SPECIALTY LABORATORIES
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Test Updates

March 23, 2010

Dear Colleague:

Specialty Laboratories continues to focus attention on finding opportunities for improvements to our service levels. Towards that goal, we have identified a trend of test delays and performance issues when single frozen specimens are submitted for multiple tests. Included at the end of this letter is a list of assays requiring strict frozen specimens. Please review them. We request that, when ordering one or more tests in combination with one of these assays, a second sample be submitted with the order, to prevent delays and requests for additional specimen. In cases where multi-test orders are received with one frozen sample, the test with frozen requirement will be performed first. If the shared specimen and ordered tests include a referral test to another facility, Specialty Client Relations will contact your facility to determine the requested test priority.

Also, the College of American Pathologists has recently issued new instructions for patient sample identification. The following information should be shared with your specimen collection and processing staff:

All specimens should be labeled at the time of collection with at least **two patient identifiers**:

1) The patient's name (full last name, then full first name or initial) or a unique ID code is always required.
2) The second patient identifier may be one of the following:
   - Date of birth (month/date/year)
   - Other unique patient identifier that is also on the test requisition (*e.g.*, hospital or office ID code or file number)
   - Other barcode labels can be used if barcode matches the unique identifiers on the printed requisition (the barcode does not need to be human readable)

*NOTE: Location-based identifiers are NOT acceptable (*e.g.*, hospital room number or street address).*

Each specimen must have a securely-affixed label with the following information:

- the patient's name written exactly as it appears on the test requisition (*e.g.*, Doe, Jane)
- a second patient identifier, as noted above
- your account number
- date of collection

If the label is hand-written, use a ballpoint pen -- do not use a felt tip pen. If labeling a sample which is intended to be frozen, secure the label with transparent tape. If glass slides are submitted, use a pencil for labeling the frosted end -- two identifiers are preferred, although patient's name alone is acceptable.

When using a generated Specialty Laboratories' test requisition, place the label lengthwise on the tube. When submitting a specimen in a container other than the tube used to draw the sample (*e.g.*, transfer vials), also indicate specimen type on the label (*e.g.*, serum, plasma, urine, *etc*.). When submitting specimens for microbiological testing (*e.g.*, cultures, bacterial antigen, microscopic examination) the nature and anatomic source of the sample and the specific organism(s) to be detected, if any, should be specified.

We thank you for choosing *Specialty* and look forward to your continued support. For additional information, please visit our Web site at *www.specialtylabs.com* or contact Client Relations at 800-421-4449.

Respectfully Yours,

Christopher Lockhart, M.D.
Laboratory Director

New Tests (*Specialty*):

2042 HE4 & CA 125 (Available April 1)

Component	Method	Reference Range/Units
HE4	**EIA**	**<151 pM**
CA 125	**ICMA**	**<21.0 U/mL**

Specimen/Stability	Serum 2.0 (1.0) mL: Refrigerated 7 days, Frozen 28 days
Collection Instructions	Remove serum from the clot or red cells as soon as possible after clotting and separation. SST is acceptable. Rejection criteria: hemolysis, specimens with heavy particulate matter, lipemia, icteric samples.
Schedule	Tuesday, Friday
Report	Next day
CPT Code	86304, 86305
Regulatory Status	FDA Approved
Always Statement	HE4: Sixty percent (60%) of patients with a positive change (25% over previous test value) showed disease progression. Seventy-five percent (75%) of the patient serial samples with no significant change in HE4 value correlated with no progression.[1] The HE4 results should be interpreted in conjunction with other established diagnostic tests or procedures. This test was performed using the Fujirebio EIA method. Values obtained from different assay methods cannot be used interchangeably. HE4 levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease. [1] HE4 EIA Product Insert, Product Number 404-10US. CA 125: Immunochemiluminometric Assay (ICMA) on the DPC Immulite-2000. Values obtained with different methods or kits cannot be used interchangeably for patient monitoring. Results cannot be interpreted as absolute evidence of the presence or absence of malignancy. The test is not interpretable in pregnancy.
Note	Diagnostic code required for third party reimbursement.
Clinical Utility	The HE4 EIA assay is an enzyme immunoassay for the quantitative determination of human HE4 antigen in serum. HE4 is a biomarker for ovarian cancer. Serum CA 125 concentrations are elevated in about 80% of women with carcinoma of the ovary, 26% of women with benign ovarian tumors and 66% of women with non-neoplastic conditions, but in only 3% of normal healthy women. CA 125 should not be used alone to diagnose or screen for cancer, but it is useful for monitoring patients with an established diagnosis of a gynecological malignancy that is associated with elevated CA 125 at diagnosis.

4179U Heroin Metabolites Urine (Available April 20)

Component	Method	Reference Range/Units
Codeine Urine	**LC-MS-MS**	**ng/mL**
Morphine Urine	**LC-MS-MS**	**ng/mL**
6-Acetylmorphine Urine	**LC-MS-MS**	**ng/mL**

Specimen/Stability	Urine 10 (5) mL: Ambient 72 hours, Refrigerated 7 days, Frozen 2 months
Collection Instructions	Do not use any preservatives or additives.
Schedule	Wednesday, Saturday
Report	Next day
CPT Code	83925
Regulatory Status	Laboratory Developed Test
Always Statement	Limit of quantitation: Codeine 100 ng/mL Morphine 100 ng/mL 6-Acetylmorphine 5 ng/mL
Note	This panel includes Codeine, Morphine and 6-Acetylemorphine
Clinical Utility	Confirmation of screen positive results. 6-Acetylmorphine (6-AM) is a metabolite of heroin. Heroin itself is not active, but it is rapidly converted (t1/2 <6 min) to 6-acetylmorphine and further to morphine (t1/2 <40 min). Both 6-AM and morphine have euphoric effects. 6-AM is rapidly eliminated and excreted into the urine and the "detection window" is <24 hrs. Therefore, 6-AM negative urine does not exclude heroin abuse, but its presence confirms it.

New Tests (*Specialty*): (cont'd)

3747 Respiratory Allergy Profile Region XIII (Available Immediately)

Component	Method		Reference Range/Units
***Dermatophagoides pteronyssinus* IgE**	**ImmunoCAP**		**<0.35 kU/L**
***Dermatophagoides farinae* IgE**	**ImmunoCAP**		**<0.35 kU/L**
Cat epithelium/dander IgE	**ImmunoCAP**		**<0.35 kU/L**
Dog dander IgE	**ImmunoCAP**		**<0.35 kU/L**
Bermuda grass IgE	**ImmunoCAP**		**<0.35 kU/L**
Timothy grass IgE	**ImmunoCAP**		**<0.35 kU/L**
Johnson grass IgE	**ImmunoCAP**		**<0.35 kU/L**
Cockroach IgE	**ImmunoCAP**		**<0.35 kU/L**
***Penicillium notatum* IgE**	**ImmunoCAP**		**<0.35 kU/L**
***Cladosporium herbarum* IgE**	**ImmunoCAP**		**<0.35 kU/L**
***Aspergillus fumigatus* IgE**	**ImmunoCAP**		**<0.35 kU/L**
***Alternaria alternata/tenuis* IgE**	**ImmunoCAP**		**<0.35 kU/L**
Grey alder IgE	**ImmunoCAP**		**<0.35 kU/L**
Mountain juniper/cedar IgE	**ImmunoCAP**		**<0.35 kU/L**
Oak IgE	**ImmunoCAP**		**<0.35 kU/L**
Elm IgE	**ImmunoCAP**		**<0.35 kU/L**
Olive IgE	**ImmunoCAP**		**<0.35 kU/L**
Walnut tree pollen IgE	**ImmunoCAP**		**<0.35 kU/L**
Cottonwood IgE	**ImmunoCAP**		**<0.35 kU/L**
Mulberry IgE	**ImmunoCAP**		**<0.35 kU/L**
Short (common) ragweed IgE	**ImmunoCAP**		**<0.35 kU/L**
Mugwort IgE	**ImmunoCAP**		**<0.35 kU/L**
Saltwort, russian thistle IgE	**ImmunoCAP**		**<0.35 kU/L**
Pigweed IgE	**ImmunoCAP**		**<0.35 kU/L**
IgE Total	**ImmunoCAP**	**0 – 6 weeks**	**< 5.2 IU/mL**
		7 weeks – 3 months	**< 9.2 IU/mL**
		4 – 6 months	**< 16.4 IU/mL**
		7 – 9 months	**< 22.6 IU/mL**
		10 – 12 months	**< 29.2 IU/mL**
		13 months – 2 years	**< 51.7 IU/mL**
		3 years	**< 72.0 IU/mL**
		4 years	**< 90.0 IU/mL**
		5 years	**< 108.0 IU/mL**
		6 years	**< 126.0 IU/mL**
		7 years	**< 142.0 IU/mL**
		8 years	**< 160.0 IU/mL**
		9 years	**< 176.0 IU/mL**
		10 years	**< 192.0 IU/mL**
		>10 years	**< 114.0 IU/mL**

Specimen/Stability	Serum 6.0 (4.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 30 days
Schedule	Sunday- Saturday
Report	Same day
CPT Code	82785, 86003x24
Regulatory Status	FDA Approved
Always Statement	REFERENCE RANGES for Allergen IgE tests:

IgE (kU/L)	Interpretation
< 0.35	Class 0 - Below Detection
0.35 - 0.69	Class 1 - Low
0.70 - 3.49	Class 2 - Moderate
3.50 - 17.49	Class 3 - High
17.50 - 49	Class 4 - Very High
50 – 99	Class 5 - Very High
>=100	Class 6 - Very High

Note: Omalizumab (Xolair, Genentech; humanized IgG1 antihuman IgE Fc) treatment does not significantly interfere with the accuracy of total IgE on the ImmunoCAP (Phadia) platform. J Allergy Clin Immunol 2006;117:759-766.

New Tests (*Specialty*): (cont'd)

3749 Childhood Allergy (Food & Environment) Profile (Available Immediately)

Component	Method	Reference Range/Units
***Dermatophagoides pteronyssinus* IgE**	**ImmunoCAP**	**<0.35 kU/L**
***Dermatophagoides farinae* IgE**	**ImmunoCAP**	**<0.35 kU/L**
Cat epithelium/dander IgE	**ImmunoCAP**	**<0.35 kU/L**
Dog dander IgE	**ImmunoCAP**	**<0.35 kU/L**
Egg white IgE	**ImmunoCAP**	**<0.35 kU/L**
Cow's milk IgE	**ImmunoCAP**	**<0.35 kU/L**
Codfish IgE	**ImmunoCAP**	**<0.35 kU/L**
Wheat IgE	**ImmunoCAP**	**<0.35 kU/L**
Peanut IgE	**ImmunoCAP**	**<0.35 kU/L**
Soybean IgE	**ImmunoCAP**	**<0.35 kU/L**
Shrimp IgE	**ImmunoCAP**	**<0.35 kU/L**
Walnut IgE	**ImmunoCAP**	**<0.35 kU/L**
Cockroach IgE	**ImmunoCAP**	**<0.35 kU/L**
***Cladosporium herbarum* IgE**	**ImmunoCAP**	**<0.35 kU/L**
***Alternaria alternata/tenuis* IgE**	**ImmunoCAP**	**<0.35 kU/L**
IgE Total	**ImmunoCAP**	
	0 – 6 weeks	**< 5.2 IU/mL**
	7 weeks – 3 months	**< 9.2 IU/mL**
	4 – 6 months	**< 16.4 IU/mL**
	7 – 9 months	**< 22.6 IU/mL**
	10 – 12 months	**< 29.2 IU/mL**
	13 months – 2 years	**< 51.7 IU/mL**
	3 years	**< 72.0 IU/mL**
	4 years	**< 90.0 IU/mL**
	5 years	**< 108.0 IU/mL**
	6 years	**< 126.0 IU/mL**
	7 years	**< 142.0 IU/mL**
	8 years	**< 160.0 IU/mL**
	9 years	**< 176.0 IU/mL**
	10 years	**< 192.0 IU/mL**
	>10 years	**< 114.0 IU/mL**

Specimen/Stability	Serum 4.0 (2.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 30 days
Schedule	Sunday- Saturday
Report	Same day
CPT Code	82785, 86003x15
Regulatory Status	FDA Approved
Always Statement	REFERENCE RANGES for Allergen IgE tests:

IgE (kU/L)	Interpretation
< 0.35	Class 0 - Below Detection
0.35 - 0.69	Class 1 - Low
0.70 - 3.49	Class 2 - Moderate
3.50 - 17.49	Class 3 - High
17.50 - 49	Class 4 - Very High
50 – 99	Class 5 - Very High
>=100	Class 6 - Very High

Note: Omalizumab (Xolair, Genentech; humanized IgG1 antihuman IgE Fc) treatment does not significantly interfere with the accuracy of total IgE on the ImmunoCAP (Phadia) platform. J Allergy Clin Immunol 2006;117:759-766.

New Tests (*Specialty*): (cont'd)

3748 Food Allergy Profile, Adult (Available Immediately)

Component	Method	Reference Range/Units
Egg white IgE	**ImmunoCAP**	**<0.35 kU/L**
Cow's milk IgE	**ImmunoCAP**	**<0.35 kU/L**
Codfish IgE	**ImmunoCAP**	**<0.35 kU/L**
Wheat IgE	**ImmunoCAP**	**<0.35 kU/L**
Corn IgE	**ImmunoCAP**	**<0.35 kU/L**
Sesame seed IgE	**ImmunoCAP**	**<0.35 kU/L**
Peanut IgE	**ImmunoCAP**	**<0.35 kU/L**
Soybean IgE	**ImmunoCAP**	**<0.35 kU/L**
Shrimp IgE	**ImmunoCAP**	**<0.35 kU/L**
Clam IgE	**ImmunoCAP**	**<0.35 kU/L**
Walnut IgE	**ImmunoCAP**	**<0.35 kU/L**
Scallop IgE	**ImmunoCAP**	**<0.35 kU/L**

Specimen/Stability	Serum 3.0 (1.5) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Schedule	Sunday- Saturday
Report	Same day
CPT Code	86003x12
Regulatory Status	Scallop IgE is Analyte Specific Reagent; remainder are FDA Approved
Always Statement	REFERENCE RANGES for Allergen IgE tests:

IgE (kU/L)	Interpretation
< 0.35	Class 0 - Below Detection
0.35 - 0.69	Class 1 - Low
0.70 - 3.49	Class 2 - Moderate
3.50 - 17.49	Class 3 - High
17.50 - 49	Class 4 - Very High
50 – 99	Class 5 - Very High
>=100	Class 6 - Very High

Scallop IgE:
This test(s) was developed and its performance characteristics have been determined by Specialty Laboratories. 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. Performance characteristics refer to the analytical performance of the test.

Test Changes:

3364 Gabapentin

Effective	Immediately
Methodology	LC-MS-MS **(NEW)**

3547 PSA (Prostate-Specific Antigen), Free & Total

Effective	Immediately
Specimen/Stability	Serum 2.0 (1.0) mL: Ambient 5 days, Refrigerated 14 days, Frozen 2 months **Note: Increased refrigerated stability.**
Also Affected	DOS Codes 3545, 3546, 3546SR, 3547SR

4900 Amikacin

Effective	Immediately
Specimen/Stability	Serum 1.0 (0.4) mL: Refrigerated 7 days, Frozen 2 months **Note: Increased refrigerated stability.**
Also Affected	DOS Codes 4900P

4925 Topiramate

Effective	Immediately
Specimen/Stability	Serum 2.0 (1.0) mL: Refrigerated 4 days, Frozen 31 days **Note: Increased refrigerated stability.**

1347 ALT (SGPT)

Effective	April 20
Specimen/Stability	Serum 1.0 (0.4) mL: Ambient 3 days, Refrigerated 7 days, Frozen 2 months
Alt Specimen	Plasma Heparinized 1.0 (0.4) mL: Ambient 3 days, Refrigerated 7 days, Frozen 2 months **Note: Decreased ambient stability.**

3155 Estradiol

Effective	April 20	
Reference Ranges	Pediatric ranges: **please remove, no longer available**	
	Males > 17 years	< 57 pg/mL (same)
	Females > 17 years	see below
Always Statement	Adult Female REFERENCE RANGES:	
	Untreated Postmenopausal	< 31 pg/mL (same)
	Treated Postmenopausal	< 94 pg/mL (same)
	Oral Contraceptives	< 103 pg/mL (same)
	Ovulating, Follicular	< 161 pg/mL **(NEW)**
	Ovulating, Follicular days 2 to 3 days	< 85 pg/mL **(NEW)**
	Ovulating, Periovulatory +/- 3 days	34-400 pg/mL **(NEW)**
	Ovulating, Luteal	27-246 pg/mL **(NEW)**
Also Affected	DOS Codes 3166	

Test Changes: (cont'd)

4170 Cocaine & Metabolites Confirmation Serum

Effective	April 20
Component	Cocaine (same) Benzoylecgonine (same) Cocaethylene (same) Ecgonine Methylester **(REMOVE)** **Note: Ecgonine Methylester will no longer be reported**
Always Statement	Peak concentration of cocaine after nasal administration of 100mg is 200-400 ng/mL. Limit of quantitation Cocaine 100 ng/mL Benzoylecgonine 50 ng/mL Cocaethylene 50 ng/mL
Also Affected	Reflex of DOS Code 4252

4183U Phencyclidine (PCP) Confirmation Urine

Effective	April 20
Component	Phencyclidine (PCP) Confirmation Urine (same)
Always Statement	Limit of quantitation 25 ng/mL **(NEW)**
Also Affected	Reflex of DOS Codes 4101U, 4129U

4186UR Opiates Confirmation w/6-MAM Urine

Effective	April 20
Name	Opiates Confirmation w/6-AM Urine
Component	6-Acetylmorphine Urine **(NEW NAME)**

4494UR 6-Monoacetylmorphine (6-MAM) Urine AccuQuant®

Effective	April 20
Name	6-Acetylmorphine (6-AM) Urine AccuQuant®
Component	6-Acetylmorphine Urine **(NEW NAME)**

9426 *Toxoplasma gondii* IgG Abs

Effective	April 20
Name	*Toxoplasma gondii* IgG Abs w/Reflex IgM Abs
Component	*Toxoplasma gondii* IgG Abs (same)
Reference Range	<0.91 Index (same)
Note	**(NEW)** Abnormal *Toxoplasma* IgG Abs EIA results will automatically reflex to *Toxoplasma* IgM Abs EIA for an additional fee (CPT Code 86778).
Also Affected	DOS Code 9911

M1 Allergen – *Penicillium notatum* IgE

Effective	April 27
Name	Allergen – *Penicillium chrysogenum* IgE
Component	*Penicillium chrysogenum* IgE **(NEW NAME)**
Also Affected	DOS Code 3704, 3705, 3726, 3727, 3729

Test Changes: (cont'd)

M1G **Allergen – *Penicillium notatum* IgG**

Effective	April 27
Name	Allergen – *Penicillium chrysogenum* IgG
Component	*Penicillium chrysogenum* IgG **(NEW NAME)**

M8 **Allergen – *Helminthosporium halodes* IgE**

Effective	April 27
Name	Allergen – *Setomelanomma rostrata* IgE
Component	*Setomelanomma rostrata* IgE **(NEW NAME)**

M8G **Allergen – *Helminthosporium halodes* IgG**

Effective	April 27
Name	Allergen – *Setomelanomma rostrata* IgG
Component	*Setomelanomma rostrata* IgG **(NEW NAME)**

M9 **Allergen – *Fusarium moniliforme* IgE**

Effective	April 27
Name	Allergen – *Fusarium proliferatum* IgE
Component	*Fusarium proliferatum* IgE **(NEW NAME)**

M10 **Allergen – *Stemphylium botryosum* IgE**

Effective	April 27
Name	Allergen – *Stemphylium herbarum* IgE
Component	*Stemphylium herbarum* IgE **(NEW NAME)**

The CPT Codes provided are based on AMA Guidelines and are for informational purposes only. CPT Coding is the sole responsibility of the billing party. Please direct any questions regarding CPT Coding to the payer being billed.

New Referral Tests:

The following tests are now available from Quest Diagnostics and may be referred through Specialty Laboratories.

S52048 **Clopidogrel CYP2C19 Genotype (*1,*2,*3,*4,*5) [16924]**
Test performed at Quest Diagnostics, San Juan Capistrano

S52115 **ONTAK® Sensitivity (CD25) [11237X]**
Test performed at Quest Diagnostics, San Juan Capistrano

S52041 **Hypersensitivity Pneumonitis Screen [14978X]**
Test performed at Quest Diagnostics, San Juan Capistrano

S52042 **CD55 and CD59 Expression, Red Cells & Granulocytes [19835X]**
Test performed at Quest Diagnostics, San Juan Capistrano

S52119 ***Brucella* Antibody, Agglutination [40020]**
Test performed at Focus Diagnostics

S52117 **OVA1™ [16991]**
Test performed at Quest Diagnostics, Chantilly

S52118 **OVA1™ (includes FSH and LH) [16992]**
Test performed at Quest Diagnostics, Chantilly

S52120 **Fondaparinux Sodium (Xa Inhibition) [16103X]**
Test performed at Quest Diagnostics, Chantilly

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

Discontinued Tests:

Effective Immediately:

S48635 **Netilmicin [51950]**
No replacement

Effective April 20:

1014 **Rheumatoid Arthritis Comprehensive**
Recommended replacements: 1540 – Rheumatoid Factor, 1535 – C-Reactive Protein (CRP) (Inflammation), 3133 – Cyclic Citrullinated Peptide (CCP) IgG Abs AND S52040-Cartilage Oligomeric Matrix Protein (COMP) (157)
S52040 is performed at Rheumatology Diagnostics Lab

3130 **Cartilage Oligomeric Matrix Protein (COMP)**
Recommended replacement: S52040-Cartilage Oligomeric Matrix Protein (COMP) (157)
Test performed at Rheumatology Diagnostics Lab

5847 **HercepTest® (HER-2/*neu*)**
No Replacement

Specialty Laboratories – Strict Frozen Assays

DOS CODE	TEST NAME
3102	ADRENOCORTICOTROPIC HORMONE (ACTH)
5855	ANEUPLOIDY 13-18-21-X-Y DETECTR (PCR)
3116	ANTIDIURETIC HORMONE (ADH)
1081	ANTIPHOSPHOLIPID SYNDROME EVALUATR
5952	ANTITHROMBIN III EVALUATION
3253	ANTITHROMBIN III PLASMA ANTIGEN
5951	ANTITHROMBIN III, FUNCTIONAL
5040	B-CELL & T-CELL GENE REARRANGEMENT DETECTR
5044	B-CELL GENE REARRANGEMENT DETECTR
7533	BNP EVALUATR
1531	C1 ESTERASE INHIBITOR, FUNCTIONAL
3126	CALCITONIN
5991	CARDIOVASCULAR THROMBOTIC RISK ASSESSR
4163	CARNITINES EVALUATION
3304	CATECHOLAMINES, FRACTIONATED PLASMA
5859	CHROMOSOMES X & Y ANEUPLOIDY DETECTR
1021	COMPLEMENT EVALUATION PLUS CH50
1600	COMPLEMENT FUNCTIONAL ACTIVITY CH50
9430C	CYTOMEGALOVIRUS DNA ULTRARAPID CSF
4200	D-DIMER
4202	D-DIMER QUANTITATIVE
3127	DISACCHARIDASES
1941	FACTOR II ACTIVITY
1949	FACTOR IX ACTIVITY
1943	FACTOR V ACTIVITY
1945	FACTOR VII ACTIVITY
1947	FACTOR VIII ACTIVITY
1967	FACTOR VIII INHIBITOR
1951	FACTOR X ACTIVITY
1953	FACTOR XI ACTIVITY
1955	FACTOR XII ACTIVITY
3347	FATTY ACIDS, FREE (NON-ESTERIFIED)
1440	FETAL FIBRONECTIN
1426	FIBRINOGEN
4208	FIBRINOLYTIC DEGRADATION PRODUCT
3176	GASTRIN
5943	HEPARIN (ANTI-XA ACTIVITY), UNFRACTIONATED
5947	HEPARIN (ANTI-XA), LOW MOLECULAR WEIGHT (LMWH)
5945	HEPARIN-PF4 ANTIBODIES (HIT)
8144	HEPATITIS B VIRUS CORE/PRECORE MUTANT DETECTR
8132	HEPATITIS B VIRUS DRUG RESISTANCE DETECTR

DOS CODE	TEST NAME
8134	HEPATITIS B VIRUS GENOTYPR
7486	HEPATITIS C VIRUS RNA ACCUQUANT [BDNA]
7476	HEPATITIS C VIRUS RNA ACCUQUANT [BDNA] W/REFLEX SUBTYPR
7486SR	HEPATITIS C VIRUS RNA ACCUQUANT [BDNA] W/SERIAL REPORTING
7516	HEPATITIS C VIRUS RNA DETECTR
7518	HEPATITIS C VIRUS RNA DETECTR W/REFLEX ACCUQUANT
7489	HEPATITIS C VIRUS RNA QUANTITATION (PCR) W/REFLEX SUBTYPR
7577	HEPATITIS C VIRUS RNA QUANTITATION [PCR]
7578	HEPATITIS C VIRUS RNA ULTRAQUANT [BDNA] W/REFLEX SUBTYPR
7576	HEPATITIS C VIRUS RNA ULTRAQUANT [BDNA] W/REFLEX TMA
7576SR	HEPATITIS C VIRUS RNA ULTRAQUANT [BDNA] W/SR W/REFLEX TMA
7473	HEPATITIS C VIRUS SUBTYPR
5965	HEREDITARY THROMBOSIS SCREEN A, NO HEPARIN OR COUMADIN
7581	HERPES SIMPLEX VIRUS DNA DETECTR
7480	HIV-1 GENOTYPR PLUS (REV TRANS & PROT INHIB)
7480NY	HIV-1 GENOTYPR PLUS (REV TRANS & PROT INHIB) [NY]
7485A	HIV-1 RNA QUANTITATION [REAL TIME PCR]
7482A	HIV-1 RNA QUANTITATION [REAL TIME PCR] W/RFX GENOTYPR PLUS
9874	HIV-1 RNA ULTRAQUANT [BDNA]
9872	HIV-1 RNA ULTRAQUANT [BDNA] & CD4 CELL COUNT
9872SR	HIV-1 RNA ULTRAQUANT [BDNA] & CD4 CELL COUNT W/SERIAL REPORT
7482	HIV-1 RNA ULTRAQUANT [BDNA] W/REFLEX GENOTYPR PLUS (RTI+PI)
9874SR	HIV-1 RNA ULTRAQUANT [BDNA] W/SERIAL REPORTING
1820	HUMAN PAPILLOMAVIRUS DETECTR
1822	HUMAN PAPILLOMAVIRUS HIGH & LOW RISK DETECTR
1821	HUMAN PAPILLOMAVIRUS HIGH RISK DETECTR
1824	HUMAN PAPILLOMAVIRUS W/REFLEX HIGH & LOW RISK DETECTR
1827	HUMAN PAPILLOMAVIRUS W/REFLEX HIGH RISK DETECTR
1230	IMMUNE COMPLEX ASSAY, RAJI CELL
3982	INHIBIN B
1910	LUPUS ANTICOAGULANT ASSESSR
1911	LUPUS ANTICOAGULANT: DRVVT W/REFLEX CONFIRMATION
1915	LUPUS ANTICOAGULANT: HEXAGONAL PHASE
5963	LUPUS ANTICOAGULANT: SCREEN 1
5976	LUPUS ANTICOAGULANT: SCREEN 2
5962	LUPUS ANTICOAGULANT: SCREEN 3
5046	MICROSATELLITE INSTABILITY (MSI) DETECTR
5046BK	MICROSATELLITE INSTABILITY (MSI) DETECTR - PARAFFIN
4266	N-TELOPEPTIDE SERUM
3605	PERNICIOUS ANEMIA EVALUATR W/REFLEX
3296	PLASMINOGEN ACTIVATOR INHIBITOR-1
1492	PLASMINOGEN ACTIVITY
6104	PLATELET ASSOCIATED GLYCOPROTEIN (DIRECT) ABS

DOS CODE	TEST NAME
6100	PLATELET GLYCOPROTEIN (DIRECT & INDIRECT) ABS
6102	PLATELET GLYCOPROTEIN (INDIRECT) AUTOABS
5957	PLATELET GLYCOPROTEIN IA/IIA TOTAL AUTOABS
5955	PLATELET GLYCOPROTEIN IB/IX TOTAL AUTOABS
5956	PLATELET GLYCOPROTEIN IIB/IIIA TOTAL AUTOABS
5992	PROTEIN C & S ACTIVITY
3836	PROTEIN C ACTIVITY
5932	PROTEIN C AG
5933	PROTEIN C EVALUATION 1
3837	PROTEIN S ACTIVITY
5935	PROTEIN S AG, FREE
5937	PROTEIN S AG, TOTAL
5938	PROTEIN S EVALUATION
3892	PROTHROMBIN TIME
3893	PROTHROMBIN TIME MIXING STUDIES
3213	PTH, C TERMINAL & INTACT, INCL IONIZED & TOTAL CALCIUM
3208	PTH, C TERMINAL, INCLUDING IONIZED & TOTAL CALCIUM
3945	PTH, C TERMINAL, INCLUDING TOTAL CALCIUM
3941	PTH, INTACT
3990	PTH-RELATED PROTEIN
3214	RENIN ACTIVITY PLASMA
1871	RISTOCETIN COFACTOR FUNCTION
5042	T-CELL GENE REARRANGEMENT DETECTR
4210	THROMBIN TIME
5990	THROMBOTIC RISK ASSESSR
5972	THROMBOTIC RISK EVALUATION 1
5971	THROMBOTIC RISK EVALUATION 2
5973	THROMBOTIC RISK EVALUATION 3
5857	TRISOMY 13, 18, AND 21 DETECTR (PCR)
3515	VITAMIN B1 (THIAMINE)
5981	VON WILLEBRAND EVALUATION WITH MULTIMERS
5984	VON WILLEBRAND EVALUATION WITHOUT MULTIMERS
1907	VON WILLEBRAND FACTOR AG
1905	VON WILLEBRAND FACTOR MULTIMERS PANEL
1906	VON WILLEBRAND MULTIMERS
5961	VON WILLEBRAND PROFILE