

8/21/2015 - Immediate Action, Quest Diagnostics Nichols Institute, Valencia

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 #
		State Licensure Restrictions	8/21/2015	1
7788	S51501	ABO Group and Rh Type	9/21/2015	2
309	S49266, S51620NY	Carboxyhemoglobin, Blood	9/21/2015	3
518	S49268	Hemosiderin Stain, Urine	9/21/2015	3
7675X	S50612	Lactose Tolerance Test, 5 Specimens	9/21/2015	4
19971	S47715	Lecithin/Sphingomyelin Ratio with Qualitative Phosphatidyl G	9/21/2015	5
878	S51499	Theophylline	9/21/2015	5

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 #
S51276	Burkholderia pseudomallei IgM IFA	8/31/2015	6
<u>S52089</u>	Culture, Fungus, Other than Hair, Skin, Nail, Blood w/Fluorescent	9/21/2015	6

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 #
<u>S52526</u>		Connexin 26	8/21/2015	7
<u>S50719</u>		Creutzfeldt-Jakob 14-3-3 Protein	8/21/2015	7
<u>S47655</u>		Fatty Acid Panel	8/21/2015	7
<u>S48320</u>		Lipid Peroxides Serum	8/21/2015	7
		New York Patient Testing Update	8/21/2015	7
<u>S49590</u>		Organic Acids Serum	8/21/2015	7
<u>S50592</u>		Tartrazine (Yellow #5)	8/21/2015	8

Due to the background information related to these changes, we are unable to use our normal method of communication. These changes listed in this document are effective in less than 30 days. Please note the individual effective dates below, as some of these changes require IMMEDIATE ACTION.

Test Changes

The following test changes will be effective on the dates indicated below. Please note information that is changing appears in bold text in this update. Former test names and test codes have been italicized.

State Licensure Restrictions	
Message	**These tests are not available for Florida, Maryland, New York, Pennsylvania or Rhode Island patient testing.**

Effective Date	8/21/2015	
Tests Affected	Test Codes:	Name:
	S41710	Acetone Blood
	S51082	Bilirubin Fractionated, Pediatric
	S42605	Bilirubin, Amniotic Fluid
	S46010	Caffeine Stat Serum
	S49288	Cell Count + Diff CSF
	S48766	Cell Count + Diff Fluid, Other
	S50627	Cell Count + Diff Pericardial Fluid
	S50628	Cell Count + Diff Peritoneal Fluid
	S50629	Cell Count + Diff Pleural Fluid
	S49289	Cell Count + Diff Syn Fl
	S48965	Crystal Identification, Synovial Fluid
	S49586	Crystals Fluid
	S48979	Cytology Fluid
	S42045	Cytology- Sputum
	S41795	Cytology- Urine
	S40370	Eosinophil Count
	S46290	Eosinophil Count, Nasal Smear
	S50350	Eosinophil Count, Urine
	S49625	Fine Needle, Aspirate
	S41935	Mucin Clot
	S48967	RBC Antibody Identification
	S48548	Synovial Fluid Analysis
	S51502	Urea Clearance

ABO Group and Rh Type	
Clinical Significance	ABO type and Rh are needed to identify candidates for Rh immune globulin and to assess the risk of hemolytic disease of the newborn.
Effective Date	9/21/2015
Former Test Name	<i>ABO, Rh Type</i>
Former Test Code	<i>S51501</i>
Test Code	7788
Specimen Requirements	5 mL (1 mL minimum) whole blood collected in an ACD (yellow-top) tube
Reject Criteria	Hemolysis; received frozen; serum separator tube
Set-up/Analytic Time	Set up: Mon- Fri; Report available: 2 days
Methodology	Immune Agglutination

Performing Site	Quest Diagnostics Nichols Institute, Valencia previously sent to Quest Diagnostics, West Hills and will now redirect to Quest Diagnostics Nichols Institute, Chantilly	
Interface Mapping	Result Code	Result Name
	35008200	ABO Group
	35008300	Rh Type

Carboxyhemoglobin, Blood			
Clinical Significance	Carbon monoxide is the most common of the gaseous poisons. Malfunctioning or poorly ventilated heating appliances and internal combustion engines are frequent causes of carbon monoxide poisoning. Carbon monoxide combines reversibly with hemoglobin in a manner almost identical to oxygen resulting in a decrease in the amount of oxygen carried by hemoglobin. Accidental poisoning can occur even at low levels (greater than 0.01%) of CO in the atmosphere with prolonged exposure.		
Effective Date	9/21/2015		
Former Test Name	Carboxyhemoglobin		
Former Test Code	S49266, S51620NY		
Test Code	309		
Specimen Requirements	Preferred: 1 full EDTA (lavender-top) tube of whole blood Acceptable: Heparin preserved whole blood		
Reject Criteria	Fluoride oxalate (gray-top) tube; grossly clotted		
Instructions	Keep tube closed		
Reference Range	Result Name	Reference Range	Unit Of Measure
	Non-Smoker	<2	% of total HgB
	Average Smoker	4-5	
	Heavy Smoker	8-12	
Potentially Toxic	>15		
Methodology	Spectrophotometry		
Performing Site	Quest Diagnostics Nichols Institute, Valencia previously sent to Quest Diagnostics, West Hills and will now redirect to Quest Diagnostics Nichols Institute, Chantilly		
Interface Mapping	Result Code	Result Name	Unit Of Measure
	80036300	Carboxyhemoglobin (B)	% of total HgB

Hemosiderin Stain, Urine	
Clinical Significance	Hemosiderin may be seen in anemias caused by red cell destruction
Effective Date	9/21/2015
Former Test Name	Hemosiderin Urine
Former Test Code	S49268
Test Code	518
Specimen Requirements	30 mL (20 mL minimum) random fresh urine collected in a screw cap bottle with one boric acid tablet
Instructions	First morning sample is preferred

Transport Temperature	Preserved: Room temperature Unpreserved: Refrigerated	
Specimen Stability	Room temperature and Refrigerated	7 days
	Frozen	Unacceptable
Set-up/Analytic Time	Set up: Mon-Fri; Report available: 2 days	
Methodology	Microscopy	
Performing Site	Quest Diagnostics Nichols Institute, Valencia previously sent to Quest Diagnostics, West Hills and will now redirect to Quest Diagnostics Nichols Institute, Chantilly	
Interface Mapping	Result Code	Result Name
	30033100	Hemosiderin Stain, Urine

Lactose Tolerance Test, 5 Specimens			
Clinical Significance	Results may be used to evaluate deficiency of small bowel mucosal lactase, which may be associated with intolerance to lactose, manifested by diarrhea and other symptoms following ingestion of milk.		
Effective Date	9/21/2015		
Former Test Name	Lactose Tolerance		
Former Test Code	S50612		
Test Code	7675X		
Specimen Requirements	Preferred: 1 mL (0.5 mL minimum) plasma collected in each of five separate fluoride/oxalate (gray-top) tubes Acceptable: Plasma collected in lithium heparin or sodium heparin (green-top) tube Serum collected in a serum separator tube		
Reject Criteria	Unspun serum separator tube; anticoagulants other than lithium or sodium heparin or fluoride/oxalate; red-top or non-plasma separator green-top tubes		
Instructions	<p>Important note: If patient is to be drawn at Quest Diagnostics PSC, the test must be scheduled at a PSC capable of administering the dose. Please call 1-866-MyQuest to schedule. Fasting required. Fasting is defined as no consumption of food or beverage other than water for at least 8 hours before testing.</p> <p>Immediately after a fasting specimen is obtained, have patient ingest a 50 g dose of lactose (supplied by laboratory). Draw subsequent specimens 1/2, 1, 2 and 3 hours later. Label each with the specific draw time.</p> <p>Note: Children should receive 1.75 g lactose per kg ideal body weight, up to 50 g.</p>		
Transport Temperature	Room temperature		
Specimen Stability	Fluoride plasma	Room temperature and Refrigerated	7 days
	Fluoride plasma	Frozen	28 days
	Heparin plasma	Room temperature	48 hours
	Heparin plasma	Refrigerated	7 days
	Heparin plasma	Frozen	28 days
	Serum	Room temperature	4 days
	Serum	Refrigerated	7 days
	Serum	Frozen	28 days

Set-up/Analytic Time	Set up: Daily; Report available: Next day		
Performing Site	Quest Diagnostics Nichols Institute, Valencia previously sent to Quest Diagnostics, West Hills and will now redirect to Quest Diagnostics Nichols Institute, Chantilly		
Interface Mapping	Result Code	Result Name	Unit Of Measure
	25006400	Fasting Specimen	mg/dL
	25004000	30 min Specimen	mg/dL
	25004300	1 hour Specimen	mg/dL
	25003900	2 hour Specimen	mg/dL
	25004400	3 hour Specimen	mg/dL
	25007740	Comment	

Lecithin/Sphingomyelin Ratio with Qualitative Phosphatidyl G					
Clinical Significance	In the early stages of gestation, phosphatidylinositol is not present in amniotic fluid. At about 32-33 weeks of gestation, lecithin and sphingomyelin concentrations are about equal; subsequently, the lecithin concentration rises and paralleling this, the concentration of another phospholipid, phosphatidylinositol, also rises. At 36 weeks of gestation, however, the phosphatidylinositol concentration begins to decrease and phosphatidylglycerol begins to appear in the amniotic fluid. It is this appearance of phosphatidylglycerol that suggests the presence of a mature fetal lung. Respiratory distress syndrome (RDS) a lecithin/sphingomyelin (L/S) ratio of greater than 2:1, together with a quantity of phosphatidylglycerol (PG) greater than or equal to 2.0%, may suggest mature fetal lung development.				
Effective Date	9/21/2015				
Former Test Name	<i>Lecithin/Sphingomyelin Ratio</i>				
Former Test Code	<i>S47715</i>				
Test Code	19971				
CPT Codes	82489, 83661				
Specimen Requirements	6 mL (4 mL minimum) frozen amniotic fluid collected in a sterile leak proof container				
Instructions	If red blood cells are present, do NOT freeze before centrifuging 140 x g for 10 minutes. Submit supernatant fluid. Send frozen samples on dry ice.				
Transport Temperature	Frozen				
Specimen Stability	<table border="1"> <tr> <td>Room temperature and Refrigerated</td> <td>Unacceptable</td> </tr> <tr> <td>Frozen</td> <td>14 days</td> </tr> </table>	Room temperature and Refrigerated	Unacceptable	Frozen	14 days
	Room temperature and Refrigerated	Unacceptable			
Frozen	14 days				
Set-up/Analytic Time	Set up: Daily; Report available: Next day				
Reference Range	Accompanies Report				
Performing Site	Quest Diagnostics Nichols Institute, Valencia previously sent to Cedars Sinai Medical Center and will now redirect to Quest Diagnostics Nichols Institute, Chantilly				
Interface Mapping	Result Code	Result Name			
	85997352	Lecithin/Sphingomy. Ratio			
	85997353	Phosphatidyl Glycerol			
	Remove Lamellar Body Density and Absorbance analytes				
CHY mapping available upon request					

Theophylline

Clinical Significance	Theophylline is used in the treatment of bronchial asthma as well as in the treatment of chronic obstructive pulmonary disease and episodes of prolonged apnea in pre-term infants. Theophylline levels are monitored to assure adequate therapeutic levels are achieved and to avoid toxicity.														
Effective Date	9/21/2015														
Former Test Code	S51499														
Test Code	878														
Specimen Requirements	Preferred: 1 mL (0.2 mL minimum) serum collected in a no gel (red-top) tube Acceptable: Plasma collected in a sodium or lithium heparin (green-top) tube or EDTA (lavender-top) tube														
Reject Criteria	Serum separator tube														
Instructions	Collect as a trough just prior to next dose														
Transport Temperature	Room temperature														
Specimen Stability	<table border="1"> <tr> <td>Room temperature</td> <td>6 days</td> </tr> <tr> <td>Refrigerated</td> <td>7 days</td> </tr> <tr> <td>Frozen</td> <td>90 days</td> </tr> </table>			Room temperature	6 days	Refrigerated	7 days	Frozen	90 days						
Room temperature	6 days														
Refrigerated	7 days														
Frozen	90 days														
Set-up/Analytic Time	Set up: Mon-Sat; Report available: Next day														
Reference Range	<table border="1"> <thead> <tr> <th>Result Name</th> <th>Age</th> <th>Reference Range</th> <th>Unit Of Measure</th> </tr> </thead> <tbody> <tr> <td>Theophylline</td> <td>< or = 5 months</td> <td>5.0-10.0</td> <td>mg/L</td> </tr> <tr> <td>Theophylline</td> <td>>5 months</td> <td>10.0-20.0</td> <td>mg/L</td> </tr> </tbody> </table>			Result Name	Age	Reference Range	Unit Of Measure	Theophylline	< or = 5 months	5.0-10.0	mg/L	Theophylline	>5 months	10.0-20.0	mg/L
Result Name	Age	Reference Range	Unit Of Measure												
Theophylline	< or = 5 months	5.0-10.0	mg/L												
Theophylline	>5 months	10.0-20.0	mg/L												
Performing Site	Quest Diagnostics Nichols Institute, Valencia previously sent to Quest Diagnostics, West Hills and will now redirect to Quest Diagnostics Nichols Institute, Chantilly														
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>80014900</td> <td>Theophylline</td> </tr> </tbody> </table>			Result Code	Result Name	80014900	Theophylline								
Result Code	Result Name														
80014900	Theophylline														

Discontinued Tests

Burkholderia pseudomallei IgM IFA	
Effective Date	8/31/2015
Test Code	S51276
Additional Information	Reagents are no longer available. There is no recommended alternative.

Culture, Fungus, Other than Hair, Skin, Nail, Blood w/Fluorescent	
Effective Date	9/21/2015
Test Code	S52089
Additional Information	The recommended alternative test codes are: I 37960- Culture, Fungus, Miscellaneous Source

	I 4502- Fungal Stain, Calcofluor, Miscellaneous
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Test Send Out (Referrals)

Connexin 26	
Message	**This test is not available for Florida, Maryland, New York, or Rhode Island patient testing**
Effective Date	8/21/2015
Test Code	S52526

Creutzfeldt-Jakob 14-3-3 Protein	
Message	**This test is not available for California, Florida, Maryland, Pennsylvania, Rhode Island patient testing. Please use test code 11194- 14-3-3 Protein, CSF (Mayo P1433) for California, Florida, Maryland, Pennsylvania, Rhode Island patient testing.**
Effective Date	8/21/2015
Test Code	S50719

Fatty Acid Panel	
Message	**This test is not available for New York patient testing. For New York patient testing please refer to test code 93209- Fatty Acid Panel (Genova Diagnostics 340).**
Effective Date	8/21/2015
Test Code	S47655

Lipid Peroxides Serum	
Message	**This test is not available for New York patient testing. For New York patient testing please refer to test code 93208-NY Ion Profile (Genova Diagnostics 0190).**
Effective Date	8/21/2015
Test Code	S48320

New York Patient Testing Update											
Message	*These tests are not available for New York patient testing.**										
Effective Date	8/21/2015										
Tests Affected	<table border="1" style="width: 100%;"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>S52158</td> <td>Allergen-Oyster IgG</td> </tr> <tr> <td>A52167</td> <td>Coccidioides Qual. IgG, IgM (ID)</td> </tr> <tr> <td>S41172</td> <td>IgG1 & 4 Food Antibody Assay</td> </tr> <tr> <td>S47815</td> <td>Prostaglandins PG-D2</td> </tr> </tbody> </table>	Test Codes:	Name:	S52158	Allergen-Oyster IgG	A52167	Coccidioides Qual. IgG, IgM (ID)	S41172	IgG1 & 4 Food Antibody Assay	S47815	Prostaglandins PG-D2
Test Codes:	Name:										
S52158	Allergen-Oyster IgG										
A52167	Coccidioides Qual. IgG, IgM (ID)										
S41172	IgG1 & 4 Food Antibody Assay										
S47815	Prostaglandins PG-D2										

Organic Acids Serum	
Message	**This test is not available for Florida, Maryland, New York, Pennsylvania or Rhode Island patient

	testing.**
Effective Date	8/21/2015
Test Code	S49590

Tartrazine (Yellow #5)	
Message	**This test is not available for New York or Rhode Island patient testing.**
Effective Date	8/21/2015
Test Code	S50592