontinued Tests: (cont'd)

3913 **Testosterone, Weakly Bound w/High Sensitivity Total & Free**
Recommended replacement: 3924 – Testosterone, Free, Bioavailable, and Total, LC/MS/MS
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

Effective April 11:

S51311 **Homocysteine Total, Urine (26318)**
Recommended replacement: S52401 – Homocysteine, Nutritional and Congenital (36362X)
Test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano