Revision Message!
Please note: 4/20/15 communication revision for test code 17306- Vitamin D, 25-Hydroxy, Total, Immunoassay, New York patient message

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 #
92888	**QuestAssureD™ 25-Hydroxyvitamin D (D2, D3), LC/MS/MS**	5/4/2015	2
38409	**Adenosine, Deaminase, Blood**	5/11/2015	3
91245	***Helicobacter pylori*, Culture with Reflex to Susceptibility**	5/11/2015	3
92807	**HPV Genotypes 16, 18/45, Anal-Rectal**	5/18/2015	4
92810	**HPV mRNA E6/E7, Rectal with Reflex to Genotypes, 16, 18/45**	5/18/2015	5

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 #
92068		**CFvantage® Cystic Fibrosis Expanded Screen**	5/4/2015	6
		*Helicobacter pylor*i Antibody Minimum Volume Changes	5/4/2015	6
17306	3541	**Vitamin D, 25-Hydroxy, Total, Immunoassay**	5/4/2015	6
91735		Cardio IQ® Vitamin D, 25-Hydroxy, LC/MS/MS	5/4/2015	7
16761		QuestAssureD™ 25-Hydroxy and 1,25-Dihydroxyvitamin D, LC/MS/MS	5/4/2015	8
19552		Aldosterone, 24-Hour Urine	5/11/2015	8
34690	S49884	*Borrelia hermsii* Antibody Panel, IFA	5/11/2015	9
19826	7534	Coenzyme Q10	5/11/2015	10
514		Hemoglobin, Free, Plasma	5/11/2015	10
34345	S49006	**Lymphocytic Choriomeningitis (LCM) Virus Antibody, IFA, Serum**	5/11/2015	11
19098	S51232	**Norovirus RNA, Qualitative Real-Time PCR**	5/11/2015	11
91919		OncoVantage™	5/11/2015	12
34972	61025	**Varicella-Zoster Virus (VZV) Antibodies (Total, IgM), ACIF/IFA, CSF**	5/11/2015	12
4698	3120	CA 19-9	5/18/2015	12
3120SR		CA 19-9 w/Serial Reporting	5/18/2015	13

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 #
3131	Adenosine Deaminase	5/11/2015	13
			13

16285	Serotonin Release Assay (SRA), Fondaparinux	5/11/2015	13

NY UPDATE 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**	**Page #**
S48614, A51223	Fetal Hemoglobin, Amniotic Fluid	13

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 #**
92975	S52582	**Fluorocarbons (22, 113) Panel, Blood**	5/4/2015	14

New Test Offerings

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

QuestAssureD™ 25-Hydroxyvitamin D (D2, D3), LC/MS/MS	
Clinical Significance	**Measurement of serum 25-OH vitamin D concentrations provide a good index of circulating vitamin D activity in patients not suffering from renal disease. Lower than normal 25-OH vitamin D levels can result from a dietary deficiency, poor absorption of the vitamin or impaired metabolism of the sterol in the liver. A 25-OH vitamin D deficiency can lead to bone diseases such as rickets and osteomalacia. Above normal levels can lead to hypercalcemia. This assay employs liquid chromatography tandem mass spectrometry to independently measure and report the two common forms of 25-hydroxy vitamin D: 25-OH D3 - the endogenous form of the vitamin and 25-OH D2 - the analog form used to treat 25-OH Vitamin D3 deficiency.**
Effective Date	**5/4/2015**
Test Code	**92888**
CPT Codes	**82306**
Specimen Requirements	**0.5 mL (0.3 mL minimum) serum**
Reject Criteria	**Gross hemolysis; grossly lipemic; heparinized or EDTA plasma; serum not separated from serum separator tube gel or clot within 48 hours; grossly icteric**
Instructions	**Fasting preferred, but not required** **Collect blood in a standard red-top serum Vacutainer® tube. Allow blood to clot at room temperature. Centrifuge and separate the serum from the cells immediately.** **Alternatively, collect blood in a serum separator tube, allow to clot at room temperature. Centrifuge and remove from the gel within 48 hours.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature, Refrigerated and Frozen: 21 days**
Reference Range	**Vitamin D, 25-OH, Total: 30-100 ng/mL** **Vitamin D, 25-OH, D3: Not established** **Vitamin D, 25-OH, D2: Not established**
Always Message	**25-OH D3 indicates both endogenous production and supplementation. 25-OH D2 is an indicator of exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OH D, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are > or = 30 ng/mL.**
Methodology	**Liquid Chromatography, Tandem Mass Spectrometry**

Performing Site	**Quest Diagnostics Nichols Institute, Valencia**
Interface Mapping	

Result Code	Result Name	Unit of Measure
86012615	Vitamin D, 25-OH, Total	ng/mL
55182720	Vitamin D, 25-OH, D3	ng/mL
55182425	Vitamin D, 25-OH, D2	ng/mL

Additional Information	**Update Report Format** We are pleased to announce that effective May 4, 2015, we are able to improve the turnaround time for 25-hydroxyvitamin D (vitamin D) results to as fast as next day with an immunoassay test that does not compromise accuracy. This means more full requisition reporting without having to wait for vitamin D results to arrive separately. Quest Diagnostics is pleased to offer you an immunoassay for vitamin D in addition to the gold standard LC/MS/MS method we currently offer. The new immunoassay provides high quality quantitative results that are tied back to standards from the National Institute of Standards and Technology (NIST Standard Reference Material (SRM) 972). In addition, the new immunoassay test offered by Quest Diagnostics recently received CDC Vitamin D Standardization Certification Program. Effective May 4, the test order code 17306, currently applied to LC/MS/MS, will be transitioned to the immunoassay. LC/MS/MS testing will continue to be offered under test order code 92888 for patients > or = 3 years and 91935 for infants < 3 years of age.
Pricing Message	Negotiated pricing on 17306 will be applied to code 92888.

Adenosine, Deaminase, Blood	
Message	*****This test is not available for New York patient testing*****
Clinical Significance	**An elevated level of adenosine deaminase (AD) in human serum, plasma or select body fluids is used as a surrogate marker for inflammation or infectious disease.**
Effective Date	**5/11/2015**
Test Code	**38409**
CPT Codes	**84311**
Specimen Requirements	**4 mL (1 mL minimum) whole blood collected in a ACD-B (yellow-top) tube**
Instructions	**Do not use containers that have citrate or oxalate as anticoagulant.**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 5 days** **Refrigerated: 20 days** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Mon-Sat; Report available: Next day**
Reference Range	**0.3-1.4 IU/g Hb**
Methodology	**Colorimetric, Kinetic**
Assay Category	**Research Use Only**
Performing Site	**Quest Diagnostics Nichols Institute, Chantilly**
Interface Mapping	

Result Code	Result Name	Unit of Measure
86003180	Adenosine Deaminase, Blood	IU/g Hb

***Helicobacter pylori*, Culture with Reflex to Susceptibility**

Clinical Significance	***Helicobacter pylori*** **has been associated with peptic ulcer disease and cancers of the gastrointestinal tract. In 1994, the U.S. National Institute of Health Consensus Development Conference concluded that *H. pylori* infection represents the major cause of peptic ulcer disease and antimicrobial treatment is recommended for patients with the confirmed disease.**
Effective Date	**5/11/2015**
Test Code	**91245**
CPT Codes	**87081, 87205**
Specimen Requirements	**3 mm (1 mm minimum) gastric biopsy in Brucella broth or equivalent with 10-20% glycerol. Stuart's liquid transport medium, not in a swab container.**
Reject Criteria	**Received in transport other than listed; received on swab or in swab container; Stuart's frozen**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature and Frozen: Unacceptable** **Refrigerated: 48 hours**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 7-10 days**
Reference Range	**Not Isolated**
Methodology	**Culture**
Performing Site	**Focus Diagnostics, Inc.**
Interface Mapping	

Result Code	Result Name
86010831	Status
86007840	Gram Stain
86007841	Helicobacter pylori cult
This is a true reflex. Please build the unit code below separately. ***Non-orderable Reflex: 912451- Susceptibility, Helicobacter Pylori, MIC***	
Result Code	**Result Name**
86011891	Organism
86011892	Amoxicillin
86011893	Clarithromycin
86011894	Metronidazole
86011895	Tetracycline

Additional Information	**If the *Helicobactor pylori* culture result is "Isolated", then the Susceptibility, *Helicobacter pylori*, MIC will be performed at an additional charge (CPT code(s): 87181 (x4)).**
Pricing Message	Negotiated pricing on 16597 will be applied to code 91245.

HPV Genotypes 16, 18/45, Anal-Rectal	
Message	*****This test is not available for New York patient testing.*****
Clinical Significance	**Assay is used in combination with anal and rectal cytology to assess the presence or absence of high-risk HPV genotypes 16, 18, and/or 45. This information together with physician's assessment of cytology history, other risk factors and professional guidelines, may be used to guide patient management.**
Effective Date	**5/18/2015**
Test Code	**92807**
CPT Codes	**87625**

Specimen Requirements	**Dacron swab in 3 mL (1.5 mL minimum) Liquid Cytology (PreservCyt®) Preservative (ThinPrep®)**
Instructions	**To collect an anal sample, a wet, non-lubricated Dacron swab is used. The Dacron swab is inserted about 3 cm (or until resistance is met) into the anal canal past the anal verge, into the rectal vault. This is done without visualization of the anal canal. Firm lateral pressure is applied to the swab handle as it is rotated and slowly moved in and out. Slowly withdraw swab from the anal canal. Swish the swab vigorously in PreservCyt® fluid in the ThinPrep® vial. Discard the swab. Cap and tighten the ThinPrep® vial. Follow the same procedure if using a brush to collect an anal-rectal sample. Avoid using cotton swab on a wooden stick because the handle may break and splinter during collection. A swab that is grossly contaminated with feces should be discarded and the collection repeated.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 30 days** **Refrigerated: 28 days** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 3-6 days**
Reference Range	**Not detected**
Methodology	**Transcription- Mediated Amplification**
Performing Site	**Focus Diagnostics, Inc.**
Interface Mapping	**Result Code** / **Result Name** **86012370** / **HPV 16 RNA, Anal-Rectal** **86012371** / **HPV 18/45 RNA, Anal-Rectal**
Pricing Message	Negotiated pricing on 91826 will be applied to code 92807.

HPV mRNA E6/E7, Rectal with Reflex to Genotypes, 16, 18/45	
Message	****This test is not available for New York patient testing.****
Clinical Significance	**The HPV mRNA E6/E7 test is used in conjunction with cytology to evaluate anal dysplasia.**
Effective Date	**5/18/2015**
Test Code	**92810**
CPT Codes	**87624**
Specimen Requirements	**Dacron swab in 3 mL (1.5 mL minimum) Liquid Cytology (PreservCyt®) Preservative (ThinPrep®)**
Instructions	**To collect an anal-rectal sample, a wet non-lubricated Dacron swab is used. The Dacron swab is inserted about 3 cm (or until resistance is met) into the anal canal past the anal verge, into the rectal vault. This is done without visualization of the anal canal. Firm lateral pressure is applied to the swab handle as it is rotated and slowly moved in and out. Slowly withdraw swab from the anal canal. Swish the swab vigorously in PreservCyt® fluid in the ThinPrep® vial. Discard the swab. Cap and tighten the ThinPrep® vial. Follow the same procedure if using a brush to collect an anal-rectal sample. Avoid using cotton swab on a wooden stick because the handle may break and splinter during collection. A swab that is grossly contaminated with feces should be discarded and the collection repeated.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 30 days** **Refrigerated: 28 days** **Frozen: Unacceptable**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 3-6 days**
Reference Range	**Not detected**
Methodology	**Transcription-Mediated Amplification**
Performing Site	**Focus Diagnostics, Inc.**

Interface Mapping	<table><tr><th>Result Code</th><th>Result Name</th></tr><tr><td>86010331</td><td>HPV mRNA E6/E7, Rectal</td></tr><tr><td colspan="2">***This is a true reflex. Please build the unit code below separately.*** ***Orderable Reflex: 92807 HPV Genotypes 16, 18/45, Rectal***</td></tr><tr><td>86012370</td><td>HPV 16 RNA, Anal-Rectal</td></tr><tr><td>86012371</td><td>HPV 18/45 RNA, Anal-Rectal</td></tr></table>
Additional Information	**If the HPV mRNA E6/E7, Rectal is "Detected", then the HPV Genotypes 16, 18/45, Anal-Rectal will be performed at an additional charge (CPT code: 87625).**
Pricing Message	Negotiated pricing on 91932 will be applied to code 92810.

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.*

CFvantage® Cystic Fibrosis Expanded Screen	
Effective Date	**5/4/2015**
Former Test Name	*CFvantage™ Cystic Fibrosis Expanded Screen*
Test Code	92068
Set-up/Analytic Time	**Set up: Tue, Thurs; Report available: 10 days**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

***Helicobacter pylori* Antibody Minimum Volume Changes**	
Effective Date	**5/4/2015**
Specimen Requirements	1 mL **(0.5 mL minimum)** serum
Performing Site	Focus Diagnostics, Inc.
Tests Affected	<table><tr><th>Test Codes:</th><th>Name:</th></tr><tr><td>20325</td><td>Helicobacter pylori Antibodies (IgG, IgA, IgM) (NY)</td></tr><tr><td>34123</td><td>Helicobacter pylori Antibody (IgM) (NY)</td></tr></table>

Vitamin D, 25-Hydroxy, Total, Immunoassay	
Revision Message!	**Please note: Message was removed as New York patient testing is now available effective 4/20/15**
Clinical Significance	**Measurement of serum 25-OH vitamin D concentrations provide a good index of circulating vitamin D activity in patients not suffering from renal disease. Lower than normal 25-OH vitamin D levels can result from a dietary deficiency, poor absorption of the vitamin or impaired metabolism of the sterol in the liver. A 25-OH vitamin D deficiency can lead to bone diseases such as rickets and osteomalacia. Above normal levels can lead to hypercalcemia.**
Effective Date	**5/4/2015**
Former Test Name	*QuestAssureD™ 25-Hydroxyvitamin D (D2, D3), LC/MS/MS*
Former Test Code	*3541*

Test Code	**17306**
Reject Criteria	Gross hemolysis; grossly lipemic; **plasma** **Remove all other reject criteria**
Instructions	**Remove collection instructions**
Specimen Stability	**Room temperature: 72 hours** **Refrigerated: 7 days** **Frozen: 60 days**
Reference Range	**Vitamin D,25-OH,Total,IA** — **30-100 ng/mL**
Always Message	**Vitamin D Status 25-OH Vitamin D:** **Deficiency: <20 ng/mL** **Insufficiency: 20 - 29 ng/mL** **Optimal: > or = 30 ng/mL** **For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs).**
Methodology	**Immunoassay**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Interface Mapping	**Result Code** / **Result Name** / **Unit of Measure** **55182715** / **Vitamin D,25-OH,Total,IA** / ng/mL
Additional Information	**Update Report Format** We are pleased to announce that effective May 4, 2015, we are able to improve the turnaround time for 25-hydroxyvitamin D (vitamin D) results to as fast as next day with an immunoassay test that does not compromise accuracy. This means more full requisition reporting without having to wait for vitamin D results to arrive separately. Quest Diagnostics is pleased to offer you an immunoassay for vitamin D in addition to the gold standard LC/MS/MS method we currently offer. The new immunoassay provides high quality quantitative results that are tied back to standards from the National Institute of Standards and Technology (NIST Standard Reference Material (SRM) 972). In addition, the new immunoassay test offered by Quest Diagnostics recently received CDC Vitamin D Standardization Certification Program. Effective May 4, the test order code 17306, currently applied to LC/MS/MS, will be transitioned to the immunoassay. LC/MS/MS testing will continue to be offered under test order code 92888 for patients > or = 3 years and 91935 for infants < 3 years of age.
Pricing Message	Negotiated pricing on 3541 will be applied to code 17306.

Cardio IQ® Vitamin D, 25-Hydroxy, LC/MS/MS	
Effective Date	**5/4/2015**
Test Code	91735
Reject Criteria	Gross hemolysis; grossly lipemic; heparinized or EDTA plasma; serum not separated from Serum Separator Tube gel or clot within 48 hours; **grossly icteric**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Interface Mapping	**Result Code** / **Result Name** / **Unit of Measure** **86012615** / Vitamin D, 25-OH, Total / ng/mL 55182720 / Vitamin D, 25-OH, D3 / ng/mL

	55182425	Vitamin D, 25-OH, D2	ng/mL

QuestAssureD™ 25-Hydroxy and 1,25-Dihydroxyvitamin D, LC/MS/MS	
Effective Date	**5/4/2015**
Test Code	16761
Reject Criteria	Gross hemolysis; grossly lipemic; heparinized or EDTA plasma; serum not separated from serum separator tube gel or clot within 48 hours; **grossly icteric**
Instructions	**Fasting preferred, but not required.** **Collect blood in a standard red-top serum Vacutainer® tube. Allow blood to clot at room temperature. Centrifuge and separate the serum from the cells immediately.** **Alternatively, collect blood in a serum separator tube, allow to clot at room temperature. Centrifuge and remove from the gel within 48 hours.**
Always Message	92888: **25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are > or = 30 ng/mL.** 16558: This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia. Performance characteristics refer to the analytical performance of the test.
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Interface Mapping	**Result Code** / **Result Name** / **Unit of Measure** **86012615** / **Vitamin D, 25-OH, Total** / **ng/mL** **55182720** / **Vitamin D, 25-OH, D3** / **ng/mL** **55182425** / **Vitamin D, 25-OH, D2** / **ng/mL** 86003320 / Vitamin D, 1,25 (OH)2, Total / pg/mL 86003321 / Vitamin D3, 1,25 (OH)2 / pg/mL 86003322 / Vitamin D2, 1,25 (OH)2 / pg/mL
Additional Information	**Update report format. Removing test code 17306 - Vitamin D, 25-Hydroxy, Total, Immunoassay and replacing with test code 92888 - QuestAssureD™ 25-Hydroxyvitamin D (D2, D3), LC/MS/MS.**

Aldosterone, 24-Hour Urine	
Clinical Significance	**Aldosterone is a hormone produced by the adrenal glands. Patients with primary hyperaldosteronism exhibit hypokalemia, hypertension, and low direct renin concentrations.**
Effective Date	**5/11/2015**
Test Code	19552
Specimen Requirements	Preferred: 5 mL (0.8 mL minimum) 24-hour urine collected in a 24-hour container **Acceptable:** 24-hour urine **collected in a 10 g Boric acid container** or Random urine (reference ranges do not apply) **collected in a no preservative container**
Reject Criteria	**Urine collected with HCl** **Remove: received room temperature**
Instructions	Record 24-hour urine volume on test request form and urine vial. Refrigerate during and after collection.

	Reference ranges do not apply to random urine samples.
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 28 days** **Frozen: 21 days**
Reference Range	**Aldosterone, Urine** **Random Sodium Diet** **Age** — **mcg/24 hours** **2-7 years:** — **5.7 or less** **8-11 years:** — **10.2 or less** **12-16 years:** — **15.6 or less** **Adults:** — **2.3-21.0** **Post FLORINEF™ or IV saline suppression:** — **5 mcg/24 hours or less** Creatinine, 24-Hour Urine Age — g/24 hours 3-8 years: — 0.11-0.68 9-12 years: — 0.17-1.41 13-17 years: — 0.29-1.87 Adults: — 0.63-2.50
Methodology	Hydrolysis; Extraction; **Liquid Chromatography Tandem Mass Spectrometry**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

***Borrelia hermsii* Antibody Panel, IFA**	
Clinical Significance	***Borrelia hermsii* is a cause of American tick-borne relapsing fever in the Western United States. Single IgG titers of 1:64 and greater against *Borrelia hermsii* are considered presumptive evidence of infection by *Borrelia*. A fourfold or greater change in titer between acute and convalescent sera provides evidence of recent or current infection. Acute sera generally show specific IgM titers > or = 1:16 while patients with manifestations of later stages of disease display elevated IgG titers only. Cross reactivity is shown with other *Borrelia* species and *Treponema*; therefore, positive specimens should be assayed in parallel against these antigens when possible to identify the specific species causing infection.**
Effective Date	**5/11/2015**
Former Test Code	*S49884*
Test Code	**34690**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** Refrigerated: 14 days **Frozen: 30 days**
Set-up/Analytic Time	Set up: Fri; **Report available: 1-7 days**
Methodology	**Immunoassay**
Performing Site	Focus Diagnostics, Inc.
Interface Mapping	**Result Code** — **Result Name**

	85977650 — **Borrelia hermsii Ab (IgG)** **85977660** — **Borrelia hermsii Ab (IgM)** **85977670** — Interpretation
Pricing Message	Negotiated pricing on S49884 will be applied to code 34690.

Coenzyme Q10	
Effective Date	**5/11/2015**
Former Test Code	*7534*
Test Code	**19826**
Specimen Requirements	**1 mL (0.5 mL minimum)** frozen serum
Reject Criteria	**Samples not protected from light.** **Remove: received room temperature and received refrigerated**
Instructions	**Patient should fast 8-12 hours before collection. Patient may have water. It is not necessary to discontinue nutritional supplements before this test.** **Send serum in an amber vial or wrap a clear, plastic screw-cap vial in foil. Protect from light. Freeze and ship frozen.**
Set-up/Analytic Time	**Set up: Tues, Thurs, Sat; Report available: 2-5 days**
Reference Range	0.44-1.64 mg/L **Remove: Therapeutic Range recommended for cardiovascular disease: > 2.50 mg/L Detection limit: 0.10 mg/L .**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Interface Mapping	**Result Code** — **Result Name** **86004741** — Coenzyme Q10
Pricing Message	Negotiated pricing on 7534 will be applied to code 19826.

Hemoglobin, Free, Plasma	
Clinical Significance	**The presence of free hemoglobin in plasma is an indication of intravascular hemolysis resulting from numerous conditions, among which include paroxysmal nocturnal hemoglobinuria (PNH), sickle-cell disease (SCD), thalassemias, hereditary spherocytosis, microangiopathic hemolytic anemias, pyruvate kinase deficiency, ABO mismatch transfusion reaction, cardiopulmonary bypass or mechanical heart valve-induced anemia.** **Reference: JAMA. 2005;293(13):1653-1662**
Effective Date	**5/11/2015**
Test Code	514
Instructions	**Centrifuge plasma within 1 hour of collection. Transfer the plasma to a sterile, plastic, screw-cap vial, and send refrigerated to the laboratory. Do not freeze specimen.**
Specimen Stability	Room temperature: 24 hours Refrigerated: 7 days **Frozen: Unacceptable**
Set-up/Analytic Time	Set up: Mon-Fri; **Report available: Next day**
Reference Range	**0.0-8.3 mg/dL**
Methodology	**Colorimetric**

Performing Site	Quest Diagnostics Nichols Institute, Chantilly

Lymphocytic Choriomeningitis (LCM) Virus Antibody, IFA, Serum	
Clinical Significance	**Antibody to LCM is often detectable within a few days of clinical symptoms. An elevated IgM titer provides a rapid diagnosis of recent or current infection. A four-fold rise in IgG titer between acute and convalescent specimens is also considered diagnostic of recent infection.**
Effective Date	**5/11/2015**
Former Test Name	*Lymphocytic Choriomeningitis Virus IgG, IgM*
Former Test Code	*S49006*
Test Code	**34345**
Specimen Requirements	**0.5 mL (0.2 mL minimum)** serum **Plasma is no longer acceptable**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**
Methodology	**Immunoassay**
Performing Site	Focus Diagnostics, Inc.
Interface Mapping	**Result Code** / **Result Name** **85966750** / **LCM Ab (IgG)** **85966760** / **LCM Ab (IgM)** **85966770** / Interpretation
Pricing Message	Negotiated pricing on S49006 will be applied to code 34345.

Norovirus RNA, Qualitative Real-Time PCR	
Message	*** This test is not available for New York patient testing *****
Clinical Significance	**Reverse Transcription PCR (RT-PCR) assays are widely used for the rapid and sensitive detection of noroviruses in biological specimens.**
Effective Date	**5/11/2015**
Former Test Name	*Norovirus RNA, RT-PCR*
Former Test Code	*S51232*
Test Code	**19098**
Specimen Requirements	1 g **(0.5 g minimum) frozen stool collected in sterile, leak-proof container**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated: 7 days** Frozen: 30 days
Set-up/Analytic Time	**Set up: Mon-Sat; Report available: 1-3 days**
Methodology	**Reverse-Transcription Real-Time Polymerase Chain Reaction**
Performing Site	Focus Diagnostics, Inc.
Interface Mapping	**Result Code** / **Result Name**

	86006326 — **Norovirus RNA, QL PCR**
Pricing Message	Negotiated pricing on S51232 will be applied to code 19098.

OncoVantage™	
Clinical Significance	This multiplex panel will allow physicians to choose the most appropriate therapy for their patients based on the alterations found in the individual's tumor sample DNA. Guidelines exist for using results from many of these genes for selection of FDA approved therapies. By testing for other genes the physician can become aware of alternative treatments available to the patient based on presence of mutations in other genes the physicians might not have considered. Additional genes indicate prognosis of those patients with mutations, thus allowing physicians and patients to choose more or less aggressive therapies. Finally, mutations found in additional genes will qualify patients for ongoing or planned clinical trials. **OncoVantage™ genes tested: AKT1, ALK, BRAF, CTNNB1, DDR2, EGFR, ERBB2, ERBB4, FBXW7, FGFR2, FGFR3, FGFR4, FOXL2, ESR1, VHL, GNAS, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MET, NOTCH1, NRAS, PDGFRA, PIK3CA, PIK3R1, PTCH1, PTEN, RET, SMO, STK11, TP53.**
Effective Date	**5/11/2015**
Test Code	91919
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano

Varicella-Zoster Virus (VZV) Antibodies (Total, IgM), ACIF/IFA, CSF	
Effective Date	**5/11/2015**
Former Test Name	*Varicella-Zoster Virus (VZV) Ab (Total, IgM), ACIF/IFA, CSF*
Former Test Code	*61025*
Test Code	**34972**
Specimen Requirements	**0.5 mL (0.2 mL minimum) CSF collected in a sterile, leak-proof container**
Transport Temperature	**Room temperature**
Performing Site	Focus Diagnostics, Inc.
Interface Mapping	**Result Code** — **Result Name** **85974670** — **VZV Ab, Total, ACIF** **85974680** — **VZV Ab (IgM), IFA** **85974690** — Interpretation
Pricing Message	Negotiated pricing on 61025 will be applied to code 34972.

CA 19-9	
Clinical Significance	**A large percentage of patients with gastrointestinal tumors (such as pancreatic, liver, gastric, colorectal tumors) and some other malignancies have been shown to have elevated serum CA 19-9 levels. Serum CA 19-9 levels may be useful for monitoring disease activity or predicting relapse following treatment. CA 19-9 should not be used as a screening test.**
Effective Date	**5/18/2015**
Former Test Code	*3120*
Test Code	**4698**
Reject Criteria	**Remove reject criteria information**

Instructions	**Remove collection instruction information**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Interface Mapping	**Result Code** / **Result Name** / **Unit of Measure**: **55050515** / CA 19-9 / U/mL
Pricing Message	Negotiated pricing on 3120 will be applied to code 4698.

CA 19-9 w/Serial Reporting	
Clinical Significance	**A large percentage of patients with gastrointestinal tumors (such as pancreatic, liver, gastric, colorectal tumors) and some other malignancies have been shown to have elevated serum CA 19-9 levels. Serum CA 19-9 levels may be useful for monitoring disease activity or predicting relapse following treatment. CA 19-9 should not be used as a screening test.** **For serial graphic reporting, please provide the patient's Social Security Number.**
Effective Date	**5/18/2015**
Test Code	3120SR
Reject Criteria	**Remove reject criteria information**
Instructions	**Remove collection instruction information**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Interface Mapping	**Result Code** / **Result Name** / **Unit of Measure**: **55050515** / CA 19-9 / U/mL

Discontinued Tests

Adenosine Deaminase	
Effective Date	**5/11/2015**
Test Code	3131
Additional Information	The recommended alternative is 38409- Adenosine Deaminase, Blood, performed at Quest Diagnostics Nichols Institute, Chantilly.
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.

Serotonin Release Assay (SRA), Fondaparinux	
Effective Date	**5/11/2015**
Test Code	16285
Additional Information	There is no recommended alternative.

New York Patient Testing Update

Fetal Hemoglobin, Amniotic Fluid	
Message	***This test is not available for New York patient testing. For New York patient testing use new test code**

	10232 -Fetal Hemoglobin, Amniotic Fluid (NY)**
Effective Date	**5/11/2015**
Test Code	S48614, A51223

Test Send Out (Referrals)

Fluorocarbons (22, 113) Panel, Blood	
Effective Date	**5/4/2015**
Former Test Name	*Fluorocarbons (11, 12, 22, 113) Panel, Blood*
Former Test Code	*S52582*
Test Code	**92975**
Specimen Requirements	2 mL **(0.7 mL minimum)** whole blood collected in an EDTA (lavender-top) tube
Instructions	**Ensure that container remains tightly sealed**
Transport Temperature	**Refrigerated**
Interface Mapping	

Result Code	Result Name	Unit of Measure
86013140	Chlorodifluoromethane	mcg/mL
86013141	Trichlorotrifluoroethane	mcg/mL