

Dear Colleague:

We are pleased to announce several new assays in this client letter which include offerings in oncology, pharmacogenomics, inherited diseases and endocrinology. Many oncology related assays available now through AmeriPath's Center for Advanced Diagnostics in Orlando, FL and the AmeriPath Esoteric Institute in Shelton, CT are being set up also in our larger facility in Valencia, CA and will soon be available. For existing *Specialty* clients this enhanced menu will significantly broaden our available testing in specialized areas such as leukemia, lymphoma, brain tumors, breast cancer, prostate cancer, colon cancer, childhood malignancies and other solid tumors.

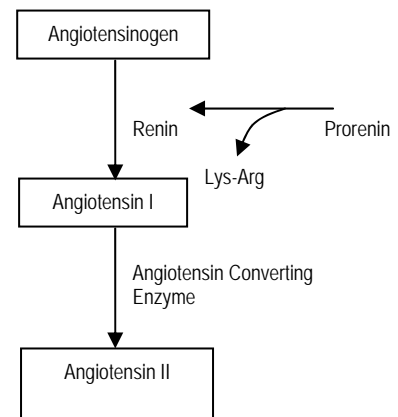
For example, our newest oncology assay is an **expanded FISH panel for following patients with CLL**. This panel identifies patients with chromosomal alterations associated with important prognostic categories that relate to treatment strategies. Typically patients with CLL have a relatively long period of indolent disease with slow progression, but transformation to a higher grade malignancy can occur often accompanied or preceded by non-random chromosomal alterations identified by this test. We are also **enhancing the FISH based testing for Chronic Myeloid Leukemia (CML)** with the addition of a 9q34 probe in combination with the BCR/ABL probe for the Philadelphia (Ph<sup>1</sup>) chromosome to better assess the deletion status of the 9q34 region of chromosome 9. A major deletion of the region proximal to the rearranged ABL gene on 9q is found in ~15% of Ph<sup>+</sup> CML patients. Prognosis appears to be negatively affected in patients with deletion 9q.

Also new are several pharmacogenomic assays such as **DPD 5-FU GenotypR™**, **CYP 2C9 GenotypR™** and **AmpliChip™ CYP450** (recently introduced for CYP 2C19 and 2D6), which are useful in identifying patients with inherited metabolic enzyme alterations at risk for drug toxicity or ineffective responses to conventional medication dosing. These are particularly intended for patients on 5-FU chemotherapy for various solid tumors such as colon cancer, or medications for thrombosis (i.e., warfarin), diabetes, epilepsy, depression, other neuropsychiatric conditions, cardiac dysfunction, etc. See the clinical utility section of each assay for details.

A new assay for **Familial Mediterranean Fever (FMF)** helps identify patients with an inherited inflammatory disorder for which there is an appropriate prophylactic treatment to prevent complications of the disease. Finally there is enhanced testing for **Free, Weakly Bound and Bio-Available Testosterone** designed in particular to accommodate samples from pediatric and female patients in whom normal testosterone levels are low.

#### Direct Renin Discontinued

Due to the discontinuation of many reagents previously manufactured by Nichols Institute Diagnostics, as well as, reagents produced by Diagnostic Systems Laboratories for Direct Renin, we are no longer able to offer #3217 Renin, Direct. Orders received for Direct Renin will automatically be replaced with #3214 **Renin Activity Plasma** to ensure prompt testing and reporting. While the **Renin Activity Plasma** assay has sensitivity and specificity similar to Direct Renin, there may be some differences in certain clinical scenarios. **Renin Activity Plasma** is viewed as the best way to assess the renin-angiotensin system as it provides a more accurate assessment of the *in vivo* activation. However, it is higher in women on oral contraceptives, HRT (hormone replacement therapy), or during pregnancy due to higher levels of angiotensinogen. On the other hand, **Direct Renin** may be falsely elevated due to cross reactivity from prorenin. While this cross reactivity is negligible in the majority of the patient, it can be significant in subjects with low renin concentration or in patients with diabetic nephropathies where prorenin levels can be 100x higher than renin levels.



#### Bio-Intact PTH Discontinued

Due to the discontinuation of Nichols Institute Diagnostics reagents, we are no longer able to offer #3949 PTH, **Bio-Intact (1-84)**. Orders received for Bio-Intact PTH will automatically be replaced with #3941 PTH, **Intact Only** to ensure prompt testing and reporting. The PTH, **Intact Only** assay has sensitivity and specificity similar to Bio-Intact PTH, except for patients on dialysis or with chronic renal disease in whom PTH secretion may be overestimated due to presence of large derivatives of PTH. Traditional Intact PTH assays also measure the 7-84 amino acid fragment of PTH which has reduced activity. *Specialty* has been able to find or develop alternative tests for most of the other tests discontinued by Nichols.

For additional information, please visit our Web site at [www.specialtylabs.com](http://www.specialtylabs.com) or contact Client Services at 800-421-4449.



Michael C. Dugan, M.D.  
 Vice President and Laboratory Director

# New from *Specialty*

Effective Tuesday, February 14, 2005 or as noted

## 5860 Chronic Lymphocytic Leukemia (CLL) by FISH (effective 2/15/06)

Component	Method	Reference Range	Units
CLL	FISH	By Report	
Specimen/Stability	3.0 (1.0) mL Heparinized Bone Marrow; Ambient 72 hrs		
Alternate Specimen	5.0 (3.0) mL Heparinized Whole Blood; Ambient 72 hrs		
Collection Instructions	This test requires SODIUM HEPARINIZED specimens. Lithium heparinized specimens are not acceptable. Do not refrigerate or freeze. Ship by overnight courier.		
Clinical Utility	For the detection of chromosome aberrations most commonly observed in chronic lymphocytic leukemia (CLL) and related malignancies including: trisomy 12 and deletions of chromosomes 13q (13q14.3 or 13q34), 17p13.1 and 11q22.3. These alterations define prognostic categories helpful for making treatment-related decisions.		
Performance Schedule	Set-up: Sun-Sat	Reported: within 7 days	
CPT Code	88237, 88271x5, 88275, 88291		

## 5862 Chronic Myeloid Leukemia (CML) by FISH (effective 2/15/06)

Component	Method	Reference Range	Units
CML	FISH	By Report	
Specimen/Stability	3.0 (1.0) mL Heparinized Bone Marrow; Ambient 72 hrs		
Alternate Specimen	5.0 (3.0) mL Heparinized Whole Blood; Ambient 72 hrs		
Collection Instructions	This test requires SODIUM HEPARINIZED specimens. Lithium heparinized specimens are not acceptable. Do not refrigerate or freeze. Ship by overnight courier.		
Clinical Utility	Used in conjunction with standard Cytogenetics for diagnosis of CML. Used to monitor Ph <sup>1+</sup> CML or Ph <sup>1+</sup> ALL/AML following chemotherapy or BMT. Test is used to confirm BCR/ABL fusion in Philadelphia chromosome-negative CML; it includes 9q34 probe to identify deletions of prognostic importance.		
Performance Schedule	Set-up: Sun-Sat	Reported: within 7 days	
CPT Code	88237, 88271x3, 88275, and 88291		

## 5381 Cytochrome P450 2C9 (Warfarin) GenotypR™ (effective 2/21/06)

Component	Method	Reference Range	Units
CYP450 2C9 GenotypR	PCR	By Report	
Specimen/Stability	5.0 (3.0) mL Whole Blood; Ambient 72 hrs, Refrigerated 72 hrs		
Collection Instructions	EDTA is the preferred anticoagulant, but ACD (A or B) is also acceptable. Do not freeze. Refrigerated specimens are also acceptable but not preferred. Heparinized whole blood is not acceptable.		
Clinical Utility	Cytochrome P450 CYP2C9 catalyzes the metabolism of important drugs such as warfarin (anti-coagulant), phenytoin (anti-epileptic), tolbutamide (anti-diabetic), losartan (angiotensin II receptor antagonist). Identification of patient CYP2C9 genotypes can help predict expected drug metabolism enzyme activity allowing clinicians to individualize drug treatment for each patient. Individualized therapy may assist patients by reducing adverse drug reactions and optimizing drug dose requirements.		
Performance Schedule	Set-up: Tuesday	Reported: within 3 days	
CPT Code	83891, 83892x2, 83900, 83901, 83914x5, 83909, 83912		
Notes	Shipment should be sent by overnight courier to arrive at <i>Specialty</i> within 24 hrs of collection. Specimens will be stabilized upon departmental receipt. Coumadin® is a registered trademark for Warfarin.		

## 5383 DPD 5-FU GenotypR™ (effective 3/21/06)

Component	Method	Reference Range	Units
DPD 5-FU GenotypR	PCR	By Report	
Specimen/Stability	5.0 (3.0) mL EDTA Whole Blood; Ambient 72 hrs, Refrigerated 72 hrs		
Collection Instructions	EDTA is the preferred anticoagulant, but ACD (A or B) is also acceptable. Do not freeze. Refrigerated specimens are also acceptable but not preferred. Heparinized whole blood is not acceptable.		
Clinical Utility	The pyrimidine analog 5-fluorouracil (5-FU, aka Etoposide) is widely used for chemotherapy of solid tumors. More than 80% of administered 5-FU is rapidly detoxified in the liver via a multi-step metabolic pathway, involving dihydropyrimidine dehydrogenase (DPD) as the initial and rate-limiting enzyme. Individuals with low DPD activity (about 3-5% of patients) cannot effectively inactivate 5-FU, and will develop severe to lethal hematological, gastrointestinal or neurological toxicities. In the majority of cases, a G to A mutation in the splicing recognition sequence of intron 14 (IVS14+1 G-A) of the DPD-encoding gene DPYD was responsible.		
Performance Schedule	Set-up: Tuesday	Reported: within 3 days	
CPT Code	83891, 83898, 83894, 83909, 83896, 83912		
Notes	Shipment should be sent by overnight courier to arrive at <i>Specialty</i> within 24 hrs of collection. Specimens will be stabilized upon departmental receipt.		

## 5290 Familial Mediterranean Fever (FMF) GenotypR™ (effective 3/14/06)

Component	Method	Reference Range	Units
FMF GenotypR	PCR	By Report	
Specimen/Stability	5.0 (3.0) mL Whole Blood; Ambient 72 hrs, Refrigerated 72 hrs		
Collection Instructions	EDTA is the preferred anticoagulant, but ACD (A or B) is also acceptable. Do not freeze. Refrigerated specimens are also acceptable but not preferred. Heparinized whole blood is not acceptable.		
Clinical Utility	Familial Mediterranean Fever (FMF) is an autosomal-recessive inherited inflammatory disorder. It is characterized by recurrent, short, self-limiting bouts of fever, accompanied by pain in the abdomen, chest or joints, and sometimes associated with erysipelas-like erythema. FMF predominantly affects mostly ethnic groups living around the Mediterranean basin: non-Ashkenazi Jews, Armenians, Turks, Arabs. The frequency of the disease gene in these populations is very high, with a carrier rate of about 1/7 in North African Jews and Armenians. Molecular genetic analysis detects the 12 most common mutations significantly improving early and correct diagnosis of FMF, and allows the start of lifelong prophylactic treatment of affected individuals with colchicine.		
Performance Schedule	Set-up: Tuesday	Reported: within 3 days	
CPT Code	83891, 83900, 83901x2, 83894, 83909, 83896x12, 83912		
Notes	Shipment should be sent by overnight courier to arrive at <i>Specialty</i> within 24 hrs of collection. Specimens will be stabilized upon departmental receipt.		

## 1391 Myeloperoxidase and Proteinase 3 Autoantibodies (effective immediately)

Component	Method	Reference Range	Units
MPO Autoantibodies	EIA	<9.0	U/mL
PR3 Autoantibodies	EIA	<3.5	U/mL
Specimen/Stability	2.0 (1.0) mL Serum; Ambient 7 days, Refrigerated 14 days, Frozen 2 months		
Clinical Utility	General marker for severe renal damage associated with Wegener's granulomatosis, microscopic polyarteritis, and Goodpasture's syndrome. MPO is the main target antigen for the antineutrophil cytoplasmic autoantibodies (ANCA) which give a perinuclear (P-ANCA) immunofluorescence pattern. PR-3 is the major target antigen of antineutrophil cytoplasmic autoantibodies (ANCA) which give a cytoplasmic (C-ANCA) immunofluorescence pattern.		
Performance Schedule	Set-up: Monday - Saturday	Reported: next day	
CPT Code	86021x2		

## 3911 Testosterone, Bioavailable with High Sensitivity Testosterone (effective immediately)

Component	Method	Reference Range	Units
Testosterone Bioavailable	RIA	see below	ng/dL
		Age	Male
		1 - 5 yo	1 - 10
		6 - 9 yo	1 - 12
		10 - 11 yo	2 - 20
		12 - 14 yo	4 - 230
		15 - 17 yo	88 - 320
		> 17 yo	62 - 512
Testosterone, Total (RIA)	RIA	see below	ng/dL
		<b>Premature</b>	
		<u>Male</u>	<u>Female</u>
		(26-28 weeks)	59 - 125
		(31-35 weeks)	37 - 198
		<u>Males</u>	
		0 - 7 days	20 - 50
		8 - 60 days	60 - 400
		2 - 11 months	<6
		<u>Females</u>	
		0 - 30 days	20 - 65
		1 - 11 months	<10
Specimen/Stability	4.0 (2.0) mL Serum; Refrigerated 7 days, Frozen 2 months		
Collection Instructions	Frozen specimen is preferred.		
Clinical Utility	Testosterone is important in the development of secondary sex characteristics, maturation, and normal function. Androgens such as testosterone contribute to muscle bulk, bone mass, sex drive, and sexual performance in males. Biologically active androgens (testosterone, dihydrotestosterone, androstenediol, and androstenediol) serve as precursors for estrogens in females. Because the testosterone bound to albumin (weakly bound form) is as readily available to the tissues as free testosterone, the bioavailable testosterone (the biologically active form of testosterone) includes both the free and albumin-bound fractions. It does not include the testosterone that is bound to SHBG (sex hormone binding globulin) which is not biologically active.		
Performance Schedule	Wednesday	Reported: within 3 days	
CPT Code	83519, 84403		

### 3259 Testosterone, Free Dialysis only (effective immediately)

Component	Method	Reference Range	Units
Testosterone % Free Dial	EQ DIAL	see below	%
		0 - 11 mo Male 0.4 - 1.0 Female 0.5 - 1.0	
		1 - 9 yo Male 0.4 - 0.9 Female 0.4 - 0.9	
		10 -15 yo Male 0.4 - 3.2 Female 0.5 - 1.4	
		>15 yo Male 1.5 - 3.2 Female 0.8 - 1.4	
		Pregnant Females 0.2 - 0.5	
Specimen/Stability	2.0 (1.0) mL Serum; Ambient 24hrs, Refrigerated 72hrs, Frozen 2 Months.		
Collection Instructions	Shipping on cold pack recommended during warm months.		
Clinical Utility	Free testosterone by dialysis is recommended for pediatric and female patients. For males, depending on the clinical circumstances, test code #3247 Testosterone Free (by analog method) may be used.		
Performance Schedule	Set up: Monday, Wednesday, Friday	Reported: within 2 days	
CPT Code	84402		

### 3913 Testosterone, Weakly Bound with High Sensitivity Testosterone and Free Testosterone (effective immediately)

Component	Method	Reference Range	Units
Testosterone, Total (RIA)	RIA	see below	ng/dL
		<b>Premature</b>	
		<u>Male</u> <u>Female</u>	
		(26-28 weeks) 59 - 125 5 - 16	
		(31-35 weeks) 37 - 198 5 - 22	
		<u>Males</u>	
		0 - 7 days 20 - 50	
		8 - 60 days 60 - 400	
		2 - 11 months <6	
		<u>Females</u>	
		0 - 30 days 20 - 65	
		1 - 11 months <10	
Testosterone, Bioavailable	RIA	see below	ng/dL
		Age Male Female	
		1 - 5 yo 1 - 10 1 - 4	
		6 - 9 yo 1 - 12 1 - 8	
		10 - 11 yo 2 - 20 2 - 10	
		12 - 14 yo 4 - 230 4 - 16	
		15 - 17 yo 88 - 320 2 - 31	
		> 17 yo 62 - 512 1 - 37	
Testosterone % Free Dial	EQ DIAL	see below	%
		0 - 11 mo Male 0.4 - 1.0 Female 0.5 - 1.0	
		1 - 9 yo Male 0.4 - 0.9 Female 0.4 - 0.9	
		10 -15 yo Male 0.4 - 3.2 Female 0.5 - 1.4	
		>15 yo Male 1.5 - 3.2 Female 0.8 - 1.4	
		Pregnant Females 0.2 - 0.5	
Testosterone, Free Dialys	CALC	see below	pg/mL
		0 - 11 mo Male 0.4 - 31 Female 0.1 - 2.5	
		1 - 5 yo Male 0.2 - 0.6 Female 0.2 - 0.6	
		6-9 yo Male 0.1 - 0.9 Female 0.1 - 0.9	
		10 -15 yo Male 0.4 - 110 Female 0.2 - 6.2	
		>15 yo Male 52 - 280 Female 1.1 - 6.3	
		Pregnant Females 0.2 - 3.2	
Specimen/Stability	4.0 (1.5) mL Serum; Refrigerated 7 days; Frozen 2 months		
Collection Instructions	Frozen specimen is preferred.		
Clinical Utility	Total testosterone includes free testosterone, weakly bound testosterone (bound to albumin), and tightly bound testosterone (bound to SHBG or sex hormone binding globulin). Because testosterone can dissociate from the albumin carrier and rapidly diffuse into target cells, albumin-bound or weakly bound testosterone is also available to target tissues.		
Performance Schedule	Set up: Wednesday	Reported: within 3 days	
CPT Code	84403, 84402, 83519		

## 3508 Vitamin C (effective 2/28/06)

Component	Method	Reference Range	Units
Vitamin C	HPLC	0.4 - 2.0	mg/dL
Specimen/Stability	3.0 (1.0) mL Heparinized Plasma; Frozen 7 days		
Collection Instructions	After blood collection, separate plasma as soon as possible. Freeze plasma immediately and ship specimen light protected, foil wrapped or in amber tube.		
Clinical Utility	Vitamin C protects the organism from reactive oxidants and acts as a co-factor in the hydroxylation of collagen. It also facilitates the absorption of iron in the gastrointestinal system when taken together. Low values occur in scurvy, malabsorption, alcoholism, pregnancy, hyperthyroidism, and renal failure. Biological half-life is 16 days. Deficiency of Vitamin C (<0.2 mg/dL) results in the classic disease called scurvy. Infantile scurvy is also known as Barlow's disease. Excess Vitamin C ingestion is considered non-toxic. Smokers have lower levels than nonsmokers.		
Performance Schedule	Set-up: Tuesday, Friday	Reported: Next day	
CPT Code	82180		
Notes	Also known as ascorbic acid.		

## Test Changes

Test Code	Effective Date	Test Name	Specific Change	Also Affected
3109	02-14-06	Alpha-Fetoprotein Tumor Marker	<u>Method</u> MEIA <u>Stability</u> Ambient 3 days, Refrigerated 7 days, Frozen 2 months	3109C AFP, CSF 3109F AFP, Fluid 3109SR AFP Serial Report 3028 AFP and HCG 3028SR AFP/HCG Serial Rpt
3109C	02-14-06	Alpha-Fetoprotein Tumor Marker, CSF	<u>Reference Range</u> <0.5	
3108	02-14-06	Alpha-Fetoprotein Maternal 2.0 MOM	<u>Method</u> MEIA <u>Stability</u> Ambient 3 days, Refrigerated 7 days, Frozen 2 months	3110 AFP Triple Marker 2.0 3111 AFP, Amniotic Fluid 3090 AFP Maternal 2.5 3091 AFP Triple Marker 2.5 3092 AFP Quad Marker 2.5
7849C	02-14-06	<i>Anaplasma phagocytophila</i> (HE) IgG Abs CSF	<u>Test Code</u> 7842C	
7850C	02-14-06	<i>Anaplasma phagocytophila</i> (HE) IgM Abs CSF	<u>Test Code</u> 7843C	
5342	01-10-06	BCR/abl UltraQuant™ Major 210 kd Transcript Bone Marrow	<u>Reference Range/Unit</u> Reporting unit changed from ng/mL to ratio. Reference range is 0.00. <u>CPT Coding</u> 83891, 83902, 83898, 83896x2, 83912	5352 BCR/abl UltraQuant™ Major 210 kd Transcript Whole Blood 5344, BCR/abl UltraQuant™ Minor 190 kd Transcript Bone Marrow 5354 BCR/abl UltraQuant™ Minor 190 kd Transcript Whole Blood
1501	02-14-06	Complement C3	<u>Reference Range</u> 82 - 235 mg/dL	1000 ANAlyzer® 1004 Rheumatic Evaluation 1005 ANAlyzer® w/o ANA 1006 ANAlyzer® w/o RF 1020 Complement Evaluation 1021 Complement Eval + CH50 1040 Immune Complex DetectR 1094 Lupus Activity Reporter 1126 ANA Profile #2 1500 Complement C3 and C4 1726 Rapidly Progressing Glomerulonephritis Eval 5023 Lupus Renal Evaluation reflexes of 1121 and 1118
2439	Immediately	<i>Cryptosporidium</i> Ag Detection	<u>Specimen Stability</u> Stool Refrigerated 48 hours, Frozen 7 days For preserved stools, ship to <i>Specialty</i> at refrigerated or frozen temperatures.	

Test Code	Effective Date	Test Name	Specific Change	Also Affected
3156	02-14-06	Estriol, Unconjugated	<u>Method</u> MEIA <u>Reference Range</u> Male (adult) ..... Less than 0.04 ng/mL Female (non-pregnant) . . . Less than 0.05 ng/mL Female (pregnant): 18 - 21 weeks: 0.87 - 2.97 ng/mL 22 - 27 weeks: 1.01 - 3.87 ng/mL 28 - 31 weeks: 1.11 - 5.65 ng/mL 32 - 36 weeks: 1.61 - 8.40 ng/mL 37 - 40 weeks: > 2.53 ng/mL	3166 Estrogens Fractionated
3176	02-14-06	Gastrin	<u>Method</u> ICMA <u>Reference Range</u> 13-115 pg/mL <u>Interpretation</u> Fasting: 13 - 115 pg/mL Zollinger-Ellison syndrome: 136 - 1490 pg/mL Achlorhydria: 54 - 1465 pg/mL	Reflex to Gastrin from #3605 Pernicious Anemia EvaluatR™
5943	02-14-06	Heparin Assay (Anti-Xa Activity)	<u>Prophylaxis Range</u> 0.1 - 0.3 IU/mL Therapeutic Range not changing	
7480	02-14-06	HIV GenotypR™ PLUS	<u>Component Name - Old</u> <u>New Name</u> Relevant RT Mutations      Resistance-associated RT Mutations Relevant Protease Mutations      Resistance-associated PR Mutations  <u>New Components</u> SQV/r IDV/r APV/r or FPV/r Tipranavir + Ritonavir (TPV/r)	7480NY HIV GenotypR Plus NY Reflexes to other HIV -1 GenotypR assays
3184	02-14-06	Human Chorionic Gonadotropin, Beta (Malignancy)	<u>Method</u> MEIA	3184C Beta HCG, CSF 3184F Beta HCG, Fluid 3184SR Beta HCG, Ser. Report 3028 AFP and HCG 3028SR AFP/HCG Serial Rpt 3110 AFP Triple Marker 2.0 3091 AFP Triple Marker 2.5 3092 AFP Quad Marker 2.5
1145	02-14-06	IgD	<u>Method</u> NEPH <u>Reference Range</u> <15.27 mg/dL <u>Stability</u> Ambient 7 days, Refrigerated 7 days, Frozen 2 months	
5420	01-10-06	Natural Killer Cell Function	<u>Reference Range</u> >14 LU	5422 Natural Killer Cell EvaluatR™
4266	02-14-06	N-Telopeptide Serum	<u>Reference Range</u> > 18 yo male 5.4 - 24.2 nM BCE > 18 yo female 6.2 - 19.0 nM BCE	
1580	02-14-06	Protein Electrophoresis Serum	<u>Stability</u> Ambient no longer acceptable; Refrigerated 7 days, Frozen 2 months Plasma and hemolyzed serum are not suitable for analysis	1580G Protein Electro w/ Scan 1583 Protein Electro w/ Monoclonal Region 1583G Protein Electro w/ Monoclonal Reg +Scan

Test Code	Effective Date	Test Name	Specific Change		Also Affected
7897C	02-14-06	<i>Rickettsia rickettsii</i> IgG Abs CSF	<u>Test Code</u>	<u>New Code</u> 7886C	
7898C	02-14-06	<i>Rickettsia rickettsii</i> IgM Abs CSF	<u>Test Code</u>	<u>New Code</u> 7891C	
7912C	02-14-06	<i>Rickettsia typhi</i> IgG Abs CSF	<u>Test Code</u>	<u>New Code</u> 7901C	
7913C	02-14-06	<i>Rickettsia typhi</i> IgM Abs CSF	<u>Test Code</u>	<u>New Code</u> 7906C	

## Test Discontinuations

The following test(s) are no longer routinely available from *Specialty*. Whenever possible, alternate tests are recommended. Please note that if a test is designated as a "replacement," contractual pricing will be copied from discontinued test to replacement test. Contractual pricing does not apply to alternate tests or sendout tests. Please contact Client Services or your Sales Representative if you have any questions.

Test Code	Test Name	Reason/Date	Alternate or Replacement Tests
S50995	Cytochrome P450 2C9 Genotyping [83652]	Replaced by in-house test / effective 3/7/06	5381 Cytochrome CYP450 2C9 (Warfarin) GenotypR™
S50994	Cytochrome P450 2C19 Genotyping [83639]	Replaced by in-house test / effective immediately	4565 AmpliChip™ CYP450
S50891	Cytochrome P450 2D6 Genotyping [83639]	Replaced by in-house test / effective immediately	4565 AmpliChip™ CYP450
S48982	Familial Mediterranean Fever	Replaced by in-house test / effective 4/4/06	5290 Familial Mediterranean Fever
3949	PTH, Bio-Intact (see first page of this document)	Reagents no longer available / effective immediately	3941 PTH, Intact Only
3217	Renin, Direct (see first page of this document)	Reagents no longer available / effective immediately	3214 Renin Activity Plasma
5812	Trisomy 12	Replaced by CLL panel / effective 3/14/06	5860 Chronic Lymphocytic Leukemia by FISH
S50112	Vitamin C, Plasma	Replaced by in-house test / effective 3/14/06	3508 Vitamin C

Please visit our website at [www.specialtylabs.com](http://www.specialtylabs.com) or call Client Services at 800-421-4449 for more information.