Revision Message!
Please note: The announcement to transfer TC 18831 - TPMT Activity to Quest Diagnostics Nichols Institute, Valencia on 9/8/2014 has been removed from this communication. The testing will continue to be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.

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 #
91568	**HIV-1 IgG Antibody, WB (CSF)**	9/15/2014	2
92145	**Cardio IQ® Advanced Lipid Panel**	11/3/2014	3

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 #
9620		Nuclear Matrix Proteins (NMP)	6/25/2014	5
34838	2443	***Helicobacter pylori* Antigen, EIA, Stool**	9/8/2014	5
34188	1931	IgA Subclasses	9/8/2014	6
7573X	3534	**Iron and Total Iron Binding Capacity**	9/8/2014	6
571	3532	Iron, Total	9/8/2014	7
3247		Testosterone, Free	9/8/2014	8
1347		Alanine Aminotransferase (ALT)	9/15/2014	8
3930		Alkaline Phosphatase	9/15/2014	9
3996		Alkaline Phosphatase Isoenzymes	9/15/2014	9
29498	3974	Alkaline Phosphatase, Bone Specific	9/15/2014	9
822		AST (Aspartate Aminotransferase)	9/15/2014	10
5300		Carbon Dioxide	9/15/2014	10
5317		Comprehensive Metabolic Panel	9/15/2014	10
CQLIR		CQLIR Alkaline Phosphatase Isoenzymes	9/15/2014	11
1322		Creatinine Clearance	9/15/2014	11
P3895N		Custom Path Lab Max Profile	9/15/2014	11
3934		Fructosamine	9/15/2014	12
5302		Gamma Glutamyl Transferase (GGT)	9/15/2014	12
90915	S51378	Glycogen Storage Disease Type Ia Mutation Analysis (Ashkenazi Jewish)	9/15/2014	12
502		Haptoglobin	9/15/2014	13
5318		Hepatic Function Panel	9/15/2014	13
3452		LD	9/15/2014	13
8593	7711B	**Lyme Disease Antibodies (IgG, IgM) Immunoblot**	9/15/2014	13

The CPT Codes provided in this document 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 coding to the payor being billed. Any Profile/panel component may be ordered separately. Reflex tests are performed at an additional charge.

7711		**Lyme Disease Antibodies (IgG, IgM) Immunoblot w/o Bands**	9/15/2014	14
29477	7712BNY	Lyme Disease Antibody (IgG), Immunoblot	9/15/2014	14
7714BNY		**Lyme Disease Antibody (IgM) Immunoblot**	9/15/2014	15
90909	S51386	Maple Syrup Disease (MSUD) Mutation Analysis (Ashkenazi Jewish)	9/15/2014	16
34256	8820	Measles Antibody (IgM)	9/15/2014	16
3605		Pernicious Anemia Evaluatr w/Reflex	9/15/2014	17
5308		Phosphate (Phosphorus)	9/15/2014	17
14994	S50330	**PML-RARA t(15;17), Quantitative RT-PCR**	9/15/2014	17
1324		Protein, Total, Serum	9/15/2014	18
5314		Renal Function Panel	9/15/2014	19
91745		Thiopurine Metabolites	9/15/2014	19
899	3250	TSH	9/15/2014	19
90123		Chronic Urticaria Panel 2	9/15/2014	20
1310		Uric Acid	9/15/2014	20

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 #
P2	Echinococcus (p2) IgE	9/8/2014	21
S50504	Antiviral Susceptibility, Acyclovir	9/15/2014	21
S50566	Antiviral Susceptibility, Foscarnet	9/15/2014	21
	Borrelia Burgdorferi IgG & IgM ABS IB + Bands	9/15/2014	21
1517	Haptoglobin	9/15/2014	21
3012T	HIV-1 ABS [WB] (Blood Bank)	9/15/2014	21
3012C	HIV-1 ABS CSF [WB]	9/15/2014	21
9928	HIV-1/HIV-2 ABS w/Reflex WB & Hepatitis B Virus w/Neutral	9/15/2014	22
8771	Measles IgG & IgM ABS	9/15/2014	22
8781	Measles IgM ABS	9/15/2014	22
2104T	Treponema Pallidum Total ABS [Blood Bank]	9/15/2014	22
S50365	VAP Cholesterol Test	11/3/2014	22

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 #
S52326	Chikungunya Virus RNA, Qualitative Real-Time PCR	23

New Test Offerings

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

HIV-1 IgG Antibody, WB (CSF)	
Message	***** This test is not available for New York patient testing *****
Clinical Significance	**Detection of intrathecally-produced organism-specific antibodies in CSF indicates central nervous system infection. However, serum levels of organism-specific antibodies, blood-brain barrier integrity, and possible CSF contamination by blood should be considered when assessing CSF results. This assay is intended for specimens testing positive in a screening assay for HIV 1/2 antibodies.**
Effective Date	**9/15/2014**
Test Code	**91568**
CPT Codes	**86689**
Specimen Requirements	**1 mL (0.25 mL minimum) CSF collected in a plastic leak-proof container**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature: 7 Days Refrigerated: 14 Days Frozen: 30 Days**
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 1-4 days**
Methodology	**Western Blot**
Performing Site	**Focus Diagnostics, Inc.**
CPU Mappings	**Result Code: Result Name** **86009295: HIV-1 IgG Antibody,WB(CSF)** **86009303: Bands Present**

Cardio IQ® Advanced Lipid Panel	
Message	***Includes: Cardio IQ(R) Cholesterol, Total * Cardio IQ(R) HDL Cholesterol * Cardio IQ(R) Triglycerides * Cardio IQ(R) Non-HDL and Calculated Components * Cardio IQ(R) Lipoprotein Fractionation, Ion Mobility * Cardio IQ(R) Apolipoprotein B * Cardio IQ(R) Lipoprotein (a)***
Clinical Significance	**The advanced lipid profile provides a more comprehensive assessment of dyslipidemia and cardiovascular risk than standard lipid panel measurements.**
Effective Date	**11/3/2014**
Test Code	**92145**
CPT Codes	**80061, 83704, 82172, 83695**
Specimen Requirements	**4 mL (2 mL minimum) serum**
Reject Criteria	**Gross hemolysis; moderately icteric; grossly icteric**
Instructions	**Only serum is acceptable**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 24 hours Refrigerated: 5 days Frozen: 15 days**
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 3-6 days**

Reference Range	**Accompanies Report**
Methodology	**Enzymatic, Spectrophotometric, Ion Mobility, Fixed Rate Nephelometry, Immunoturbidometric**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
CPU Mappings	

92145-1-Cardio IQ® Cholesterol, Total		
Reporting Title: CARDIO IQ(R) LIPID PANEL		
Result Code	**Result Name**	**Unit of Measure**
25003000	**Cholesterol, Total**	**mg/dL**
92145-2-Cardio IQ® HDL Cholesterol		
Result Code	**Result Name**	**Unit of Measure**
25015900	**HDL Cholesterol**	**mg/dL**
92145-3-Cardio IQ® Triglycerides		
Result Code	**Result Name**	**Unit of Measure**
25002900	**Triglycerides**	**mg/dL**
92145-4-Cardio IQ® Non-HDL and Calculated Components		
Result Code	**Result Name**	**Unit of Measure**
25016900	**LDL Chol, Calculated**	**mg/dL**
25017000	**Cholesterol/HDL Ratio**	**calc**
25017210	**Non-HDL Cholesterol**	**mg/dL**
***TR 92145-5-Cardio IQ® Direct LDL**		
Reporting Title: CARDIO IQ(R) DIRECT LDL		
Result Code	**Result Name**	**Unit of Measure**
25008600	**Direct LDL**	**mg/dL**
92145-6-Cardio IQ® Lipoprotein Fractionation, Ion Mobility		
Reporting Title: LIPO FRACT, ION MOBILITY		
Result Code	**Result Name**	**Unit of Measure**
86002760	**LDL Particle Number**	**nmol/L**
86009431	**LDL Small**	**nmol/L**
86009433	**LDL Medium**	**nmol/L**
86006295	**HDL Large**	**nmol/L**
86002762	**LDL Pattern**	**Pattern**
86002761	**LDL Peak Size**	**Angstrom**
92145-7-Cardio IQ® Apolipoprotein B		
Result Code	**Result Name**	**Unit of Measure**
50057700	**Apolipoprotein B**	**mg/dL**
92145-8-Cardio IQ® Lipoprotein (a)		

	<table><tr><th>Result Code</th><th>Result Name</th><th>Unit of Measure</th></tr><tr><td>25024000</td><td>Lipoprotein (a)</td><td>nmol/L</td></tr><tr><td colspan="3">*TR (True Reflex) Flag CPU interface clients: If you are set up to use our True Reflexing option build the unit codes with the TR flag (indicated above) separately.</td></tr></table>
Additional Information	**If Triglyceride is >400 mg/dL, then Cardio IQ® Direct LDL will be performed at an additional charge (CPT code(s): 83721).**

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.*

Nuclear Matrix Proteins (NMP)	
Effective Date	**6/25/2014**
Test Code	9620
Set-up/Analytic Time	**Set up: Wed; Report available: 8 days**

***Helicobacter pylori* Antigen, EIA, Stool**	
Clinical Significance	**Colonization with *H. pylori* is associated with increased risk of patients developing gastritis, peptic ulcer disease, and gastric adenocarcinoma.** **Stool antigen testing provides a sensitive measure of infection including during and after treatment.**
Effective Date	**9/8/2014**
Former Test Name	*Helicobacter pylori Antigen Stool*
Former Test Code	*2443*
Test Code	**34838**
Specimen Requirements	**0.5 mL or 0.5 grams (0.5 mL or 0.5 grams minimum) semi-solid stool or 20 mm diameter solid stool in a plastic, leak-proof container**
Reject Criteria	**Watery, diarrheal stool; Stool in preservative; transport media or swab** **Remove received room temperature**
Instructions	**Patient preparation:** **For initial diagnostic purposes no special patient preparation is required. Patients are not required to be off of medications or to fast before this test. While positive test results from patients taking agents such as proton pump inhibitors and antimicrobials should be considered accurate, false negative results may be obtained. For this reason, physicians may suggest the patient go off medications for two weeks and repeat test if negative results are obtained. To confirm eradication, testing should be done at least 4 weeks following the completion of treatment. However, a positive test result 7 days post therapy is indicative of treatment failure. This test is cleared for use with specimens from pediatric patients.** **Collect 0.5 mL or 0.5 grams of semi-solid stool or 20 mm diameter solid stool and transfer to properly labeled plastic, leak-proof container. Do not place stool in preservative, transport media or swab. Watery, diarrheal stool is not acceptable.**
Transport Temperature	**Frozen**
Specimen Stability	Room temperature: Unacceptable Refrigerated: 72 hours **Frozen: 30 days**

Set-up/Analytic Time	**Set up: Daily; Report available: 1-4 days**
Reference Range	**Not detected**
Always Message	**Antimicrobials, proton pump inhibitors, and bismuth preparations inhibit *H. pylori* and ingestion up to two weeks prior to testing may cause false negative results. If clinically indicated the test should be repeated on a new specimen obtained two weeks after discontinuing treatment.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	**Result Code**: **85984320** — **Result Name**: **H. pylori Antigen**
Additional Information	Pricing Message: Negotiated pricing on 2443 will be applied to code 34838.

IgA Subclasses	
Clinical Significance	**IgA1 constitutes approximately 80% of the circulating IgA. IgA nephropathy is typically due to IgA1. IgA2 predominates in secretions of some mucosal surfaces. IgA2 concentrations may be useful as an index of mucosal pathology. Subclass deficiency is associated with anaphylactic transfusion reactions.**
Effective Date	**9/8/2014**
Former Test Code	*1931*
Test Code	**34188**
CPT Codes	**82784, 82787(x2)**
Specimen Requirements	**2 mL (1 mL minimum) serum**
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 6 hours** **Refrigerated: 14 days** **Frozen: 90 days**
Set-up/Analytic Time	**Set up: Mon; Report available: 3 days**
Reference Range	

	6-11 months	1 year	2 years	3 years	4-7 years	8-11 years	12-17 years	> or = 18 years
IgA1 (mg/dL):	1-115	3-120	7-132	11-143	23-175	33-204	47-249	46-378
IgA2 (mg/dL):	0-19	0-23	1-23	1-25	2-33	2-37	4-50	13-91
IgA, Serum (mg/dL):	3-101	6-112	11-134	16-155	31-214	43-268	65-356	81-463

Methodology	**Nephelometry**
Performing Site	**This test previously performed at Quest Diagnostics Nichols Institute, Valencia will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.**
CPU Mappings	

Result Code	Result Name	Unit of Measure
85984440	IgA1	mg/dL
85984441	IgA2	mg/dL
85984442	IgA, Serum	mg/dL

Additional Information	Pricing Message: Negotiated pricing on 1931 will be applied to code 34188.

Iron and Total Iron Binding Capacity

Effective Date	**9/8/2014**
Former Test Name	*Iron Binding Capacity Plus % Saturation*
Former Test Code	*3534*
Test Code	**7573X**
Specimen Requirements	Preferred: 1 mL (0.5 mL minimum) serum **Acceptable:** **Plasma collected in a sodium heparin (green-top) or lithium heparin (green-top) tube**
Reject Criteria	**Moderate** hemolysis**; anticoagulants other than heparin** **Remove plasma**
Reference Range	

Iron, Total

	Male (mcg/dL)	Female (mcg/dL)
<1 Month	32-112	29-127
1-11 Months	27-109	25-126
1-3 Years	29-91	25-101
4-19 Years	27-164	27-164
20-29 Years	**50-195**	
> or = 30 Years	**50-180**	
20-49 Years		**40-190**
> or = 50 Years		**45-160**

Iron Binding Capacity	No change to current ranges

% Saturation

	Male (%)	Female (%)
<1 Year	Not Established	Not Established
1-12 Years	8-48	8-45
13-19 Years	9-52	8-45
> or = 20 Years	**15-60**	**11-50**

Performing Site	Quest Diagnostics Nichols Institute, Valencia

CPU Mappings

Result Code	**Result Name**	**Unit of Measure**
25002700	**Iron Binding Capacity**	**mcg/dL**

25002600	**Iron, Total**	**mcg/dL**
25002800	**% Saturation**	**%**

Tests Affected

Test Codes:	Name:
3535	Iron Status MonitR

Iron, Total	
Effective Date	**9/8/2014**
Former Test Code	*3532*
Test Code	**571**
Specimen Requirements	Preferred: 1 mL (0.5 mL minimum) serum **Acceptable:** **Plasma collected in a sodium heparin (green-top) or lithium heparin (green-top) tube**
Reject Criteria	**Anticoagulants other than heparin** **Remove plasma and gross hemolysis**

Reference Range

	Male (mcg/dL)	Female (mcg/dL)
<1 Month	32-112	29-127
1-11 Months	27-109	25-126
1-3 Years	29-91	25-101
4-19 Years	27-164	27-164
20-29 Years	**50-195**	
> or = 30 Years	**50-180**	
20-49 Years		**40-190**
> or = 50 Years		**45-160**

Performing Site	Quest Diagnostics Nichols Institute, Valencia

CPU Mappings

Result Code	Result Name	Unit of Measure
25002600	**Iron, Total**	**mcg/dL**

Testosterone, Free	
Effective Date	**9/8/2014**
Test Code	3247
Reject Criteria	**Hemolysis; icteria; lipemia**
Transport Temperature	**Frozen**

Specimen Stability	Room temperature: Unacceptable **Refrigerated: 24 hours** **Frozen: 60 days**
Reference Range	**Males:** **20-50 years** **0.87-5.47 ng/dL** **Females:** **Normal** **0.03-0.32 ng/dL** **Follicular Phase** **0.05-0.32 ng/dL** **Luteal Phase** **0.05-0.25 ng/dL** **Oral Contraceptive** **0.06-0.20 ng/dL** **Post Menopausal** **0.03-0.17 ng/dL**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Alanine Aminotransferase (ALT)	
Effective Date	**9/15/2014**
Test Code	1347
Reject Criteria	**Moderate or grossly lipemic samples**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Alkaline Phosphatase	
Effective Date	**9/15/2014**
Test Code	3930
Specimen Requirements	**Remove: Avoid hemolysis**
Reject Criteria	**Remove: Grossly hemolyzed specimens will be rejected**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Alkaline Phosphatase Isoenzymes	
Effective Date	**9/15/2014**
Test Code	3996
Specimen Requirements	**Remove: Avoid hemolysis**
Reject Criteria	**Remove: Grossly hemolyzed specimens will be rejected**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Alkaline Phosphatase, Bone Specific	
Effective Date	**9/15/2014**
Former Test Code	*3974*
Test Code	**29498**
Specimen Requirements	1 mL **(0.3 mL minimum)** serum

Reject Criteria	**Non-serum samples; grossly lipemic samples; grossly icteric samples; grossly hemolyzed samples**
Instructions	**Allow serum samples to clot completely before centrifugation.**
Transport Temperature	**Room temperature**
Specimen Stability	**Room temperature and Refrigerated: 7 days** Frozen: 60 days
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 3-6 days**

Reference Range

	Males (mcg/L)	Females (mcg/L)
2-24 months:**	**25.4-124.0**	**25.4-124.0**
6-9 years:	**41.0-134.6**	**41.0-134.6**
10-13 years:	**43.8-177.4**	**24.2-154.2**
14-17 years:	**13.7-128.0**	**10.5-75.2**
**** Pediatric data from Int J Biol Markers (1996) 11:159-164.**		
18-29 years:	**8.4-29.3**	**4.7-17.8**
30-39 years:	**7.7-21.3**	**5.3-19.5**
40-49 years:	**7.0-18.3**	**5.0-18.8**
50-68 years:	**7.6-14.9**	
50-76 years:		**5.6-29.0**
>68 years:	**Not established for this age group**	
>76 years:		**Not established for this age group**
Premenopausal (35-45 years):		**5.0-18.2**

Methodology	**Immunoenzymatic**
Performing Site	**This test previously performed at Quest Diagnostics Nichols Institute, Valencia will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano.**

CPU Mappings

Result Code	Result Name	Unit of Measure
85986740	**Bone Specific**	**mcg/L**

AST (Aspartate Aminotransferase)	
Effective Date	**9/15/2014**
Test Code	822
Reject Criteria	**Moderate hemolysis; gross hemolysis**

Specimen Stability

Serum:	Room temperature: 4 days Refrigerated: 7 days Frozen: 5 days
Plasma:	Room temperature: 4 days Refrigerated: 7 days **Frozen: 5 days**

Performing Site	Quest Diagnostics Nichols Institute, Valencia

Carbon Dioxide	
Effective Date	**9/15/2014**
Test Code	5300
Reference Range	Bicarbonate: 19-30 mmol/L **High Altitude Reference Intervals (>4000 Ft): 17 - 28 mmol/L**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	**Test Codes:** / **Name:** 5316 / Electrolyte Panel 5315 / Metabolic Panel, Basic

Comprehensive Metabolic Panel	
Effective Date	**9/15/2014**
Test Code	5317
Specimen Requirements	**Remove: Avoid hemolysis**
Reject Criteria	**Moderate or grossly lipemic samples; moderate or gross hemolysis**
Specimen Stability	Serum: Room temperature: 4 days; Refrigerated: 7 days; Frozen: 5 days Plasma: Room temperature: 4 days; Refrigerated: 7 days; **Frozen: 5 days**
Reference Range	Bicarbonate: 19-30 mmol/L **High Altitude Reference Intervals (>4000 Ft): 17 - 28 mmol/L**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

CQLIR Alkaline Phosphatase Isoenzymes	
Effective Date	**9/15/2014**
Test Code	CQLIR
Specimen Requirements	**Remove: Avoid hemolysis**
Reject Criteria	**Remove: Grossly hemolyzed specimens will be rejected**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Creatinine Clearance	
Effective Date	**9/15/2014**
Test Code	1322

Instructions	**Please specify on the request form if the sample is a 24-hour urine or a timed urine (not 24-hour). Please indicate the total urine volume and the start and end time of collection on the request form.** **Remove any reference to random urine.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Custom Path Lab Max Profile	
Effective Date	**9/15/2014**
Test Code	P3895N
Reject Criteria	**Moderate or grossly lipemic; hemolysis**
Specimen Stability	Serum: Room temperature: 4 days; Refrigerated: 7 days; Frozen: 5 days Plasma: Room temperature: 4 days; Refrigerated: 7 days; **Frozen: 5 days**
Reference Range	**Phosphate (Phosphorus):**

Age	Males (mg/dL)	Females (mg/dL)
0-6 days:	4.0-9.0	4.0-9.0
7 days-2 years:	4.0-8.0	4.0-8.0
3-12 years:	3.0-6.0	3.0-6.0
13-64 years:	2.5-4.5	2.5-4.5
>64 years:	2.1-4.3	2.1-4.3
Not Provided:	**2.5-4.5**	**2.5-4.5**

Carbon Dioxide:
Bicarbonate: 19-30 mmol/L
High Altitude Reference Intervals (>4000 Ft): 17 - 28 mmol/L

Performing Site	Quest Diagnostics Nichols Institute, Valencia

Fructosamine	
Clinical Significance	**Fructosamine reflects intermediate glycemic control (over 1-2 weeks). Testing is often used to complement glucose (immediate glycemic control) and hemoglobin A1c testing (long-term glycemic control).**
Effective Date	**9/15/2014**
Test Code	3934
Reject Criteria	Moderate hemolysis; gross hemolysis; gross icteric; **any anticoagulant other than EDTA or heparin; whole blood** **Remove: moderate icteric**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Gamma Glutamyl Transferase (GGT)

Effective Date	**9/15/2014**
Test Code	5302
Reject Criteria	**Remove: Grossly hemolyzed specimens will be rejected**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Glycogen Storage Disease Type Ia Mutation Analysis (Ashkenazi Jewish)	
Message	****This test is available for New York patient testing.****
Effective Date	**9/15/2014**
Former Test Code	*S51378*
Test Code	**90915**
CPT Codes	**81250**
Methodology	Polymerase Chain Reaction, **Allele specific primer extension, fluorescent detection using color coded microspheres**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	

Result Code	Type	Result Name
86008273		Glycogen Storage Disease
86007538	Prompt-Result (no return)	Referring Physician:
86007542	Prompt-Result (no return)	**Physician Phone #:**

Haptoglobin	
Effective Date	**9/15/2014**
Test Code	502
Reject Criteria	Gross hemolysis; gross lipemia; **plasma**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Hepatic Function Panel	
Effective Date	**9/15/2014**
Test Code	5318
Reject Criteria	**Moderately or grossly lipemic samples; gross hemolysis** **Remove: icteric specimens**
Instructions	1 mL serum separated within 1 hr of collection **Remove: avoid hemolysis**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

LD	
Effective Date	**9/15/2014**

Test Code	3452
Reject Criteria	**Hemolysis**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Lyme Disease Antibodies (IgG, IgM) Immunoblot	
Message	****This test is approved for New York patient testing****
Clinical Significance	**Lyme disease is transmitted by a tick vector carrying Borrelia burgdorferi. Immunoblot testing qualitatively examines, with high specificity, antibodies in a patient's specimen. Immunoblot testing is appropriate for confirming a detected EIA or IFA test result.**
Effective Date	**9/15/2014**
Former Test Name	*BORRELIA BURGDORFERI IGG & IGM ABS IB + BANDS [CDC CRITERIA]*
Former Test Code	*7711B*
Test Code	**8593**
Reject Criteria	**Gross hemolysis**
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Daily; Report available: 1-3 days**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name
45059500	**Lyme Disease Ab (IgG),Blot**
45059600	**18 kD (IgG) Band**
45059700	**23 kD (IgG) Band**
45059800	**28 kD (IgG) Band**
45059900	**30 kD (IgG) Band**
45061300	**39 kD (IgG) Band**
45061400	**41 kD (IgG) Band**
45060500	**45 kD (IgG) Band**
45060600	**58 kD (IgG) Band**
45060700	**66 kD (IgG) Band**
45060800	**93 kD (IgG) Band**
45060900	**Lyme Disease Ab (IgM),Blot**
45061500	**23 kD (IgM) Band**
45061600	**39 kD (IgM) Band**
45061200	**41 kD (IgM) Band**

Lyme Disease Antibodies (IgG, IgM) Immunoblot w/o Bands

Message	***This test is approved for New York patient testing****
Clinical Significance	**Lyme disease is transmitted by a tick vector carrying Borrelia burgdorferi. Immunoblot testing qualitatively examines, with high specificity, antibodies in a patient's specimen. Immunoblot testing is appropriate for confirming a detected EIA or IFA test result.**
Effective Date	**9/15/2014**
Former Test Name	*BORRELIA BURGDORFERI IGG & IGM ABS IB [CDC CRITERIA]*
Test Code	7711
Reject Criteria	**Gross hemolysis**
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Daily; Report available: 1-3 days**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name
45059500	**Lyme Disease Ab (IgG),Blot**
45060900	**Lyme Disease Ab (IgM),Blot**

Lyme Disease Antibody (IgG), Immunoblot	
Clinical Significance	**Lyme disease is transmitted by a tick vector carrying Borrelia burgdorferi. Immunoblot testing qualitatively examines, with high specificity, antibodies in a patient's specimen. Immunoblot testing is appropriate for confirming a detected EIA or IFA test result.**
Effective Date	**9/15/2014**
Former Test Name	*BORRELIA BURGDORFERI IGG ABS IB + BANDS [NY]*
Former Test Code	*7712BNY*
Test Code	**29477**
Reject Criteria	**Gross hemolysis**
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Daily; Report available: 1-3 days**
Always Message	**As per CDC criteria, a Lyme disease IgG Immunoblot must show reactivity to at least 5 to 10 specific borrelial proteins to be considered positive. Although considered negative, IgG reactivity to fewer specific borrelial proteins may indicate recent B. burgdorferi infection and warrant testing of a later sample.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name
45059500	**Lyme Disease Ab (IgG),Blot**
45059600	**18 kD (IgG) Band**
45059700	**23 kD (IgG) Band**
45059800	**28 kD (IgG) Band**

45059900	**30 kD (IgG) Band**
45061300	**39 kD (IgG) Band**
45061400	**41 kD (IgG) Band**
45060500	**45 kD (IgG) Band**
45060600	**58 kD (IgG) Band**
45060700	**66 kD (IgG) Band**
45060800	**93 kD (IgG) Band**

Lyme Disease Antibody (IgM) Immunoblot	
Clinical Significance	**Lyme disease is transmitted by a tick vector carrying Borrelia burgdorferi. Immunoblot testing qualitatively examines, with high specificity, antibodies in a patient's specimen. Immunoblot testing is appropriate for confirming a detected EIA or IFA test result.**
Effective Date	**9/15/2014**
Former Test Name	*BORRELIA BURGDORFERI IGM ABS IB + BANDS [NY]*
Test Code	7714BNY
Reject Criteria	**Gross hemolysis**
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days **Frozen: 30 days**
Set-up/Analytic Time	**Set up: Daily; Report available: 1-3 days**
Always Message	**As per CDC criteria, a positive Lyme disease IgM immunoblot requires reactivity to 2 of 3 specific borrelial proteins. Although considered negative, IgM reactivity to only 1 protein may indicate recent B.burgdorferi infection and warrant testing of a later sample.**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name
45060900	**Lyme Disease Ab (IgM),Blot**
45061500	**23 kD (IgM) Band**
45061600	**39 kD (IgM) Band**
45061200	**41 kD (IgM) Band**

Maple Syrup Disease (MSUD) Mutation Analysis (Ashkenazi Jewish)	
Message	****This test is available for New York patient testing.****
Effective Date	**9/15/2014**
Former Test Code	*S51386*
Test Code	**90909**
CPT Codes	**81205**
Transport Temperature	**Room temperature**

Methodology	Polymerase Chain Reaction, **Allele specific primer extension, fluorescent detection using color coded microspheres**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	

Result Code	Type	Result Name
86008274		MSUD Mutation (Jewish)
86007538	Prompt-Result (no return)	Referring Physician:
86007542	Prompt-Result (no return)	**Physician Phone #:**

Measles Antibody (IgM)	
Effective Date	**9/15/2014**
Former Test Code	*8820*
Test Code	**34256**
Specimen Requirements	1 mL **(0.2 mL minimum)** serum
Set-up/Analytic Time	**Set up: Mon, Wed, Fri; Report available: 1-4 days**
Reference Range	**<1:20** **Interpretive Criteria:** **<1:20 Antibody not detected** **> or = 1:20 Antibody detected**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
CPU Mappings	

Result Code	Result Name	Unit of Measure
70035550	Measles Antibody, IgM	titer

Tests Affected

Test Codes:	Name:
RLZ	Reflex Measles IgM AB by IFA

Pernicious Anemia Evaluatr w/Reflex	
Effective Date	**9/15/2014**
Test Code	3605
Specimen Requirements	**1 mL (0.3 mL minimum)** serum
Specimen Stability	**Room temperature** and Refrigerated**: 7 days** **Frozen: 28 days**
Reference Range	

Vitamin B12	Males (pg/mL)	Females (pg/mL)
0-4 years:	**Not established**	**Not established**
5-9 years:	**250-1205**	**250-1205**
10-17 years:	**260-935**	**260-935**

	>17 years: | **200-1100** | **200-1100**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Phosphate (Phosphorus)	
Effective Date	**9/15/2014**
Test Code	5308
Reject Criteria	Gross hemolysis **Remove: Moderate hemolysis**
Specimen Stability	**Room temperature: 72 hours** Refrigerated: 7 days Frozen: 28 days
Reference Range	Age | Males (mg/dL) | Females (mg/dL) 0-6 days: | 4.0-9.0 | 4.0-9.0 7 days-2 years: | 4.0-8.0 | 4.0-8.0 3-12 years: | 3.0-6.0 | 3.0-6.0 13-64 years: | 2.5-4.5 | 2.5-4.5 >64 years: | 2.1-4.3 | 2.1-4.3 **Not Provided:** | **2.5-4.5** | **2.5-4.5**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

PML-RARA t(15;17), Quantitative RT-PCR	
Effective Date	**9/15/2014**
Former Test Name	*PML/RARA t(15;17), Quantitative Real-Time PCR, Cell-based*
Former Test Code	*S50330*
Test Code	**14994**
Specimen Requirements	**Preferred:** **6 mL (4 mL minimum)** whole blood collected in an EDTA (lavender-top) tube **Acceptable:** **Whole blood collected in an ACD solution A (yellow-top) tube or sodium heparin (green-top) tube** 3 mL **(2 mL minimum) bone marrow collected in an** EDTA (lavender-top) tube, **ACD solution A (yellow-top) tube or sodium heparin (green-top) tube** **Remove EDTA (royal blue-top) tube from acceptable container types**
Reject Criteria	**Received frozen whole blood or bone marrow; hemolysis**
Instructions	**Collect 6 mL whole blood or 3 mL bone marrow in an EDTA (lavender-top) tube. Whole blood or bone marrow is shipped at room temperature or refrigerated (cold packs). Do not freeze whole blood or bone marrow.** **After collection of the sample, draw date and time, as well as sample type, must be written on the tube and included as requested information. Ship sample immediately, due to short stability of 72 hours. If the stability of the sample cannot be determined, delay in result or cancellation of test may occur.**

	Clotted specimens are unacceptable. Do not reject.
Set-up/Analytic Time	**Set up: Mon-Fri; Report available: 3-6 days**
Always Message	**Methodology and Interpretation** **PML-RARA transcripts are associated with the t(15;17) chromosomal translocation seen in acute promyelocytic leukemia (APL). Quantitative RT-PCR is performed to detect the PML-RARA fusion transcript based on standardized protocols developed by BIOMED-1 Concerted Action and Europe Against Cancer (EAC) Program (Gabert et al, *Leukemia* 2003, 17:2318-2357). This assay detects the short form (bcr3), long form (bcr1) and the variant exon 6 (bcr2) PML-RARA transcripts. PML-RARA transcript levels are expressed as normalized copy number (NCN) of PML-RARA using ABL1 as internal control.** **Two or more positive PML-RARA PCR tests (NCN >= 1) after therapy are a strong predictor of subsequent hematologic relapse in APL. Repeatedly negative PCR results, defined as NCN <1, are associated with long-term survival in the majority of patients.** **The method of transcript quantitation in this assay has changed as of 9/18/2014. A PML-RARA NCN of 10 in the current assay corresponds approximately to a PML-RARA/ABL1 ratio of 0.001 in the old assay.** **The lower limit of PML-RARA+ leukemia detection in this assay is dependent on the quality of RNA obtained and the cellularity of the sample. Analytic assay sensitivity is determined at 1:100,000.** **This assay is a PCR-based test. Since genetic variation and other problems can affect the accuracy of PCR-based testing, the results should always be interpreted in light of clinical data. This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.** 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.
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
CPU Mappings	**Result Code** / **Type** / **Result Name** **86007404** / **Prompt-Result** / **Specimen Source:** **86008204** / **Prompt-Result** / **Sample ID** **86011244** /	**PML-RARA transcript level** **86011251** /	**Interpretation**
Additional Information	Pricing Message: Negotiated pricing on S50330 will be applied to code 14994.

Protein, Total, Serum	
Effective Date	**9/15/2014**
Test Code	1324
Reject Criteria	**Gross hemolysis** **Remove: icteric specimens**
Performing Site	Quest Diagnostics Nichols Institute, Valencia
Tests Affected	**Test Codes:** / **Name:** P48331A / Custom NARH Immunofixation Panel

Renal Function Panel	
Effective Date	**9/15/2014**

<table>
<tr><td>Test Code</td><td>5314</td></tr>
<tr><td>Reject Criteria</td><td>Gross hemolysis

Remove: Moderate hemolysis</td></tr>
<tr><td>Specimen Stability</td><td>Room temperature: 72 hours
Refrigerated: 7 days
Frozen: 28 days</td></tr>
<tr><td>Reference Range</td><td>Phosphate (Phosphorus):
<table>
<tr><td>Age</td><td>Males (mg/dL)</td><td>Females (mg/dL)</td></tr>
<tr><td>0-6 days:</td><td>4.0-9.0</td><td>4.0-9.0</td></tr>
<tr><td>7 days-2 years:</td><td>4.0-8.0</td><td>4.0-8.0</td></tr>
<tr><td>3-12 years:</td><td>3.0-6.0</td><td>3.0-6.0</td></tr>
<tr><td>13-64 years:</td><td>2.5-4.5</td><td>2.5-4.5</td></tr>
<tr><td>>64 years:</td><td>2.1-4.3</td><td>2.1-4.3</td></tr>
<tr><td>Not Provided:</td><td>2.5-4.5</td><td>2.5-4.5</td></tr>
</table>
Carbon Dioxide:
Bicarbonate: 19-30 mmol/L
High Altitude Reference Intervals (>4000 Ft): 17 - 28 mmol/L</td></tr>
<tr><td>Performing Site</td><td>Quest Diagnostics Nichols Institute, Valencia</td></tr>
</table>

<table>
<tr><th colspan="2">Thiopurine Metabolites</th></tr>
<tr><td>Effective Date</td><td>9/15/2014</td></tr>
<tr><td>Test Code</td><td>91745</td></tr>
<tr><td>Reject Criteria</td><td>Heparin whole blood; frozen; hemolysis</td></tr>
<tr><td>Performing Site</td><td>Quest Diagnostics Nichols Institute, Valencia</td></tr>
</table>

<table>
<tr><th colspan="2">TSH</th></tr>
<tr><td>Effective Date</td><td>9/15/2014</td></tr>
<tr><td>Former Test Code</td><td>3250</td></tr>
<tr><td>Test Code</td><td>899</td></tr>
<tr><td>Instructions</td><td>Patient Preparation:
Specimen collection after fluorescein dye angiography should be delayed for at least 3 days. For patients on hemodialysis, specimen collection should be delayed for 2 weeks. According to the assay manufacturer Siemens: "Samples containing fluorescein can produce falsely depressed values when tested with the ADVIA Centaur TSH3 Ultra assay."</td></tr>
<tr><td>Performing Site</td><td>Quest Diagnostics Nichols Institute, Valencia</td></tr>
<tr><td>CPU Mappings</td><td>
<table>
<tr><th>Result Code</th><th>Result Name</th><th>Unit of Measure</th></tr>
<tr><td>55080400</td><td>TSH</td><td>mIU/L</td></tr>
</table>
</td></tr>
<tr><td>Additional Information</td><td>According to the assay manufacturer Siemens:
"In general, the fluorescein clearance (requires) about 48 to 72 hours." For patients in "end stage renal disease on</td></tr>
</table>

	hemodialysis, the elimination will be delayed likely by several cycles of hemodialysis. Assuming the dialysis cycle serves as one half-life (and) using the rule of thumb that 5 half-lives are required to completely eliminate a compound, two weeks is conservative (if) dialysis is performed 3 times per week."
Tests Affected	

Test Codes:	Name:
2016	Infertility: Endocrine Evaluations (Female)
3060	Thyroid Abs Evaluation
3072	Thyroid Panel, Hyperthyroidism
3074	Thyroid Panel, Hypothyroidism
3250SR	Thyroid Stimulating Hormone w/ Serial Graph
1090	Thyrotropin Receptor Autoantibodies w/ TSH

Chronic Urticaria Panel 2	
Effective Date	**9/15/2014**
Test Code	90123
Instructions	**899- TSH** **Patient Preparation:** **Specimen collection after fluorescein dye angiography should be delayed for at least 3 days. For patients on hemodialysis, specimen collection should be delayed for 2 weeks. According to the assay manufacturer Siemens: "Samples containing fluorescein can produce falsely depressed values when tested with the ADVIA Centaur TSH3 Ultra assay."**
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information	**899- TSH** According to the assay manufacturer Siemens: "In general, the fluorescein clearance (requires) about 48 to 72 hours." For patients in "end stage renal disease on hemodialysis, the elimination will be delayed likely by several cycles of hemodialysis. Assuming the dialysis cycle serves as one half-life (and) using the rule of thumb that 5 half-lives are required to completely eliminate a compound, two weeks is conservative (if) dialysis is performed 3 times per week."
Tests Affected	

Test Codes:	Name:
S52476	TSH with HAMA Treatment

Uric Acid	
Effective Date	**9/15/2014**
Test Code	1310
Reject Criteria	**Remove: Avoid hemolysis**
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Discontinued Tests

Echinococcus (p2) IgE	
Effective Date	**9/8/2014**

Test Code	P2
Additional Information	This test code will be discontinued. There is no recommended alternative.

Antiviral Susceptibility, Acyclovir	
Effective Date	**9/15/2014**
Test Code	S50504
Additional Information	There is no recommended alternative.

Antiviral Susceptibility, Foscarnet	
Effective Date	**9/15/2014**
Test Code	S50566
Additional Information	There is no recommended alternative.

Borrelia Burgdorferi IgG & IgM ABS IB + Bands	
Effective Date	**9/15/2014**
Additional Information	The recommended alternative is test code 8593-Lyme Disease Antibodies (IgG, IgM) Immunoblot
Tests Affected	

Test Codes:	**Name:**
7711BNY	Borrelia Burgdorferi IgG & IgM ABS IB+Bands (NY)
REP	Reflex Borrelia Burgdorferi IgG & IgM ABS + Bands (IB;CDC)
RKG	Reflex Borrelia Burgdorferi IgG & IgM ABS + Bands IB (NY)
RJU	Reflex Borrelia Burgdorferi IgG & IgM ABS CSF IB (CDC)
RNH	Reflex Borrelia Burgdorferi IgG ABS IB + Bands (NY)
RNI	Reflex Borrelia Burgdorferi IgM ABS IB + Bands (NY)

Haptoglobin	
Effective Date	**9/15/2014**
Test Code	1517
Additional Information	The recommended alternative is test code 502-Haptoglobin

HIV-1 ABS [WB] (Blood Bank)	
Effective Date	**9/15/2014**
Test Code	3012T
Additional Information	The recommended alternative is test code 91432- HIV-1/2 Antibody Differentiation

HIV-1 ABS CSF [WB]	
Effective Date	**9/15/2014**

Test Code	3012C
Additional Information	The recommended alternative is test code 91568- HIV-1 IgG Antibody, WB (CSF).

HIV-1/HIV-2 ABS w/Reflex WB & Hepatitis B Virus w/Neutral	
Effective Date	**9/15/2014**
Test Code	9928
Additional Information	There is no recommended alternative.

Measles IgG & IgM ABS	
Effective Date	**9/15/2014**
Test Code	8771
Additional Information	The recommended alternatives are: • 8776- Measles Antibody (IgG) • 34256- Measles Antibody (IgM)
Tests Affected	**Test Codes:** / **Name:** P44513Q / Custom Duncan Rubella & Measles Panel - Employee P5688A / Custom Jewish Mem Panel P33438C / Custom Palm Drive Pre-Employment Panel P33438D / Custom Palm Drive Pre-Employment Panel Non-Clinical 1341 / Immune Status Panel - MMR

Measles IgM ABS	
Effective Date	**9/15/2014**
Test Code	8781
Additional Information	The recommended alternative is test code 34256- Measles Antibody (IgM)

Treponema Pallidum Total ABS [Blood Bank]	
Effective Date	**9/15/2014**
Test Code	2104T
Additional Information	There is no recommended alternative.

VAP Cholesterol Test	
Effective Date	**11/3/2014**
Test Code	S50365
Additional Information	The recommended alternative is 92145 - Cardiac IQ® Advanced Lipid Panel, performed at Quest Diagnostics, Nichols Institute, San Juan Capistrano.

	Pricing Message: Due to the suggested replacement negotiated fees will not be copied.

New York Patient Testing Update

Chikungunya Virus RNA, Qualitative Real-Time PCR	
Message	***This test is now available for New York patient testing****
Test Code	S52326

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