

February 2015 - Monthly Update, Quest Diagnostics Nichols Institute, Valencia

Revision Message!

Please note: 4/2/15 communication revision for test code 15981- Celiac Disease Comprehensive Panel, Infant, reference range and interface mapping.

NEW TESTS			
Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.			
Test Code	Test Name	Effective Date	Page #
92527	Cardio IQ® Advanced Lipid Panel and Inflammation Panel	2/9/2015	2
19955	Celiac Disease Comprehensive Panel	3/23/2015	6
15981	Celiac Disease Comprehensive Panel, Infant	3/23/2015	7
14653	Susceptibility, Aerobic Bacteria, MIC	3/23/2015	8

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 #
S46660		Antibody Screen, RBC with Reflex to Identification, Titer, and Antigen Typing	3/2/2015	10
16868	S52113	HIV-1 Integrase Genotype	3/2/2015	10
3058_4861I_4861IX		Lead, Blood (OSHA)	3/2/2015	11
14565		<i>Streptococcus</i> Group A, DNA Probe	3/2/2015	12
91768		<i>Streptococcus</i> Group B DNA, PCR with Broth Enrichment	3/2/2015	12
91770		<i>Streptococcus</i> Group B DNA, PCR with Broth Enrichment and Reflex to Susceptibility	3/2/2015	12
19958		Testosterone, Total, Males (Adult), Immunoassay	3/2/2015	14
S52037		Drug Screen Panel 9, Meconium	3/9/2015	14
		Lynch Syndrome Sequencing and Deletion/Duplication Changes	3/9/2015	15
91457		Lynch Syndrome, PMS2 Sequencing and Deletion/Duplication	3/9/2015	15
P5031F		Custom Multicare Celiac Panel	3/23/2015	16
P48086G		CVS Nav Transglutaminase & Celiac Panel	3/23/2015	16
15064	1191	Endomysial Antibody Screen (IgA) with Reflex to Titer	3/23/2015	17
S51352		Eosinophil Cationic Protein (ECP)	3/23/2015	17
11228	1286	Gliadin (Deamidated Peptide) Antibody (IgA)	3/23/2015	18
11212	1261	Gliadin (Deamidated Peptide) Antibody (IgG)	3/23/2015	18
8889	1266	Gliadin (Deamidated Peptide) Antibody (IgG, IgA)	3/23/2015	18
37520	1162	Reticulin IgA Screen with Reflex to Titer	3/23/2015	19
8821	1029	Tissue Transglutaminase Antibody (IgA)	3/23/2015	19
11070	1027	Tissue Transglutaminase Antibody (IgG)	3/23/2015	20
				20

11073	1030	Tissue Transglutaminase Antibody (IgG,IgA)	3/23/2015	20
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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 #
<u>1076</u>	Celiac Disease AutoAbs Evaluation	3/23/2015	21
<u>1075</u>	Celiac Disease EvaluatR w/IgA	3/23/2015	21
<u>1077</u>	Celiac Disease EvaluatR w/Reflex to Titer	3/23/2015	21
<u>P43321O</u>	Custom ADL Celiac Panel	3/23/2015	21
<u>P8019B</u>	Custom ETCH Transglutaminase & Celiac Panel	3/23/2015	22
<u>P6425A</u>	Custom QVMC Celiac Disease Panel	3/23/2015	22
<u>P48580A</u>	Custom VA Roseburg Celiac Comprehensive Ab Panel	3/23/2015	22

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>10931</u>		Hydroxyzine and Metabolite, S/P	3/2/2015	22
<u>91985</u>		Endomysial IgG Antibody Screen and Titer	3/9/2015	22

New Test Offerings

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

Cardio IQ® Advanced Lipid Panel and Inflammation Panel							
Clinical Significance	The 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults recommend matching the intensity of statin treatment with the absolute risk of cardiovascular events. However, the standard lipid panel alone does not provide a complete assessment of absolute risk of CVD. Adding advanced cvd markers (ion mobility, apob, lp(a), hs crp and lppla2) in addition to the lipid panel will improve assessment of cvd risk.						
Effective Date	2/9/2015						
Test Code	92527						
CPT Codes	80061 (82465, 83718, 84478), 83721, 83704, 82172, 83695, 86141, 83698						
Specimen Requirements	6 mL (3 mL minimum) serum						
Reject Criteria	Gross hemolysis; grossly lipemic; moderately and grossly icteric; samples stored and shipped room temperature						
Instructions	See individual assays						
Transport Temperature	Refrigerated						
Specimen Stability	Room temperature and Frozen: Unacceptable Refrigerated: 5 days						
Set-up/Analytic Time	Set up: Mon-Fri; Report available: 3-6 days						
Reference Range	<table border="1" style="width: 100%;"> <tr> <td colspan="2">Cardio IQ® Cholesterol, Total</td> </tr> <tr> <td>Pediatrics <20 years*:</td> <td>125-170 mg/dL</td> </tr> <tr> <td><170</td> <td>(Desirable)</td> </tr> </table>	Cardio IQ® Cholesterol, Total		Pediatrics <20 years*:	125-170 mg/dL	<170	(Desirable)
Cardio IQ® Cholesterol, Total							
Pediatrics <20 years*:	125-170 mg/dL						
<170	(Desirable)						

170-199	(Borderline)	
> or = 200	(Higher Risk)	
Adults > or = 20 years**:	125-200 mg/dL	
<200	(Desirable)	
200-239	(Borderline)	
> or = 240	(Higher Risk)	
References: * Pediatrics 1992 Mar; 89:525-584 ** An executive summary of the NCEP guidelines, the "Third Report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults." Journal of the American Medical Association. May 16, 2001		
Cardio IQ® HDL Cholesterol		
Pediatric Reference Ranges for HDL Cholesterol**:		
Age	Males	Females
<5 years:	Reference range not established	Reference range not established
5-14 years:	38-76 mg/dL	37-75 mg/dL
15-19 years:	31-65 mg/dL	36-76 mg/dL
Adult Reference Ranges for HDL Cholesterol***:		
> or = 20 years:	> or = 40 mg/dL	> or = 46 mg/dL
References: ** Pediatrics 1992 Mar; 89:525-584. *** An executive summary of the NCEP guidelines, the "Third Report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults." Journal of the American Medical Association. May 16, 2001		
Cardio IQ® Triglycerides		
Pediatric Reference Ranges for Triglycerides*:		
Age	Males	Females
Birth-9 years:	30-104 mg/dL	33-115 mg/dL
10-14 years:	33-129 mg/dL	38-135 mg/dL
15-19 years:	38-152 mg/dL	40-136 mg/dL
Adult Reference Ranges for Triglycerides**:		
<150 mg/dL	(Normal)	
150-199 mg/dL	(Borderline-High)	
200-499 mg/dL	(High)	
> or = 500 mg/dL	(Very High)	
References: * Pediatrics 1992 Mar; 89:525-584. ** An executive summary of the NCEP guidelines, the "Third Report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults." Journal of the American Medical Association. May 16, 2001		
Cardio IQ® Non-HDL and Calculated Components		
LDL Cholesterol, Calculated		
Pediatric Reference Ranges for LDL Cholesterol (2-20 years):		

<110	(Desirable)
110-129	(Borderline)
> or = 130	(High)
Adult Reference Ranges for LDL Cholesterol:	
<130	(Desirable)
130-159	(Borderline)
> or = 160	(High)
Desirable Range <100 mg/dL for patients with CHD or Diabetes and <70 mg/dL for Diabetic patients with known heart disease.	
Cholesterol/HDL Ratio:	< or = 5.0 calc
Non-HDL Cholesterol:	
<20 years:	<120 mg/dL
> or = 20 years:	Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.
Cardio IQ® Direct LDL	
Reference Ranges for Direct LDL:	
<20 years:	<110 mg/dL
> or = 20 years:	<130 mg/dL
Desirable Range <100 mg/dL for patients with CHD or Diabetes and <70 mg/dL for Diabetic patients with known heart disease.	
Cardio IQ® Lipoprotein Fractionation, Ion Mobility	
LDL Particle Number:	
Males and Females:	1016-2185 nmol/L
Risk: Optimal <1260; Moderate 1260-1538; High >1538	
LDL Small:	
Males:	123-441 nmol/L
Females:	115-386 nmol/L
Risk: Optimal <162; Moderate 162-217; High >217	
LDL Medium:	
Males:	167-465 nmol/L
Females:	121-397 nmol/L
Risk: Optimal <201; Moderate 201-271; High >271	
HDL Large:	
Males:	4334-10815 nmol/L
Females:	5038-17886 nmol/L
Risk: Optimal >9386; Moderate 9386-6996; High <6996	
LDL Pattern:	A Pattern
Risk: Optimal Pattern A; High Pattern B	
LDL Peak Size:	> or = 218.2 Angstrom

	<p>Risk: Optimal >222.5; Moderate 222.5-218.2; High <218.2</p> <p>Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on adult U.S. reference population. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru <i>et al.</i> <i>ATVB.</i> 2009;29:1975</p> <p>Cardio IQ® Apolipoprotein B</p> <table border="1"> <tr> <td>Adult Males:</td> <td>52-109 mg/dL</td> </tr> <tr> <td>Adult Females:</td> <td>49-103 mg/dL</td> </tr> </table> <p>Risk: Optimal < 80 mg/dL; Moderate 80-119 mg/dL; High > or = 120 mg/dL Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations - Davidson <i>et al.</i> <i>J Clin Lipidol.</i> 2011;5:338</p> <p>Cardio IQ® Lipoprotein (a)</p> <table border="1"> <tr> <td>Lipoprotein (a):</td> <td><75 nmol/L</td> </tr> </table> <p>Risk: Optimal < 75 nmol/L; Moderate 75-125 nmol/L; High > 125 nmol/L Cardiovascular event risk category cut points (optimal, moderate, high) are based on Marcovina <i>et al.</i> <i>Clin Chem.</i> 2003;49:1785 and Nordestgaard <i>et al.</i> <i>European Heart J.</i> 2010;31:2844 (results of meta-analysis and expert panel recommendations)</p> <p>Cardio IQ® hs-CRP</p> <table border="1"> <tr> <td>hs-CRP for ages >17 years:</td> <td>Risk According to AHA/CDC Guidelines</td> </tr> <tr> <td><1.0 mg/L</td> <td>Lower Relative Cardiovascular Risk</td> </tr> <tr> <td>1.0-3.0 mg/L</td> <td>Average Relative Cardiovascular Risk</td> </tr> <tr> <td>3.1-10.0 mg/L</td> <td>Higher Relative Cardiovascular Risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.</td> </tr> <tr> <td>>10.0 mg/L</td> <td>Persistent elevations upon retesting, may be associated with infection and inflammation.</td> </tr> </table> <p>Cardio IQ® Lp-PLA2 (PLAC®)</p> <table border="1"> <tr> <td>PLAC:</td> <td>81-259 ng/mL</td> </tr> </table> <p>Risk: Optimal < 200 ng/mL; Moderate 200-235 ng/mL; High > 235 ng/mL Cardiovascular event risk category cut points (optimal, moderate, high) are based on Lanman <i>et al.</i> <i>Prev Cardiol.</i> 2006;9:138</p>	Adult Males:	52-109 mg/dL	Adult Females:	49-103 mg/dL	Lipoprotein (a):	<75 nmol/L	hs-CRP for ages >17 years:	Risk According to AHA/CDC Guidelines	<1.0 mg/L	Lower Relative Cardiovascular Risk	1.0-3.0 mg/L	Average Relative Cardiovascular Risk	3.1-10.0 mg/L	Higher Relative Cardiovascular Risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.	>10.0 mg/L	Persistent elevations upon retesting, may be associated with infection and inflammation.	PLAC:	81-259 ng/mL		
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PLAC:	81-259 ng/mL																				
Methodology	Spectrophotometry; Enzymatic; Ion Mobility; Nephelometry; Immunoturbidimetric; Immunoassay																				
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano																				
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>25003000</td> <td>Cholesterol, Total</td> </tr> <tr> <td>25015900</td> <td>HDL Cholesterol</td> </tr> <tr> <td>25002900</td> <td>Triglycerides</td> </tr> <tr> <td>25016900</td> <td>LDL Chol, Calculated</td> </tr> <tr> <td>25017000</td> <td>Cholesterol/HDL Ratio</td> </tr> <tr> <td>25017210</td> <td>Non-HDL Cholesterol</td> </tr> <tr> <td>86002760</td> <td>LDL Particle Number</td> </tr> <tr> <td>86009431</td> <td>LDL Small</td> </tr> <tr> <td>86009433</td> <td>LDL Medium</td> </tr> </tbody> </table>	Result Code	Result Name	25003000	Cholesterol, Total	25015900	HDL Cholesterol	25002900	Triglycerides	25016900	LDL Chol, Calculated	25017000	Cholesterol/HDL Ratio	25017210	Non-HDL Cholesterol	86002760	LDL Particle Number	86009431	LDL Small	86009433	LDL Medium
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	86006295	HDL Large
	86002762	LDL Pattern
	86002761	LDL Peak Size
	50057700	Apolipoprotein B
	25024000	Lipoprotein (a)
	45203715	hs-CRP
	85996826	PLAC
	<i>*TR 92527-5-Cardio IQ(R) Direct LDL</i>	
	Result Code	Result Name
	25008600	Direct LDL
<i>*TR (True Reflexing Flag) Interfaced clients: If you are set up to use our True Reflexing option, build the unit code with the TR flag (indicated above) separately.</i>		
Additional Information	If Triglyceride is >400 mg/dL, then Cardio IQ® Direct LDL will be performed at an additional charge (CPT code(s): 83721).	

Celiac Disease Comprehensive Panel					
Clinical Significance	<p>Celiac disease is caused by an immune response to gluten in genetically sensitive individuals. The diagnosis is largely based on a biopsy of the small intestine, but serologic tests also help support a diagnosis and may assist identification of patients who may require biopsy.</p> <p>Tissue transglutaminase antibodies (tTG, IgA) is a marker with 95% sensitivity and specificity. Total IgA is measured because 2-3% of celiac disease patients are IgA deficient. Because tTG, IgA, and anti-Gliadin IgA tend to decrease in patients on a gluten-free diet, these markers are also used to assess dietary compliance.</p> <p>The endomysial antibody (EMA, IgA) assay has high specificity for celiac disease and is used to confirm positive anti-tTG results.</p>				
Effective Date	3/23/2015				
Test Code	19955				
CPT Codes	83516, 82784				
Specimen Requirements	5 mL (1 mL minimum) serum				
Reject Criteria	Gross hemolysis; gross lipemia				
Transport Temperature	Refrigerated				
Specimen Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 21 days				
Set-up/Analytic Time	Set up: Daily; report available: 1-6 days				
Reference Range	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">(tTG) Ab, IgA:</td> <td>< 4 No Antibody Detected > or = 4 Antibody Detected</td> </tr> <tr> <td>IgA, Serum:</td> <td> Cord Blood: 1-3 1 Month: 2-43 2-5 Months: 3-66 6-9 Months: 7-66 10-12 Months: 12-75 1-3 Years: 24-121 4-6 Years: 33-235 7-9 Years: 41-368 10-11 Years: 64-246 </td> </tr> </table>	(tTG) Ab, IgA:	< 4 No Antibody Detected > or = 4 Antibody Detected	IgA, Serum:	Cord Blood: 1-3 1 Month: 2-43 2-5 Months: 3-66 6-9 Months: 7-66 10-12 Months: 12-75 1-3 Years: 24-121 4-6 Years: 33-235 7-9 Years: 41-368 10-11 Years: 64-246
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40000900	(tTG) Ab, IgG																																							
Additional Information	<p>If the Tissue Transglutaminase IgA is positive, then Endomysial Antibody Screen (IgA) will be performed at an additional charge. If the Endomysial Antibody Screen (IgA) is positive, then Endomysial Antibody Titer will be performed at an additional charge.</p> <p>If the Total IgA is less than the lower limit of the reference range, based on age, then Tissue Transglutaminase IgG will be performed at an additional charge.</p>																																							

Celiac Disease Comprehensive Panel, Infant	
Revision Message!	Please note: Gliadin (Deamidated Peptide) Antibody (IgA) was added to this assay, the Reference ranges and Interface mapping have been adjusted to accommodate this addition effective 4/2/15.
Clinical Significance	<p>Celiac disease is caused by an immune response to gluten in genetically sensitive individuals. The diagnosis is largely based on a biopsy of the small intestine, but serologic tests also help support a diagnosis and may assist identification of patients who may require biopsy.</p> <p>Tissue transglutaminase antibodies (tTG, IgA) is a marker with 95% sensitivity and specificity. Total IgA is measured because 2-3% of celiac disease patients are IgA deficient. Because tTG, IgA, and anti-Gliadin IgA tend to decrease in patients on a gluten-free diet, these markers are also used to assess dietary compliance.</p> <p>The endomysial antibody (EMA, IgA) assay has high specificity for celiac disease and is used to confirm positive anti-tTG results.</p>
Effective Date	3/23/2015
Test Code	15981
CPT Codes	83516 (x2), 82784
Specimen Requirements	5 mL (1 mL minimum) serum
Reject Criteria	Gross hemolysis; gross lipemia
Transport Temperature	Refrigerated
Specimen Stability	Room temperature: 72 hours Refrigerated: 7 days

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Set-up/Analytic Time	Set up: Daily; report available: 1-6 days																																										
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IgA, Serum:	Cord Blood: 1-3 1 Month: 2-43 2-5 Months: 3-66 6-9 Months: 7-66 10-12 Months: 12-75 1-3 Years: 24-121 4-6 Years: 33-235 7-9 Years: 41-368 10-11 Years: 64-246 12-13 Years: 70-432 14-15 Years: 57-300 >=16 Years: 81-463																																										
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Additional Information	<p>If the Tissue Transglutaminase IgA is positive, then Endomysial Antibody Screen (IgA) will be performed at an additional charge. If the Endomysial Antibody Screen (IgA) is positive, then Endomysial Antibody Titer will be performed at an additional charge.</p> <p>If the Total IgA is less than the lower limit of the reference range, based on age, then Tissue Transglutaminase IgG will be performed at an additional charge.</p>																																										

Susceptibility, Aerobic Bacteria, MIC	
Effective Date	3/23/2015
Test Code	14653
CPT Codes	87186

Specimen Requirements	Pure culture of an aerobic organism submitted on an agar slant, double-walled container																																																																																						
Reject Criteria	Mixed culture; anaerobic organism																																																																																						
Transport Temperature	Room temperature																																																																																						
Specimen Stability	Room temperature and Refrigerated: Determined by viability Frozen: Unacceptable																																																																																						
Set-up/Analytic Time	Set up: Daily; Report available: 5 days																																																																																						
Reference Range	Accompanies report																																																																																						
Units Of Measure	mcg/mL																																																																																						
Methodology	Microbroth Dilution																																																																																						
Performing Site	Quest Diagnostics Nichols Institute, Valencia																																																																																						
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85996272		Trimethoprim/sulfamethoxaz
85996271		Tetracycline
85996273		Ticarcillin/clavulanic ACD
86003327		Tigecycline
85994670		Tobramycin
85996274		Vancomycin
85996275		Comment:

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.

Antibody Screen, RBC with Reflex to Identification, Titer, and Antigen Typing	
Effective Date	3/2/2015
Former Test Name	<i>Antibody Screen RBC</i>
Test Code	S46660
Reject Criteria	Gross hemolysis; grossly lipemic; received frozen; serum separator tube (SST); cord blood; grossly icteric
Specimen Stability	Room temperature: 24 hours Refrigerated: 7 days Frozen: Unacceptable
Always Message	This assay is a screening test for the detection of red blood cell antibodies. The test is not to be used for pretransfusion screening or for the medical management of an alloimmunized pregnancy.
Performing Site	Quest Diagnostics, West Hills

HIV-1 Integrase Genotype	
Effective Date	3/2/2015
Former Test Code	<i>S52113</i>
Test Code	16868
Reject Criteria	Serum; non-centrifuged PPT; frozen PPT (in situ); heparinized plasma; gross hemolysis; lipemia
Set-up/Analytic Time	Set up: Mon, Fri; Report available: 4-7 days
Performing Site	This test previously performed at Quest Diagnostics Nichols Institute, San Juan Capistrano will now be performed at Focus Diagnostics, Inc.

Interface Mapping

Result Code	Type	Result Name	Unit of Measure
7000049	Prompt-Result	Value of Last Viral Load	copies/mL
7000048	Prompt-Result	Date Viral Load Collected	
86004058		Raltegravir Resistance	
86008936		Elvitegravir Resistance	
86010036		Dolutegravir Resistance	

Lead, Blood (OSHA)																																																																															
Effective Date	3/2/2015																																																																														
Test Code	3058, 48611, 48611X																																																																														
Performing Site	Quest Diagnostics Nichols Institute, Valencia																																																																														
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	85989321	Prompt-Result (no return)	Provider's State
	85989322	Prompt-Result (no return)	Provider's Zip Code
	85989323	Prompt-Result (no return)	Provider's Phone Number
Additional Information	Update report format		

Streptococcus Group A, DNA Probe	
Effective Date	3/2/2015
Test Code	14565
Specimen Stability	Deliver to lab as soon as possible Room temperature: 48 hours Refrigerated: 72 hours Frozen: Unacceptable
Performing Site	Focus Diagnostics, Inc.

Streptococcus Group B DNA, PCR with Broth Enrichment	
Effective Date	3/2/2015
Test Code	91768
Assay Category	FDA Approved/Cleared
Performing Site	This test previously performed at Focus Diagnostics, Inc. will now also be performed at Quest Diagnostics Nichols Institute, Valencia.

Streptococcus Group B DNA, PCR with Broth Enrichment and Reflex to Susceptibility																															
Effective Date	3/2/2015																														
Test Code	91770																														
Assay Category	FDA Approved/Cleared																														
Performing Site	This test previously performed at Focus Diagnostics, Inc. will now also be performed at Quest Diagnostics Nichols Institute, Valencia.																														
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85996250		Ceftazidime
85996248		Ceftriaxone
85996249		Cefuroxime
85996251		Chloramphenicol
85996252		Ciprofloxacin
85996253		Clarithromycin
85996254		Clindamycin
86003324		Daptomycin
86011212		Doripenem
86003325		Ertapenem
85996255		Erythromycin
85996256		Gentamicin
85996257		Gentamicin 500
85996258		Imipenem
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85996273		Ticarcillin/clavulanic ACD
86003327		Tigecycline
85994670		Tobramycin
85996274		Vancomycin
85996275		Comment:

Additional Information

If GBS by PCR is Detected, Susceptibility, Aerobic Bacteria, MIC will be added at an additional charge (CPT code: 87186).

Testosterone, Total, Males (Adult), Immunoassay		
Effective Date	3/2/2015	
Former Test Name	Testosterone, Total(Males), Immunoassay	
Test Code	19958	
Reference Range	Male:	250 - 827 ng/dL
	Female:	Reference range not applicable ng/dL
Performing Site	Quest Diagnostics Nichols Institute, Valencia	
Interface Mapping	Result Code	Result Name
	85986670	Testosterone,Tot,MaleAdult

Drug Screen Panel 9, Meconium			
Effective Date	3/9/2015		
Test Code	S52037		
CPT Codes	80101 (x9)		
Performing Site	Quest Diagnostics Nichols Institute, Chantilly		
Interface Mapping	Result Code	Result Name	
	112458	Opiates	
	112459	Cocaine Metabolites	
	112460	Benzodiazepines	
	112461	Marijuana	
	112462	Amphetamines	
	112463	Barbiturates	
	112464	Methadone	
	113921	PCP (Phencyclidine)	
	113922	Propoxyphene	
	209064A	Codeine	ng/g
	209064B	Morphine	ng/g
	209064E	Hydrocodone	ng/g
	209064D	Hydromorphone	ng/g
	209064F	Oxycodone	ng/g
	134064A	Cocaine	ng/g
	134064BB	Benzoyllecgonine	ng/g
	134064BC	Cocaethylene	ng/g
	134064BD	Ecgonine methyl ester	ng/g
	113923	Oxazepam	ng/g

113924	Nordiazepam	ng/g
113925	Desalkylflurazepam	ng/g
113926	Lorazepam	ng/g
113927	Alprazolam	ng/g
142964B	Delta-9-THC Carboxy Acid	ng/g
191264A	Amphetamine	ng/g
191264B	Methamphetamine	ng/g
113928	Butalbital	mcg/g
113929	Butabarbital	mcg/g
113930	Amobarbital	mcg/g
113931	Pentobarbital	mcg/g
113932	Secobarbital	mcg/g
113933	Phenobarbital	ng/g
113934	Methadone	ng/g
91464A	Phencyclidine	ng/g
113935	Propoxyphene	ng/g
113936	Norpropoxyphene	ng/g
112467	Comment	

Lynch Syndrome Sequencing and Deletion/Duplication Changes													
Effective Date	3/9/2015												
Specimen Requirements	<p>Preferred: 4 mL (4 mL minimum) whole blood collected in each of 2 separate EDTA (lavender-top) tubes</p> <p>Acceptable: whole blood collected in each of 2 separate ACD tubes</p>												
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano												
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>91461</td> <td>Lynch Syndrome Panel</td> </tr> <tr> <td>91460</td> <td>Lynch Syndrome, MLH1 Sequencing and Deletion/Duplication</td> </tr> <tr> <td>91471</td> <td>Lynch Syndrome, MSH2 Sequencing and Deletion/Duplication (Including EPCAM)</td> </tr> <tr> <td>91458</td> <td>Lynch Syndrome, MSH6 Sequencing and Deletion/Duplication</td> </tr> <tr> <td>91457</td> <td>Lynch Syndrome, PMS2 Sequencing and Deletion/Duplication</td> </tr> </tbody> </table>	Test Codes:	Name:	91461	Lynch Syndrome Panel	91460	Lynch Syndrome, MLH1 Sequencing and Deletion/Duplication	91471	Lynch Syndrome, MSH2 Sequencing and Deletion/Duplication (Including EPCAM)	91458	Lynch Syndrome, MSH6 Sequencing and Deletion/Duplication	91457	Lynch Syndrome, PMS2 Sequencing and Deletion/Duplication
Test Codes:	Name:												
91461	Lynch Syndrome Panel												
91460	Lynch Syndrome, MLH1 Sequencing and Deletion/Duplication												
91471	Lynch Syndrome, MSH2 Sequencing and Deletion/Duplication (Including EPCAM)												
91458	Lynch Syndrome, MSH6 Sequencing and Deletion/Duplication												
91457	Lynch Syndrome, PMS2 Sequencing and Deletion/Duplication												

Lynch Syndrome, PMS2 Sequencing and Deletion/Duplication	
Effective Date	3/9/2015
Test Code	91457
Specimen Requirements	Preferred:

	<p>4 mL (4 mL minimum) whole blood collected in each of two separate EDTA (lavender-top) tubes</p> <p>Acceptable: whole blood collected in each of two separate ACD tubes</p> <p>Sodium heparin (green-top) tubes are no longer acceptable</p>
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Custom Multicare Celiac Panel																			
Effective Date	3/23/2015																		
Test Code	P5031F																		
Reject Criteria	Gross hemolysis; gross lipemia																		
Specimen Stability	Room temperature: 4 Days Refrigerated and Frozen: 21 Days																		
Performing Site	Quest Diagnostics Nichols Institute, Valencia																		
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>45060440</td> <td>Endomysial Ab IgA</td> </tr> <tr> <td>45000602</td> <td>Reticulin IgA Screen</td> </tr> <tr> <td colspan="2"><i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUG-Reflex Endomysial Ab Titer</i></td> </tr> <tr> <th>Result Code</th> <th>Result Name</th> </tr> <tr> <td>45060445</td> <td>Endomysial Ab Titer</td> </tr> <tr> <td colspan="2"><i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUI- Reflex Reticulin IgA Titer</i></td> </tr> <tr> <th>Result Code</th> <th>Result Name</th> </tr> <tr> <td>45000603</td> <td>Reticulin IgA Titer</td> </tr> </tbody> </table>	Result Code	Result Name	45060440	Endomysial Ab IgA	45000602	Reticulin IgA Screen	<i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUG-Reflex Endomysial Ab Titer</i>		Result Code	Result Name	45060445	Endomysial Ab Titer	<i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUI- Reflex Reticulin IgA Titer</i>		Result Code	Result Name	45000603	Reticulin IgA Titer
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45060440	Endomysial Ab IgA																		
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45060445	Endomysial Ab Titer																		
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Result Code	Result Name																		
45000603	Reticulin IgA Titer																		
Additional Information	If Endomysial Antibody IgA Screen is positive, the antibody titer will be added on at an additional charge (CPT: 86256). If Reticulin IgA Screen is positive, the antibody titer will be added on at an additional charge (CPT: 86256).																		

CVS Nav Transglutaminase & Celiac Panel											
Effective Date	3/23/2015										
Test Code	P48086G										
Reject Criteria	Microbially contaminated serum; gross hemolysis; gross lipemia										
Specimen Stability	Room temperature: 48 hours Refrigerated: 7 days Frozen: 21 days										
Reference Range	<table border="1"> <tbody> <tr> <td>(tTG) Ab, IgG:</td> <td>< 6 No Antibody Detected > or = 6 Antibody Detected</td> </tr> <tr> <td>(tTG) Ab, IgA:</td> <td>< 4 No Antibody Detected > or = 4 Antibody Detected</td> </tr> <tr> <td>Reticulin IgA Screen:</td> <td>Negative</td> </tr> <tr> <td>Gliadin(Deamidated)Ab,IgG:</td> <td>< 20</td> </tr> <tr> <td>Gliadin(Deamidated)Ab,IgA:</td> <td>< 20</td> </tr> </tbody> </table>	(tTG) Ab, IgG:	< 6 No Antibody Detected > or = 6 Antibody Detected	(tTG) Ab, IgA:	< 4 No Antibody Detected > or = 4 Antibody Detected	Reticulin IgA Screen:	Negative	Gliadin(Deamidated)Ab,IgG:	< 20	Gliadin(Deamidated)Ab,IgA:	< 20
(tTG) Ab, IgG:	< 6 No Antibody Detected > or = 6 Antibody Detected										
(tTG) Ab, IgA:	< 4 No Antibody Detected > or = 4 Antibody Detected										
Reticulin IgA Screen:	Negative										
Gliadin(Deamidated)Ab,IgG:	< 20										
Gliadin(Deamidated)Ab,IgA:	< 20										

	Endomysial Ab IgA: Negative																																							
Performing Site	Quest Diagnostics Nichols Institute, Valencia																																							
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>40000900</td> <td>(tTG) Ab, IgG</td> <td>U/mL</td> </tr> <tr> <td>40000700</td> <td>(tTG) Ab, IgA</td> <td>U/mL</td> </tr> <tr> <td>40000500</td> <td>Gliadin(Deamidated)Ab,IgG</td> <td>U</td> </tr> <tr> <td>40000300</td> <td>Gliadin(Deamidated)Ab,IgA</td> <td>U</td> </tr> <tr> <td>45000602</td> <td>Reticulin IgA Screen</td> <td></td> </tr> <tr> <td>45060440</td> <td>Endomysial Ab IgA</td> <td></td> </tr> <tr> <td colspan="3"><i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUI- Reflex Reticulin IgA Titer</i></td> </tr> <tr> <th>Result Code</th> <th>Result Name</th> <td></td> </tr> <tr> <td>45000603</td> <td>Reticulin IgA Titer</td> <td></td> </tr> <tr> <td colspan="3"><i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUG- Reflex Endomysial Ab Titer</i></td> </tr> <tr> <th>Result Code</th> <th>Result Name</th> <td></td> </tr> <tr> <td>45060445</td> <td>Endomysial Ab Titer</td> <td></td> </tr> </tbody> </table>	Result Code	Result Name	Unit of Measure	40000900	(tTG) Ab, IgG	U/mL	40000700	(tTG) Ab, IgA	U/mL	40000500	Gliadin(Deamidated)Ab,IgG	U	40000300	Gliadin(Deamidated)Ab,IgA	U	45000602	Reticulin IgA Screen		45060440	Endomysial Ab IgA		<i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUI- Reflex Reticulin IgA Titer</i>			Result Code	Result Name		45000603	Reticulin IgA Titer		<i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUG- Reflex Endomysial Ab Titer</i>			Result Code	Result Name		45060445	Endomysial Ab Titer	
Result Code	Result Name	Unit of Measure																																						
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45060445	Endomysial Ab Titer																																							
Additional Information	If Endomysial Antibody IgA Screen is positive, the antibody titer will be added on at an additional charge (CPT: 86256). If Reticulin IgA Screen is positive, the antibody titer will be added on at an additional charge (CPT: 86256).																																							

Endomysial Antibody Screen (IgA) with Reflex to Titer											
Effective Date	3/23/2015										
Former Test Code	1191										
Test Code	15064										
Reject Criteria	Gross hemolysis; gross lipemia										
Specimen Stability	Room temperature: 4 Days Refrigerated and Frozen: 21 Days										
Performing Site	Quest Diagnostics Nichols Institute, Valencia										
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>45060440</td> <td>Endomysial Ab IgA</td> </tr> <tr> <td colspan="2"><i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUG-Reflex Endomysial Ab Titer</i></td> </tr> <tr> <th>Result Code</th> <th>Result Name</th> </tr> <tr> <td>45060445</td> <td>Endomysial Ab Titer</td> </tr> </tbody> </table>	Result Code	Result Name	45060440	Endomysial Ab IgA	<i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUG-Reflex Endomysial Ab Titer</i>		Result Code	Result Name	45060445	Endomysial Ab Titer
Result Code	Result Name										
45060440	Endomysial Ab IgA										
<i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUG-Reflex Endomysial Ab Titer</i>											
Result Code	Result Name										
45060445	Endomysial Ab Titer										
Additional Information	If Endomysial Antibody IgA Screen is positive, the antibody titer will be added on at an additional charge (CPT: 86256)										

Eosinophil Cationic Protein (ECP)	
Effective Date	3/23/2015

Test Code	S51352
Specimen Requirements	1 mL (0.3 mL minimum) serum collected in a red-top (no gel) tube
Reject Criteria	Serum Separator Tube
Set-up/Analytic Time	Set up: Tues; Report available: 1-4 days
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Gliadin (Deamidated Peptide) Antibody (IgA)								
Clinical Significance	<p>Detection of antibodies to gliadin, one of the major protein components of gluten, is a sensitive assay useful in diagnosing Celiac Disease. However, gliadin antibodies may be found in individuals without Celiac Disease; thus gliadin antibody assays are less specific than assays measuring antibodies to endomysium and transglutaminase. Recent work has revealed that gliadin-reactive antibodies from Celiac patients bind to a very limited number of specific epitopes on the gliadin molecule. Further, deamidation of gliadin results in enhanced binding of gliadin antibodies. Based on this information, assays using deamidated gliadin peptides bearing the celiac-specific epitopes have much higher diagnostic accuracy for Celiac Disease when compared to standard gliadin antibody assays.</p>							
Effective Date	3/23/2015							
Former Test Code	1286							
Test Code	11228							
Reject Criteria	Microbially contaminated serum ; gross hemolysis; gross lipemia.							
Performing Site	Quest Diagnostics Nichols Institute, Valencia							
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>40000300</td> <td>Gliadin(Deamidated)Ab,IgA</td> <td>U</td> </tr> </tbody> </table>		Result Code	Result Name	Unit of Measure	40000300	Gliadin(Deamidated)Ab,IgA	U
Result Code	Result Name	Unit of Measure						
40000300	Gliadin(Deamidated)Ab,IgA	U						

Gliadin (Deamidated Peptide) Antibody (IgG)								
Clinical Significance	<p>Detection of antibodies to gliadin, one of the major protein components of gluten, is a sensitive assay useful in diagnosing Celiac Disease. However, gliadin antibodies may be found in individuals without Celiac Disease; thus gliadin antibody assays are less specific than assays measuring antibodies to endomysium and transglutaminase. Recent work has revealed that gliadin-reactive antibodies from Celiac patients bind to a very limited number of specific epitopes on the gliadin molecule. Further, deamidation of gliadin results in enhanced binding of gliadin antibodies. Based on this information, assays using deamidated gliadin peptides bearing the celiac-specific epitopes have much higher diagnostic accuracy for Celiac Disease when compared to standard gliadin antibody assays.</p>							
Effective Date	3/23/2015							
Former Test Code	1261							
Test Code	11212							
Reject Criteria	Microbially contaminated serum ; gross hemolysis; gross lipemia							
Performing Site	Quest Diagnostics Nichols Institute, Valencia							
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>40000500</td> <td>Gliadin(Deamidated)Ab,IgG</td> <td>U</td> </tr> </tbody> </table>		Result Code	Result Name	Unit of Measure	40000500	Gliadin(Deamidated)Ab,IgG	U
Result Code	Result Name	Unit of Measure						
40000500	Gliadin(Deamidated)Ab,IgG	U						

Gliadin (Deamidated Peptide) Antibody (IgG, IgA)	
Clinical Significance	<p>Detection of antibodies to gliadin, one of the major protein components of gluten, is a sensitive assay useful in diagnosing Celiac Disease. However, gliadin antibodies may be found in individuals without</p>

	Celiac Disease; thus gliadin antibody assays are less specific than assays measuring antibodies to endomysium and transglutaminase. Recent work has revealed that gliadin-reactive antibodies from Celiac patients bind to a very limited number of specific epitopes on the gliadin molecule. Further, deamidation of gliadin results in enhanced binding of gliadin antibodies. Based on this information, assays using deaminated gliadin peptides bearing the celiac-specific epitopes have much higher diagnostic accuracy for Celiac Disease when compared to standard gliadin antibody assays.											
Effective Date	3/23/2015											
<i>Former Test Code</i>	1266											
Test Code	8889											
Reject Criteria	Microbially contaminated serum; gross hemolysis; gross lipemia											
Performing Site	Quest Diagnostics Nichols Institute, Valencia											
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>40000500</td> <td>Gliadin(Deamidated)Ab,IgG</td> <td>U</td> </tr> <tr> <td>40000300</td> <td>Gliadin(Deamidated)Ab,IgA</td> <td>U</td> </tr> </tbody> </table>			Result Code	Result Name	Unit of Measure	40000500	Gliadin(Deamidated)Ab,IgG	U	40000300	Gliadin(Deamidated)Ab,IgA	U
Result Code	Result Name	Unit of Measure										
40000500	Gliadin(Deamidated)Ab,IgG	U										
40000300	Gliadin(Deamidated)Ab,IgA	U										

Reticulin IgA Screen with Reflex to Titer											
Effective Date	3/23/2015										
<i>Former Test Code</i>	1162										
Test Code	37520										
Reject Criteria	Gross hemolysis; hyperlipemia; post mortem specimens										
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days										
Methodology	Immunoassay										
Performing Site	Quest Diagnostics Nichols Institute, Valencia										
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>45000602</td> <td>Reticulin IgA Screen</td> </tr> <tr> <td colspan="2"><i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUI- Reflex Reticulin IgA Titer</i></td> </tr> <tr> <th>Result Code</th> <th>Result Name</th> </tr> <tr> <td>45000603</td> <td>Reticulin IgA Titer</td> </tr> </tbody> </table>	Result Code	Result Name	45000602	Reticulin IgA Screen	<i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUI- Reflex Reticulin IgA Titer</i>		Result Code	Result Name	45000603	Reticulin IgA Titer
Result Code	Result Name										
45000602	Reticulin IgA Screen										
<i>This is a true reflex. Please build code separately. Non-orderable Reflex: RUI- Reflex Reticulin IgA Titer</i>											
Result Code	Result Name										
45000603	Reticulin IgA Titer										
Additional Information	If Reticulin IgA Screen is positive, the antibody titer will be added on at an additional charge (CPT: 86256)										

Tissue Transglutaminase Antibody (IgA)	
Clinical Significance	Celiac Disease is characterized by gluten intolerance leading to a chronic malabsorptive disorder due to inflammation of the intestinal mucosa and flattening of the epithelium. Several studies demonstrated that the target endomysial antigen in IgA anti-gliadin and anti-reticulin assays has been identified as the calcium dependent, protein cross-linking, enzyme tissue transglutaminase.
Effective Date	3/23/2015
<i>Former Test Name</i>	Transglutaminase IgA Autoantibodies
<i>Former Test Code</i>	1029

Test Code	8821								
Reject Criteria	Gross hemolysis; gross lipemia								
Specimen Stability	Room temperature: 4 days Refrigerated: 7 days Frozen: 30 days								
Reference Range	< 4 No Antibody Detected > or = 4 Antibody Detected								
Performing Site	Quest Diagnostics Nichols Institute, Valencia								
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>40000700</td> <td>(tTG) Ab, IgA</td> <td>U/mL</td> </tr> </tbody> </table>			Result Code	Result Name	Unit of Measure	40000700	(tTG) Ab, IgA	U/mL
Result Code	Result Name	Unit of Measure							
40000700	(tTG) Ab, IgA	U/mL							

Tissue Transglutaminase Antibody (IgG)							
Clinical Significance	Celiac Disease is characterized by gluten intolerance leading to a chronic malabsorptive disorder due to inflammation of the intestinal mucosa and flattening of the epithelium. Several studies have demonstrated that the target endomysial antigen in IgA anti-gliadin and anti-reticulin assays has been identified as the calcium dependent, protein cross-linking, enzyme tissue transglutaminase.						
Effective Date	3/23/2015						
Former Test Name	Transglutaminase IgG Autoantibodies						
Former Test Code	1027						
Test Code	11070						
Specimen Stability	Room temperature: 4 days Refrigerated: 7 days Frozen: 30 days						
Reference Range	< 6 No Antibody Detected > or = 6 Antibody Detected						
Performing Site	Quest Diagnostics Nichols Institute, Valencia						
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>40000900</td> <td>(tTG) Ab, IgG</td> <td>U/mL</td> </tr> </tbody> </table>	Result Code	Result Name	Unit of Measure	40000900	(tTG) Ab, IgG	U/mL
Result Code	Result Name	Unit of Measure					
40000900	(tTG) Ab, IgG	U/mL					

Tissue Transglutaminase Antibody (IgG,IgA)	
Clinical Significance	Celiac Disease is characterized by gluten intolerance leading to a chronic malabsorptive disorder due to inflammation of the intestinal mucosa and flattening of the epithelium. Several studies have demonstrated that the target endomysial antigen in IgA anti-gliadin and anti-reticulin assays has been identified as the calcium dependent, protein cross-linking, enzyme tissue transglutaminase.
Effective Date	3/23/2015
Former Test Name	Transglutaminase IgG & IgA Autoantibodies
Former Test Code	1030
Test Code	11073
Specimen Requirements	1 mL (0.5 mL minimum) serum
Reject Criteria	Gross hemolysis; gross lipemia
Specimen Stability	Room temperature: 4 days Refrigerated: 7 days Frozen: 30 days

Reference Range	(tTG) Ab, IgG:	< 6 No Antibody Detected > or = 6 Antibody Detected	
	(tTG) Ab, IgA:	< 4 No Antibody Detected > or = 4 Antibody Detected	
Performing Site	Quest Diagnostics Nichols Institute, Valencia		
Interface Mapping	Result Code	Result Name	Unit of Measure
	40000900	(tTG) Ab, IgG	U/mL
	40000700	(tTG) Ab, IgA	U/mL

Discontinued Tests

Celiac Disease AutoAbs Evaluation	
Effective Date	3/23/2015
Test Code	1076
Additional Information	The recommended alternatives are dependant on the patient's age, test codes: <ul style="list-style-type: none"> 19955-Celiac Disease Comprehensive Panel -or- 15981-Celiac Disease Comprehensive Panel, Infant

Celiac Disease EvaluatR w/IgA	
Effective Date	3/23/2015
Test Code	1075
Additional Information	The recommended alternatives are dependant on the patient's age, test codes: <ul style="list-style-type: none"> 19955-Celiac Disease Comprehensive Panel -or- 15981-Celiac Disease Comprehensive Panel, Infant

Celiac Disease EvaluatR w/Reflex to Titer	
Effective Date	3/23/2015
Test Code	1077
Additional Information	The recommended alternatives are dependant on the patient's age, test codes: <ul style="list-style-type: none"> 19955-Celiac Disease Comprehensive Panel -or- 15981-Celiac Disease Comprehensive Panel, Infant

Custom ADL Celiac Panel	
Effective Date	3/23/2015
Test Code	P43321O

Additional Information	Due to low volume this test is being discontinued. There is no recommended alternative.
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Custom ETCH Transglutaminase & Celiac Panel	
Effective Date	3/23/2015
Test Code	P8019B
Additional Information	Due to low volume this test is being discontinued. There is no recommended alternative.

Custom QVMC Celiac Disease Panel	
Effective Date	3/23/2015
Test Code	P6425A
Additional Information	Due to low volume this test is being discontinued. There is no recommended alternative.

Custom VA Roseburg Celiac Comprehensive Ab Panel	
Effective Date	3/23/2015
Test Code	P48580A
Additional Information	Due to low volume this test is being discontinued. There is no recommended alternative.

Test Send Outs (Referrals)

Hydroxyzine and Metabolite, S/P	
Effective Date	3/2/2015
Test Code	10931
Specimen Stability	Room temperature and Refrigerated: 30 days Frozen: 2 years
Set-up/Analytic Time	Set up: Mon, Wed, Fri 2nd shift ; Report available: 3 days

Endomysial IgG Antibody Screen and Titer	
Message	**This test is not available for New York patient testing**
Clinical Significance	Serological methods of detecting Immunoglobulin A (IgA) antibodies to gliadin, endomysium (EMA), reticulín, and tissue transglutaminase are routinely used for diagnosing both symptomatic and asymptomatic patients with Celiac Disease (CD). Since Immunoglobulin A (IgA) deficiency is 10 to 15 times more common in patients with Celiac Disease than in healthy subjects, IgG-specific antibody tests for endomysium are useful for the identification of IgA-deficient patients with CD.
Effective Date	3/9/2015
Test Code	91985
CPT Codes	86255
Specimen Requirements	Preferred: 2 mL (0.2 mL minimum) serum collected in a red-top tube (no-gel) Acceptable: Serum separator tube
Reject Criteria	Gross hemolysis, lipemia, microbially contaminated specimens; specimens received outside of stability
Instructions	Allow the blood to clot in an upright position for at least 30 minutes but not longer than 1 hour before

	centrifugation. Centrifuge for at least 15 minutes at 2200-2500 RPM at room temperature within one hour of collection, store at -20°C, and send 2 mL of serum frozen in a plastic vial.	
Transport Temperature	Frozen	
Specimen Stability	Room temperature: 48 hours Refrigerated: 14 days Frozen: 30 days	
Set-up/Analytic Time	Set up: Mon-Fri; Report available: 1-9 Days	
Reference Range	Negative	
Methodology	Immunofluorescence Assay	
Interface Mapping	Result Code	Result Name
	86011605	Endomysial IgG
	86011606	Titer
Additional Information	Endomysial IgG Titer will report when the titer is > or = 2.5 (CPT code(s): 86256)	