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

TEST CHANGES  Please Note: Not all test codes assigned to each assay are listed in the table of contents.  Please refer to the complete listing on the page numbers indicated.						
Test Code	Former Test Code	Test Name	Effective Date	Page #		
		Allergy Evaluations, IgE	12/7/2015	2		
		Allergy Evaluations, Reflex Criteria Update	12/7/2015	2		
223	[1510]	Albumin	12/14/2015	3		
243	[3844]	Amylase	12/14/2015	3		
822		Aspartate Aminotransferase (AST)	12/14/2015	4		
<u>10165</u>	[5315]	Basic Metabolic Panel	12/14/2015	4		
310	[5300]	Carbon Dioxide	12/14/2015	5		
10231	[5317]	Comprehensive Metabolic Panel	12/14/2015	5		
374	3976	Creatine Kinase (CK), Total	12/14/2015	6		
402	[3150]	DHEA Sulfate, Immunoassay	12/14/2015	6		
34392	[5316]	Electrolyte Panel	12/14/2015	6		
466	3522	Folate, Serum	12/14/2015	7		
<u>571</u>		Iron, Total	12/14/2015	7		
606	3369	Lipase	12/14/2015	7		
<u>718</u>	[5308]	Phosphate (as Phosphorus)	12/14/2015	8		
<u>745</u>		Progesterone	12/14/2015	8		
5314		Renal Function Panel	12/14/2015	9		
<u>267</u>		Thyroglobulin Antibodies	12/14/2015	9		
<u>5081</u>	3062	Thyroid Peroxidase Antibodies	12/14/2015	9		
927	[3504]	Vitamin B12	12/14/2015	9		
<u>7065</u>	[3020]	Vitamin B12 and Folate	12/14/2015	10		

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 #						
14653X_[S50022] Haemophilus Species Susceptibility MIC 12/14/2015						

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 #						
		Viracor-IBT IgE Allergen Changes	11/2/2015	10		
S50035		Dextro/Levo Methorphan - Total, Urine	12/7/2015	11		

## **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.

Allergy Evaluations, IgE							
Effective Date	12/7/2015	12/7/2015					
Specimen Requirements	0.3 mL (0.15 mL minimum) so	0.3 mL (0.15 mL minimum) serum					
Transport Temperature	Room temperature						
Specimen Stability	Room temperature and Ref	rigerated	14 days				
	Frozen		30 days				
Reference Range	Result Name	Reference Range	Unit Of Measure				
	All kU/L Result codes	<0.10	kU/L				
	Interpretation	Refer to updated message below	NO/E				
Always Message	IgE Class kU/L Sp  0 <0.10 Abs  0/1 0.10-0.34 V 1 0.35-0.69 Lo 2 0.70-3.49 Mc 3 3.50-17.4 Hig 4 17.5-49.9 Ve 5 50-100 Ve 6 >100 Ve  The clinical relevance of aller use.  Allergens denoted with a "**" inc developed and its analytical perfe cleared or approved by the U.S. If approval is not necessary. This a purposes.	0 <0.10 Absent/Undetectable 0/1 0.10–0.34 Very Low Level 1 0.35-0.69 Low Level 2 0.70-3.49 Moderate Level 3 3.50-17.4 High Level 4 17.5-49.9 Very High Level 5 50-100 Very High Level 6 >100 Very High Level  The clinical relevance of allergen results of 0.10-0.34 kU/L are undetermined and intended for specialist use.  Allergens denoted with a "**" include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This assay has been validated pursuant to the CLIA regulations and is used for clinical					
Performing Site  Additional Information	Various studies suggest that representation and in the Please note: All IgE Allergens mapping.  An excel file addendum is be	Various studies suggest that reporting allergies to lower levels may provide improved clinical insight and better patient management in some cases, particularly when suggested by clinical history. Results less than 0.35 kU should be interpreted with caution and in the context of the clinical presentation.  Please note: All IgE Allergens will now report Class and will have changes to order codes and interface mapping.  An excel file addendum is being sent with this Laboratory Update and will include the new order codes and interface mapping. The file is also available on the website.					

Allergy Evaluations, Reflex Criteria Update						
Effective Date	12/7/2015					
Reference Range						
Reference Range	Result Name	Reference Range	Unit Of Measure			
	All kU/L Result codes	<0.10	kU/L			
	Interpretation	Refer to updated message below				
	•					

Specific lgE Class kU/L 	Level of Allergen Specific IgE Antibody			
0 <0.10 0/1 0.10-0.34 1 0.35-0.69 2 0.70-3.49 3 3.50-17.4 4 17.5-49.9 5 50-100 6 >100  The clinical relevance use.  Allergens denoted with a developed and its analyticleared or approved by t	Absent/Undetectable  Very Low Level  Low Level  Moderate Level  High Level  Very High Level			
Quest Diagnostics Nicho	ls Institute, Chantilly			
	or the components listed below, reflexive testing that was formerly triggered at an IgE value of > v be triggered at an IgE value of > or equal to 0.10.			
If Egg White (f1) IgE is >=0.10 kU/L, Egg Component Panel will be performed at an additional charge (CPT code(s): 86003 (x2).  If Cow's Milk (f2) IgE is >=0.10 kU/L, Milk Component Panel will be performed at an additional charge (CPT code(s): 86003 (x3).  If Peanut (f13) IgE is >=0.10 kU/L, Peanut Component Panel will be performed at an additional charge (CPT code(s): 86003 (x5).				
Refer to Tests or Panels	s affected for a list of tests impacted by this change.			
Test Codes:	Name:			
91683	Childhood Allergy (Food and Environmental) Profile with Reflexes			
91682	Food Allergy Profile with Reflexes			
91747	Peanut, Total with Reflex to Peanut Component Panel			
	IgE Class   kU/L			

Albumin						
Effective Date	12/14/2015	12/14/2015				
Former Test Code	[1510]	[1510]				
Test Code	223					
Performing Site	Quest Diagnostics Nichols	s Institute, Valencia				
Interface Mapping	Result Code         Result Name         Unit Of Measure           25001400         Albumin         g/dL					
Pricing Message	Negotiated pricing on [1510] will be applied to code 223.					

Amylase				
12/14/2015				
[3844]				
243				

Reject Criteria	Gross hemolysis	Gross hemolysis				
Specimen Stability	Room temperature and R	Room temperature and Refrigerated				
	Frozen	Frozen				
Performing Site	Quest Diagnostics Nichols	Quest Diagnostics Nichols Institute, Valencia				
Interface Mapping	Result Code	Resul	Result Name Ur		Unit Of Measure	
	50029000	Amylas	Amylase		U/L	
Pricing Message	Negotiated pricing on [384	Negotiated pricing on [3844] will be applied to code 243.				
Tests Affected	Test Codes:	Test Codes:		Name:		
	3846			Amylase Isoenzymes		

Aspartate Aminotransferase (AST)				
Effective Date	12/14/2015			
Former Test Name	AST (Aspartate Aminotransferase)			
Test Code	822			
Reject Criteria	Hemolysis; anticoagulants other than heparin			
Performing Site	Quest Diagnostics Nichols Institute, Valencia			

Basic Metabolic Panel						
Effective Date	12/14/2015	12/14/2015				
Former Test Name	Metabolic Panel, Bas	ic				
Former Test Code	[5315]					
Test Code	10165					
Instructions	Fasting specimen i	s preferred				
Specimen Stability	Room temperatur	e	48 h	nours		
	Refrigerated 72 ho			hours		
	Frozen 28 d			days		
Performing Site	Quest Diagnostics Nic	chols Institute, Valencia				
Interface Mapping	Result Code	Result Name		Unit Of Measure		
	25000000	Glucose	Glucose			
	25000100	Urea Nitrogen (BUN)	Urea Nitrogen (BUN)			
	25000200	Creatinine	Creatinine			
	25000210	eGFR Non-African American	eGFR Non-African American			
	25000220	eGFR African American	eGFR African American			
	25000300	BUN/Creatinine Ratio	BUN/Creatinine Ratio			
	25000400	Sodium	Sodium			
	25000500	Potassium		mmol/L		

	25000600	Chloride	mmol/L		
	25000700	Carbon Dioxide	mmol/L		
	25001000	Calcium	mg/dL		
Pricing Message	Negotiated pricing on [5315] will be applied to code 10165.				

Carbon Dioxide	Carbon Dioxide			
Effective Date	12/14/2015			
Former Test Code	[5300]			
Test Code	310			
Specimen Requirements	Preferred: Serum collected in 1 full unopened spun gel barrier tube  Acceptable: Plasma collected in a sodium or lithium heparin (green-top) tube			
Reject Criteria	Anticoagulants other than hep	arin; red-top tube (no gel)		
Instructions	Do not open			
Performing Site	Quest Diagnostics Nichols Institute	e, Valencia		
Interface Mapping	Result Code     Result Name     Unit Of Measure       25000700     Carbon Dioxide     mmol/L			
Pricing Message	Negotiated pricing on [5300] will be applied to code 310.			

Comprehensive Metabolic Pa	anel				
Effective Date	12/14/2015	12/14/2015			
Former Test Code	[5317]				
Test Code	10231				
Specimen Requirements	1 mL (0.5 mL minir	num) serum			
Instructions	Fasting specimen	is preferred.			
Specimen Stability	Room temperatu	Room temperature 48 hour			
	Refrigerated	Refrigerated		72 hours	
	Frozen		Unacceptal	able	
Reference Range	See individual test	See individual tests			
Performing Site	Quest Diagnostics Ni	chols Institute, Valencia			
Interface Mapping	Result Code	Result Name		Unit Of Measure	
	25000000	Glucose		mg/dL	
	25000100	Urea Nitrogen (BUN)	Urea Nitrogen (BUN)		
	25000200	Creatinine	Creatinine		
	25000210	eGFR Non-African American		mL/min/1.73m2	
	25000220	eGFR African American	eGFR African American		
	25000300	BUN/Creatinine Ratio		calc	

I	25000400	Sodium	mmol/L
	25000500	Potassium	mmol/L
	25000600	Chloride	mmol/L
	25000700	Carbon Dioxide	mmol/L
	25001000	Calcium	mg/dL
	25001300	Protein, Total	g/dL
	25001400	Albumin	g/dL
	25001500	Globulin	calc
	25001600	Albumin/Globulin Ratio	calc
	25001700	Bilirubin, Total	mg/dL
	25002300	Alkaline Phosphatase	U/L
	25002300	AST	U/L
	25002400	ALT	U/L
Pricing Message	Negotiated pricing on [5317] will be applied to code 10231.		

Creatine Kinase (CK), Tota	ı			
Effective Date	12/14/2015			
Former Test Name	Creatine Kinase, Total			
Former Test Code	3976			
Test Code	374	374		
Instructions	If CK and CK Isoenzy	If CK and CK Isoenzymes are ordered together, specimen must be submitted frozen		
Performing Site	Quest Diagnostics Nich	ols Institute, Valencia		
Interface Mapping	Result Code	Result Name	Unit Of Measure	
	25014100	Creatine Kinase, Total	U/L	
Pricing Message	Negotiated pricing on [3	976] will be applied to code 374.		

DHEA Sulfate, Immunoassa	ay				
Effective Date	12/14/2015	12/14/2015			
Former Test Code	[3150]	[3150]			
Test Code	402	402			
Performing Site	Quest Diagnostics Nichols	Quest Diagnostics Nichols Institute, Valencia			
Interface Mapping Result Code Result Name Unit Of Measure					
	55053500	55053500   DHEA Sulfate   mcg/dL			
Pricing Message	Negotiated pricing on [315	50] will be applied to code 402.			

Electrolyte Panel	
Effective Date	12/14/2015
Former Test Code	[5316]
Test Code	34392

Reject Criteria	See individual tests	See individual tests			
Specimen Stability	Room temperature	Room temperature			
	Refrigerated		72 hours		
	Frozen		28 days		
Methodology	See individual tests	See individual tests			
Performing Site	Quest Diagnostics Nicho	Quest Diagnostics Nichols Institute, Valencia			
Interface Mapping	Result Code	Result Name	Unit Of Measure		
	25000400	Sodium	mmol/L		
	25000500	Potassium	mmol/L		
	25000600	Chloride	mmol/L		
	25000700	Carbon Dioxide	mmol/L		
Pricing Message	Negotiated pricing on [53	816] will be applied to code 34392.			

Folate, Serum				
Effective Date	12/14/2015	12/14/2015		
Former Test Code	3522	3522		
Test Code	466	466		
Performing Site	Quest Diagnostics Nichols	Quest Diagnostics Nichols Institute, Valencia		
Interface Mapping	Result Code	Result Name	Unit Of Measure	
	55057100	Folate, Serum	ng/mL	
Pricing Message	Negotiated pricing on [352	22] will be applied to code 466.		

Iron, Total			
Effective Date	12/14/2015		
Test Code	571		
Methodology	Spectrophotometry		
Performing Site	Quest Diagnostics Nichols Institute, Valencia		
Tests Affected	Test Codes: Name: 7573X Iron and Total Iron Binding Capacity		

Lipase			
Effective Date	12/14/2015		
Former Test Code 3369			
Test Code	606		
Performing Site	Quest Diagnostics Nichols Institute, Valencia		

Interface Mapping	Result Code	Result Name	Unit Of Measure
	50028800	Lipase	U/L
Pricing Message	Negotiated pricing on [3369] will be a	applied to code 606.	

Phosphate (as Phosphorus)					
Effective Date	12/14/2015	12/14/2015			
Former Test Name	Phosphate (Phosphorus)				
Former Test Code	[5308]				
Test Code	718				
Transport Temperature	Room temperature				
Reference Range	Result Name	Age	Reference Range	Unit Of Measure	
	Phosphate (as Phosphorus)	<1 week 1 week-2 years 3-12 years 13-64 years >64 years	4.0-9.0 4.0-8.0 3.0-6.0 2.5-4.5 2.1-4.3	mg/dL	
Performing Site	Quest Diagnostics Nichols Institute, Va	alencia			
Interface Mapping	Result Code Result Name				
	25001200	Phosphate (as Phosph	norus)		
Pricing Message	Negotiated pricing on [5308] will be ap	pplied to code 718.			

Progesterone							
Effective Date	12/14/2015	12/14/2015					
Test Code	745	745					
Instructions		Note: Do not order progesterone testing as an add on to a barrier gel specimen older than 72 hours. Progesterone binds to barrier gel causing decreased values.					
Transport Temperature	Room temperature	Room temperature					
Reference Range	Result Name	Gender	Reference Range	Reference Range		Unit Of Measure	
	Progesterone	Male	<1.4	<1.4		ng/mL	
	Progesterone	Female	Follicular Phase <1 Luteal Phase 2.6-2 Postmenopausal < Pregnancy: First Trimester 4 Second Trimester 5 Third Trimester 5	.1.5 <0.5 .1-34.0 er 24.0-76		ng/mL	
Performing Site	Quest Diagnostics Nich	Quest Diagnostics Nichols Institute, Valencia					
Interface Mapping							
	Result Code 55030000				Unit Of Measung/mL		

Renal Function Panel						
Effective Date	12/14/2015	12/14/2015				
Test Code	5314	5314				
Specimen Requirements	Serum collected in 1 full unopened spun	gel barrier tube				
Instructions	· ·	To avoid loss of bicarbonate do NOT aliquot the specimen. Submit a spun serum separator tube . The patient should fast 10 - 16 hours prior to collection of specimen. State patient's age and gender on test requisition form. <b>Do not open</b>				
Specimen Stability	Room temperature	Room temperature 48 hours				
	Refrigerated	Refrigerated			72 hours	
	Frozen	Frozen			28 days	
Reference Range						
Releience Range	Result Name	Age	Refer	ence Range	Unit Of Measure	
	Phosphate (as Phosphorus)	<1 week 1 week-2 years 3-12 years 13-64 years >64 years	4.0-9.4 4.0-8.4 3.0-6.4 2.5-4.4 2.1-4.6	0 0 5	mg/dL	
	No change to any other reference range					
Performing Site	Quest Diagnostics Nichols Institute, Valencia					

Thyroglobulin Antibodies		
Effective Date	12/14/2015	
Test Code	267	
Specimen Requirements	1 mL (0.5 mL minimum) serum	
Transport Temperature	Room temperature	
Methodology	Immunoassay	
Performing Site	Quest Diagnostics Nichols Institute, Valencia	

Thyroid Peroxidase Antibodies					
Effective Date	12/14/2015	12/14/2015			
Former Test Code	3062	3062			
Test Code	5081	5081			
Performing Site	Quest Diagnostics N	Quest Diagnostics Nichols Institute, Valencia			
Interface Mapping	Result Code	Result Name	Unit Of Measure		
	45029100	Thyroid Peroxidase Antibodies	IU/mL		
Prining Massage	Negotiated prining of	a [2062] will be applied to code 5091			
Pricing Message	inegotiated pricing or	Negotiated pricing on [3062] will be applied to code 5081.			

Vitamin B12	
Effective Date	12/14/2015

Former Test Name	Vitamin B12, Serum			
Former Test Code	[3504]			
Test Code	927			
Instructions	Minimize exposure to light during sample handling and storage			
Performing Site	Quest Diagnostics Nichols Institute, Valencia			
Interface Mapping	Result Code 55057200	Result Name Vitamin B12	Unit Of Measure	
Pricing Message	Negotiated pricing on [3504]	will be applied to code 927.		

Vitamin B12 and Folate				
Effective Date	12/14/2015			
Former Test Code	[3020]			
Test Code	7065			
Transport Temperature	Refrigerated			
Performing Site	Quest Diagnostics Nichols Institute, Valencia			
Interface Mapping	Result Code	Result Name	Unit Of Measure	
	55057100	Folate, Serum	ng/mL	
	55057200	Vitamin B12	pg/mL	
Pricing Message	Negotiated pricing on [3020] will be	applied to code 7065.		

## **Discontinued Tests**

Haemophilus Species Susceptibility MIC			
Effective Date	12/14/2015		
Test Code	14653X [S50022]		
Additional Information	The recommended alternative is test code 14653 - Susceptibility, Aerobic Bacteria, MIC		

## Test Send Outs (Referrals)

Viracor-IBT IgE Allergen Changes		
Effective Date	11/2/2015	
Always Message	This conventional EIA uses allergen-coated discs from several suppliers and an enzyme-labeled anti-lgE. Class Interpretation: <0.35 kU/L=0, Below Detection; 0.35-0.69 kU/L=1, Low Positive; 0.70-3.49 kU/L=2, Moderate Positive; 3.50-17.49 kU/L=3, Positive; >17.50-49.99 kU/L=4, Strong Positive; 50.00-99.99 kU/L=5, Very Strong Positive; >99.99 kU/L=6, Very Strong Positive  This test was developed and its performance characteristics determined by Viracor-IBT Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.	
Methodology	Enzyme Immunoassay (EIA)	

Dextro/Levo Methorphan - Total, Urine			
Effective Date	12/7/2015		
Former Test Name	Dextro/Levo Methorphan, Urine		
Test Code	S50035		
Specimen Requirements	1 mL (0.3 mL minimum) urine collected in a plastic urine container		
Specimen Stability	Room temperature, Refrigerated and Frozen	30 days	
Set-up/Analytic Time	Set up: Tues, Thurs; Report available: 3 days		
Methodology	High Performance Liquid Chromatography/Tandem Mass Spectrometry		