Quest Diagnostics Nichols Institute
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Test Updates

February 8, 2011

Dear Colleague:

Welcome to our first test update of 2011. It's a new year, and we have many exciting service enhancement plans for the next twelve months. First and foremost, your responses from our recent client survey indicated that our Test Update format and frequency could be improved. We appreciate your feedback and as a result, a new format is in the development stage. One enhancement to the process will be expanding our service of delivery via e-mail. This will not only provide a faster communication but the new format will be easier to sort and filter. With that in mind, we would like to encourage you to provide your current email address(es) so that we may update our files to include your information. You may provide it by sending it to our Business Operations Director at Cheryl.G.Gallarda@QuestDiagnostics.com. Alternatively, you may call our Client Relations team at 1-800-421-4449 with your information.

We also want to let you know that we are very supportive of ensuring your ability to meet inspection criteria. You may be aware of the following requirement:

CAP Requirement: GEN. 41320 Phase II Revised: 10/31/2006

Does the laboratory have procedures for immediate notification of a physician (or other clinical personnel responsible for patient care) when results of certain tests fall within established "alert" or "critical" ranges?

Note: Alert or critical results are those results that may require rapid clinical attention to avert significant patient morbidity or mortality. These results should be defined by the laboratory director, in consultation with the clinicians served.

Reference laboratories may report critical results directly to clinical personnel, or to the referring laboratory. The reference laboratory should have a written agreement with the referring laboratory that indicates to whom the reference laboratory reports critical results.

We have an agreement form available to address this requirement and would be pleased to send the agreement to you. Please contact Client Relations at (800) 421-4449 to request an "Agreement to Call Critical Results".

Please note some additional information regarding our PCR-based tests to detect chromosome aneuploidies, **Chromosomes X & Y Aneuploidy DetectR™ [5859, 5859BK]**, **Trisomy 13, 18, and 21 DetectR™ [5857, 5857BK]** and **Aneuploidy 13-18-21-X-Y DetectR™ [5855, 5855BK]**. These tests are designed to detect numerical abnormalities of chromosomes X, Y, 13, 18 and 21. They do not detect numerical abnormalities of other chromosomes, chromosome mosaicism, duplications, deletions, or structural rearrangements and does not identify all birth and/or developmental abnormalities. The results of these tests should be considered to be an adjunct to standard chromosome analysis and do not replace a complete cytogenetic study. The results of these tests should be confirmed using routine cytogenetic testing. Also, please note that we do not accept chorionic villus specimens for these tests.

The Center for Medicare and Medicaid Services (CMS), the administrative agency for the Medicare program, is implementing a new ordering provider signature requirement for all manual (paper) laboratory orders placed for Medicare beneficiaries. CMS has announced a rule enforcement date of March 31, 2011. This requirement applies to the entire laboratory industry and must be met for all laboratory claims for your Medicare patients. As a result of this new CMS requirement, we are asking that the ordering provider sign all paper requisitions for Medicare patient services effective April 1, 2011. If we do not receive an ordering provider signature on any paper requisition requesting that we bill Medicare, we will bill your client account. Thank you for your cooperation and assistance for this new requirement.

We close with a listing of newly approved testing for patients who are residents of New York state:

Aneuploidy 13-18-21-X-Y	[5855, 5855BK]
Trisomy 13-18-2	[5857, 5857BK]
Chromosomes X & Y Aneuploidy DetectR™	[5859, 5859BK]
Thyroid Stimulating Immunoglobulins	[1091, 1092, 3060]

Thank you for choosing Quest Diagnostics Nichols Institute, Valencia and we look forward to continuing to support your laboratory testing needs. For additional information on the contents of this letter or other services, please visit our Web site at www.NicholsInstitute.com/Valencia or contact Client Relations at 800-421-4449.

Respectfully Yours,

Basel Kashlan, MD, FCAP
Laboratory Director

New Tests (Valencia):

4093U Benzodiazepines, Expanded, Quantitative, Urine (Available Immediately)

Component	Method	Cut-off/Units
Clonazepam	**LC-MS-MS**	**5 ng/mL**
7-Amino Clonazepam	**LC-MS-MS**	**5 ng/mL**
Alpha-Hydroxyalprazolam	**LC-MS-MS**	**50 ng/mL**
Alpha-Hydroxytriazolam	**LC-MS-MS**	**50 ng/mL**
Alprazolam	**LC-MS-MS**	**50 ng/mL**
Lorazepam	**LC-MS-MS**	**100 ng/mL**
Midazolam	**LC-MS-MS**	**100 ng/mL**
Norchlordiazepoxide	**LC-MS-MS**	**100 ng/mL**
Nordiazepam	**LC-MS-MS**	**100 ng/mL**
Desalkylflurazepam	**LC-MS-MS**	**100 ng/mL**
Oxazepam	**LC-MS-MS**	**100 ng/mL**
Temazepam	**LC-MS-MS**	**100 ng/mL**
Triazolam	**LC-MS-MS**	**50 ng/mL**

Specimen/Stability	Urine 20 (5) mL: Refrigerated 14 days, Frozen 14 days
Collection Instructions	Do not use any preservatives or additives.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	80154
Regulatory Status	Laboratory Developed Test
Always Statement	Limit of quantitation:

Alpha-Hydroxyalprazolam	50 ng/mL
Alpha-Hydroxytriazolam	50 ng/mL
Alprazolam	50 ng/mL
Lorazepam	100 ng/mL
Midazolam	100 ng/mL
Norchlordiazepoxide	100 ng/mL
Nordiazepam	100 ng/mL
Desalkylflurazepam	100 ng/mL
Oxazepam	100 ng/mL
Temazepam	100 ng/mL
Triazolam	50 ng/mL
Clonazepam	5 ng/mL
7-Amino Clonazepam	5 ng/mL

4240U Naloxone, Quantitative, Urine (Available February 28)

Component	Method	Cut-off/Units
Naloxone	**LC-MS-MS**	**2 ng/mL**

Specimen/Stability	Urine 10 (3) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Collect 10 mL random urine.
Schedule	Tuesday, Thursday, Saturday
Report	Within 2 days
CPT Code	83925
Regulatory Status	Laboratory Developed Test
Always Statement	Limit of quantitation: 2 ng/mL
Clinical Utility	The analysis of naloxone in urine is used to monitor therapeutic compliance.

Test Changes:

1966 Factor V [Leiden] GenotypR™

Effective	Immediately
Specimen/Stability	Whole Blood EDTA 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Whole Blood ACD 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Whole Blood Heparin 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days **Note: Frozen specimens and whole blood heparin specimens now accepted.**
Also Affected	DOS Codes 1515, 1518, 4555, 4562, 5353, 5369, 5371, 5375, 5383

5055 Warfarin Sensitivity DetectR™ (VKORC1 and CYP 2C9)

Effective	Immediately
Specimen/Stability	Whole Blood EDTA 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Whole Blood ACD 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Whole Blood Heparin 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days **Note: Frozen specimens now accepted.**

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

Effective	Immediately
Specimen/Stability #1	Plasma Citrated 2.0 (0.5): Frozen 14 days
Specimen/Stability #2	Whole Blood EDTA 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Whole Blood ACD 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Whole Blood Heparin 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days **Note: Frozen whole blood specimens and whole blood heparin specimens now accepted.**

1821 Human Papillomavirus High Risk DetectR™

Effective	March 8
Name	HPV DNA, High Risk **(NEW)**
Specimen/Stability	Brush Qiagen (Digene) Medium 1.0 (1.0): Ambient 14 days, Refrigerated 21 days, Frozen 3 months Tissue: Frozen 2 months ThinPrep Vial 8.1 (4.1) mL: Ambient 3 months, Refrigerated 3 months SurePath Vial 3.0 (2.0) mL: Ambient 30 days, Refrigerated 30 days **Note: Increased ThinPrep volume requested**
Component	HPV DNA, High Risk **(NEW NAME)**

1821R Human Papillomavirus High Risk DetectR™ Anal/Rectal

Effective	March 8
Name	HPV DNA, High Risk, Anal-Rectal **(NEW)**
Specimen/Stability	Cytobrush in Digene Transport Media 1.0 (1.0): Ambient 14 days, Refrigerated 21 days, Frozen 3 months ThinPrep Vial 8.0 (4.0) mL: Ambient 3 months, Refrigerated 3 months **Note: Cytobrush in Digene Transport Media now accepted; Anal/Rectal Brush Qiagen Digene no longer accepted.**
Component	HPV DNA, High Risk **(NEW NAME)**

Test Changes: (cont'd)

1822 Human Papillomavirus High & Low Risk DetectR™

Effective	March 8
Name	HPV DNA, High and Low Risk **(NEW)**
Specimen/Stability	Brush Qiagen (Digene) Medium 1.0 (1.0): Ambient 14 days, Refrigerated 21 days, Frozen 3 months Tissue: Frozen 2 months ThinPrep Vial 8.1 (4.1) mL: Ambient 3 months, Refrigerated 3 months SurePath Vial 3.0 (2.0) mL: Ambient 30 days, Refrigerated 30 days **Note: Increased ThinPrep volume requested**
Component	HPV DNA, Low Risk **(NEW NAME)**
Component	HPV DNA, High Risk **(NEW NAME)**

1822R Human Papillomavirus High Risk DetectR™ Anal/Rectal

Effective	March 8
Name	HPV DNA, High and Low Risk, Anal-Rectal **(NEW)**
Specimen/Stability	Cytobrush in Digene Transport Media 1.0 (1.0): Ambient 14 days, Refrigerated 21 days, Frozen 3 months ThinPrep Vial 8.0 (4.0) mL: Ambient 3 months, Refrigerated 3 months **Note: Cytobrush in Digene Transport Media now accepted; Anal/Rectal Brush Qiagen Digene no longer accepted.**
Component	HPV DNA, Low Risk **(NEW NAME)**
Component	HPV DNA, High Risk **(NEW NAME)**

2365 VDRL w/Reflex *Treponema pallidum* Total Abs FTA

Effective	March 8
Name	VDRL, Serum w/Reflex *Treponema pallidum* Total Abs FTA **(NEW)**
Specimen/Stability	Serum 1.0 (0.3) mL: Ambient 4 days, Refrigerated 14 days, Frozen 2 months **Note: Decreased ambient stability.**
Collection Instructions	Red-top tube (no gel) or SST.
Component	VDRL, Serum **(NEW NAME)**
Methodology	Micro-Floc **(NEW)**

2366 VDRL

Effective	March 8
Name	VDRL, Serum **(NEW)**
Specimen/Stability	Serum 1.0 (0.3) mL: Ambient 4 days, Refrigerated 14 days, Frozen 6 months **Note: Increased frozen, decreased ambient stability.**
Collection Instructions	Red-top tube (no gel) or SST.
Component	VDRL, Serum **(NEW NAME)**
Methodology	Micro-Floc **(NEW)**

2366C VDRL CSF

Effective	March 8
Name	VDRL, CSF **(NEW)**
Specimen/Stability	CSF 1.0 (0.3) mL: Ambient 8 hours, Refrigerated 14 days, Frozen 6 months **Note: Increased frozen, decreased ambient stability.**
Collection Instructions	Red-top tube (no gel) or SST.
Component	VDRL, CSF **(NEW NAME)**
Methodology	Micro-Floc **(NEW)**

2581 Histoplasma Abs [CF]

Effective	March 8
Name	Histoplasma Antibody, Complement Fixation, Serum **(NEW)**
Specimen/Stability	Serum 1.0 (0.3): Ambient 7 days, Refrigerated 14 days, Frozen 30 days **Note: Decreased frozen stability.**
Collection Instructions	Red-top tube (no gel) or SST tube.
Component	Yeast Phase Antibody **(NEW NAME)**
Component	Mycelial Phase Antibody **(NEW NAME)**
Also Affected	DOS Codes 2731, 2731C

Test Changes: (cont'd)

2581C Histoplasma Abs CSF [CF]

Effective	March 8
Name	Histoplasma Antibody, Complement Fixation, CSF **(NEW)**
Component	Yeast Phase Antibody **(NEW NAME)**
Component	Mycelial Phase Antibody **(NEW NAME)**
Also Affected	DOS Codes 2731C

3140 C-Peptide

Effective	March 8
Reference Range	0.80 – 3.10 ng/mL **(NEW)**
Also Affected	DOS Code 3145 (Fasting specimen only)

3900 Myelin Basic Protein CSF

Effective	March 8
Specimen/Stability	CSF 2.0 (0.8) mL: Refrigerated 14 days, Frozen 2 months **Note: Ambient specimens no longer accepted; decreased refrigerated and frozen stability.**

4154 Tricyclic Antidepressants (TCA) Confirm Serum Extended

Effective	March 8
Specimen/Stability	Serum 3.0 (2.0) mL: Ambient 28 days, Refrigerated 28 days, Frozen 28 days Plasma ACD 3.0 (2.0) mL: Ambient 28 days, Refrigerated 28 days, Frozen 28 days Plasma EDTA 3.0 (2.0) mL: Ambient 28 days, Refrigerated 28 days, Frozen 28 days **Note: Increased ambient and refrigerated, decreased frozen stability.**
Also Affected	DOS Codes 4157, 4914, 4922, 4924, 4930, 4932, 4962

4176 Oxycodone

Effective	March 8
Always Statement	Peak plasma concentrations 1 hour after a single immediate-release tablet containing 5 mg of Oxycodone: 9-38 ng/mL. Peak plasma concentrations within 2.5 hours after 10 mg of immediate-release preparation of Oxycodone: 13-46 ng/mL. Mean peak plasma concentrations following a single dose of a 40 to 80 mg controlled-release Oxycodone preparation: 39-100 ng/mL. Toxicity may be significant at greater than 200 ng/mL. However, concentrations associated with toxicity are variable and depend on an individual's tolerance to the drug.

4189U Amphetamines Confirmation Urine

Effective	March 8
Component	Ephedrine/Pseudoephedrine **(REMOVE)**

All other components remain the same

Always Statement	Limit of quantitation	
	Amphetamine	200 ng/mL
	Methamphetamine	200 ng/mL
	Phentermine	200 ng/mL
	MDA	200 ng/mL
	MDMA	200 ng/mL
	MDEA	200 ng/mL
Also Affected	Reflex of DOS Codes 4129U, 4256U, 4470U, 4472U	

Test Changes: (cont'd)

4902 Tobramycin

Effective	March 8
Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Plasma Heparin 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Plasma EDTA 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days **Note: Frozen specimens are now accepted; increased ambient stability.**
Collection Instructions	Collect as a trough just before next dose. Collect peak 30 minutes after end of IV infusion or 60-90 minutes after IM dose. Serum separator tubes are not acceptable. Moderate to grossly lipemic specimens will be rejected. Transport room temperature.

4902P Tobramycin, Peak & Trough

Effective	March 8
Specimen/Stability #1	Serum Peak 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Plasma Heparin Peak 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Plasma EDTA Peak 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days
Specimen/Stability #2	Serum Trough 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Plasma Heparin Trough 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days Plasma EDTA Trough 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 7 days **Note: Frozen specimens are now accepted; increased ambient stability.**
Collection Instructions	Collect trough just before next dose. Collect peak 30 minutes after end of IV infusion or 60-90 minutes after IM dose. Serum separator tubes are not acceptable. Moderate to grossly lipemic specimens will be rejected. Transport room temperature.
Also Affected	DOS Codes 4702P, 4702T

4903 Vancomycin

Effective	March 8
Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma Heparin 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma EDTA 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days **Note: Decreased ambient stability.**

4903P Vancomycin, Peak & Trough

Effective	March 8
Specimen/Stability #1	Serum Peak 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma Heparin Peak 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma EDTA Peak 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days
Specimen/Stability #2	Serum Trough 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma Heparin Trough 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma EDTA Trough 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days **Note: Decreased ambient stability.**
Also Affected	DOS Codes 4703P, 4703T

4973 Hemoglobin S, Quantitative

Effective	March 8
Name	Hemoglobin S, Quantitative w/Reflex Sickle Cell Screen **(NEW)**
Component	Hemoglobin S **(NEW REFLEX to Sickle Cell Screen)**
Note	Patient age and ethnicity are necessary for proper interpretation. Patient preparation: Blood transfusion within the last 4 months may affect results. Any result >0.1% will automatically reflex to Sickle Cell Screen (test code 4986) for an additional fee (add CPT Code 85660).

Test Changes: (cont'd)

4903P Vancomycin, Peak & Trough

Effective	March 8
Specimen/Stability #1	Serum Peak 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma Heparin Peak 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma EDTA Peak 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days
Specimen/Stability #2	Serum Trough 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma Heparin Trough 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days Plasma EDTA Trough 1.0 (0.5) mL: Ambient 3 days, Refrigerated 7 days **Note: Decreased ambient stability.**
Also Affected	DOS Codes 4703P, 4703T

4973 Hemoglobin S, Quantitative

Effective	March 8
Name	Hemoglobin S, Quantitative w/Reflex Sickle Cell Screen **(NEW)**
Component	Hemoglobin S **(NEW REFLEX to Sickle Cell Screen)**
Note	Patient age and ethnicity are necessary for proper interpretation. Patient preparation: Blood transfusion within the last 4 months may affect results. Any result >0.1% will automatically reflex to Sickle Cell Screen (test code 4986) for an additional fee (add CPT Code 85660).

4983 Hemoglobinopathy Evaluation

Effective	March 8
Component	Hemoglobin A2 prime **(ADD)**
Reference Range	<0.1 %
Component	Hemoglobin S **(NEW REFLEX to Sickle Cell Screen)**

All other components remain the same

Note	Any Hemoglobin S result >0.1% will automatically reflex to Sickle Cell Screen (test code 4986) for an additional fee (add CPT Code 85660).

5270 AccuType™ Metformin, Blood

Effective	March 8
Name	AccuType™ Metformin **(NEW)**
Specimen/Stability	Whole Blood EDTA 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days Whole Blood ACD 5.0 (3.0) mL: Ambient 7 days, Refrigerated 7 days Saliva 2.0 (1.0): Ambient 8 days, Refrigerated 8 days, Frozen 8 days **Note: Saliva specimens now accepted.**
Collection Instructions	Whole Blood: Normal phlebotomy procedure. EDTA is the preferred anticoagulant, but ACD is also acceptable. Refrigerated specimens are also acceptable but not preferred. Ship ambient. Saliva: Use ORAGENE DNA Self Collection Kit OG-500 (2 mL) or OG-510 (1 mL). Ship ambient.

5319 Urea Nitrogen

Effective	March 8
Specimen/Stability	Serum 1.0 (0.5): Ambient 7 days, Refrigerated 5 days, Frozen 28 days Plasma Heparin 1.0 (0.5): Ambient 7 days, Refrigerated 5 days, Frozen 28 days **Note: Decreased refrigerated stability.**

Test Changes: (cont'd)

5935 Protein S Antigen, Free

Effective	March 8
Collection Instructions	**(ADD)** The stability of the specimen when frozen at less or equal to 20 degrees C is 1 month.
Methodology	Turbidimetric **(NEW)**
Reference Range	Male: 57 – 171 % **(NEW)** Female: 50 – 147 % **(NEW)**
Notes	Cloudy specimens may lead to an under-estimation of the free Protein S level. The presence of rheumatoid factor at a level of greater then 70 IU/mL or the presence of anti-bovine albumin or anti-mouse antibodies may lead to an overestimation of the free Protein S level. High levels of heparin, fibrinogen, Factor VIII activity, as well as Lupus /anticoagulants (LA) may yield falsely low protein S results.
Also Affected	DOS Code 5973

7485A HIV-1 RNA Quantitation [Real Time PCR]

Effective	March 8
Specimen/Stability	Plasma EDTA 5.0 (2.5): Ambient 24 hours, Refrigerated 6 days, Frozen 42 days Plasma PPT Tube 5.0 (3.0): Ambient 24 hours, Refrigerated 6 days, Frozen 42 days **Note: Increased refrigerated and frozen stability; plasma ACD no longer accepted.**
Collection Instructions	See "Guidelines for Shipping Infectious Substances". Plasma must be physically separated from cells in PPT collection tubes and will be considered EDTA plasma. This plasma MUST be processed and shipped as indicated below. Plasma EDTA: Plasma must be separated within 24 hours of collection to ensure accuracy. Refrigerated or frozen plasma collected in and separated from either K3 EDTA or PPT tubes is REQUIRED. Collect whole blood in two 5 mL PPT or K3 EDTA tubes (each yielding 2.5mL plasma). Centrifuge at room temperature for 20 min at 800-1600 x g RCF within 24 hours of blood collection. DO NOT freeze plasma in original collection PPT tubes after centrifugation. Place separated plasma in 2 polypropylene tubes and ship frozen (preferred) on dry ice by overnight courier. Plasma may be shipped refrigerated if transport temperature is rigidly controlled. Unacceptable Specimens: 1. Specimens collected using heparin as the anticoagulant. 2. Leaking, uncapped, or broken containers. 3. Frozen plasma received in plasma preparation tubes (PPT) in situ. 4. Specimen with inadequate sample volume.
Component	HIV-1 RNA
Reference Range	<20 copies/mL **(NEW)**
Component	HIV-1 RNA (log 10)
Reference Range	<1.30 log copies/mL **(NEW)**
Always Statement	This test was performed using the Cobas® AmpliPrep/Cobas® Taqman® HIV-1 test kit version 2.0 (Roche Molecular Systems, Inc.).
Also Affected	DOS Codes 7482A, 7485ASR

9022 *Treponema pallidum* Antibodies (TP-PA)

Effective	March 8
Name	*Treponema pallidum* Ab **(NEW)**
Specimen/Stability	Serum 1.0 (0.3) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days Plasma Citrated 1.0 (0.3) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days Plasma Heparin 1.0 (0.3) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days Plasma EDTA 1.0 (0.3) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days **Note: Decreased frozen stability.**
Collection Instructions	Red-top tube (no gel) or SST tube.
Component	*Treponema pallidum* Ab Particle Agglutination **(NEW NAME)**
Methodology	ParticleAggl **(NEW)**

Test Changes: (cont'd)

3982 Inhibin B

Effective	March 8
Always Statement	REFERENCE RANGE for Inhibin B
Male:	<400 pg/mL (same)
Female:	
Postmenopausal:	<30 pg/mL **(NEW)**
Normal Menstrual Cycle:	30-200 pg/mL **(NEW)**

3356 Isohemagglutinin Titer

Effective	April 5
Collection Instructions	Collect whole blood in plain, red-top tube. Let blood clot, centrifuge and separate. Once separated from clot, serum may be sent refrigerated or frozen. Serum gel tube (SST) is not acceptable.

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.

New Referral Tests:

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

S52351 **PNH with FLAER (16433)**
Test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

S52352 **Blastomyces Antibody Panel, CF, ID and ELISA (4460)**
Test performed at Focus Diagnostics

Referral Test Changes:

S51631 **Glucagon [519]**

Effective	March 7
Specimen/Stability	Refrigerated and Ambient – 24 hours **(NEW)** **Note: Decreased refrigerated and ambient stability.**
Collection Instructions	Rejection Criteria: Moderate or Gross Icteria **(NEW)**
Reference Range	Males and Females 134 pg/mL or less **(NEW)** Female: 50 – 147 % **(NEW)**
Notes	Laboratory Developed Test 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. This test is not available for New York patient testing. There is not a recommended alternative for New York patients at this time.

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

Discontinued Tests:

Effective Immediately:

S40445NY **Nicotine & Cotinine (3150SP) [NY]**
Recommended replacement: 4190 - Nicotine & Cotinine Serum
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

S50462NY **Clonazepam (1270SP) [NY]**
Recommended replacement: 4918 - Clonazepam
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

S50571N **Leflunomide (2526SP) [NY]**
Recommended replacement: 4191 - Leflunomide Metabolite
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

S49599 **Rifabutin Level (51712)**
Recommended replacement: S52332 - Antimicrobial level, Rifabutin, HPLC (51949)
Test performed at Focus Diagnostics

S50028 **Linezolid Level (50028) (LNZL)**
Recommended replacement: S52397 - Antimicrobial level, Linezolid, HPLC (51550)
Test performed at Focus Diagnostics

S50030 **Neisseria Gonorrhoeae Antibody, CSF (60200)**
No Replacement

S50077 **Pelizaeus-Merzbacher Disease**
No Replacement

S50757 **HNPCC Panel (MLH1, MSH2 & MSH6) Genes, Full Sequence (6094)**
No Replacement

S51611NY **Selenium RBC [4180R] [NY]**
No Replacement

S51612NY **Manganese RBC [2570R] [NY]**
No Replacement

S51754NY **Potassium RBC [3784R] [NY]**
No Replacement

S52230 **Ethyl Glucuronide, Pain Management**
Recommended replacement: S52236 - Ethyl Glucuronide and Ethyl Sulfate [16604]
Test performed by Quest Diagnostics Nichols Institute, Chantilly

Effective March 1:

7716BNY ***Borrelia burgdorferi* IgG & IgM Abs EIA & IB + Bands [NY]**
Recommended replacement: 8947NY – *Borrelia burgdorferi* IgG Abs w/Reflex IB + Bands [NY] and 8948NY – *Borrelia burgdorferi* IgM Abs w/Reflex IB + Bands [NY]
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

1820 **Human Papillomavirus DetectR™**
Recommended replacement: 1822 – HPV DNA, High and Low Risk
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA

1824 **Human Papillomavirus w/Reflex High & Low Risk DetectR™**
Recommended replacement: 1822 – HPV DNA, High and Low Risk
Test performed at Quest Diagnostics Nichols Institute, Valencia, CA