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 #**
S50903		**MVista® Blastomyces Quantitative Antigen EIA**	1/5/2015	1
S50392		**MVista® Histoplasma Quantitative Ag EIA Non-Urine**	1/5/2015	2

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 #**
S52252	Partial DMD Del./Dup. Only-Males	2/2/2015	3

Due to these assays being performed by outside vendors, we are unable to use our normal method of communication. Some of the changes listed in this document may be effective in less than 30 days. Please note the individual effective dates below, as these changes may require **IMMEDIATE ACTION.**

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.*

MVista® Blastomyces Quantitative Antigen EIA	
Effective Date	**1/5/2015**
Former Test Name	*Blastomyces Antigen Urine*
Test Code	S50903
Specimen Requirements	Preferred: 2 mL **(0.5 mL minimum)** random urine collected in a sterile screw cap container Acceptable: 2 mL **(0.8 mL minimum)** CSF collected in a sterile screw cap container 2 mL **(1.2 mL minimum)** serum 2 mL **(1.2 mL minimum)** plasma collected in a sodium heparin (green-top) tube, EDTA (lavender-top) tube, or 3.2% sodium citrate (light blue-top) tube **2 mL (0.5 mL minimum)** BAL collected in a sterile screw cap container
Reject Criteria	Samples in transport media, **fixative or isolator tubes**; specimens with particulate matter or viscosity; **tissue, biopsy, sputum, tracheal aspirate, FNA, bone marrow aspirate, or stool**
Instructions	Indicate specimen type and date drawn on test request form. **Two unique patient identifiers required on specimen container. Ship to arrive Monday-Friday using a next day delivery service or 2nd day service. Do not ship by first class mail.** List all antifungal agents patient is receiving.
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated: 14 days** **Frozen: Indefinite**
Units Of Measure	**ng/mL**
Always Message	Reference interval: None Detected

	Results reported as ng/mL in 0.2 - 14.7 ng/mL range Results above the limit of detection but below 0.2 ng/mL are reports as 'Positive, Below the Limit of Quantification' Results above 14.7 ng/mL are reported as 'Positive, Above the Limit of Quantification' **This test was developed and its performance characteristics determined by MiraVista Diagnostics. It has not been cleared or approved by the FDA; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.** **Abbreviations** **C = Cancelled** **U = Unable to Test** **QNS = Quantity Not Sufficient for Testing**
Interface Mapping	

Result Code	Type	Result Name	Unit of Measure
107642	Prompt-Result	Specimen Type	
107643		Result	**ng/mL**
107644		**Interpretation**	

MVista® Histoplasma Quantitative Ag EIA Non-Urine	
Effective Date	**1/5/2015**
Former Test Name	*Histoplasma AG Non-Urine*
Test Code	S50392
Specimen Requirements	**Preferred:** **2 mL (1.2 mL minimum) serum** **Acceptable:** **2 mL (0.8 mL minimum)** CSF collected in a sterile screw cap container 2 mL **(1.2 mL minimum)** plasma collected in a sodium heparin (green-top) tube, EDTA (lavender-top) tube, or 3.2% sodium citrate (light blue-top) tube **2 mL (0.5 mL minimum)** BAL collected in a sterile screw cap container
Reject Criteria	Samples in transport media, **fixative or isolator tubes**; specimens with particulate matter or viscosity; **tissue, biopsy, sputum, tracheal aspirate, FNA, bone marrow aspirate, or stool**
Instructions	Indicate specimen type and date drawn on test request form. **Two unique patient identifiers required on specimen container. Ship to arrive Monday-Friday using a next day delivery service or 2nd day service. Do not ship by first class mail.** List all antifungal agents patient is receiving.
Transport Temperature	**Refrigerated**
Specimen Stability	**Room temperature: 48 hours** **Refrigerated: 14 days** **Frozen: Indefinite**
Units Of Measure	**ng/mL**
Always Message	Reference interval: None Detected Results reported as ng/mL in 0.4 - 19 ng/mL range Results above the limit of detection but below 0.4 ng/mL are reports as 'Positive, Below the Limit of Quantification' Results above 19 ng/mL are reported as 'Positive, Above the Limit of Quantification' **This test was developed and its performance characteristics determined by MiraVista Diagnostics. It has not been cleared or approved by the FDA; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.**

	Abbreviations **C = Cancelled** **U = Unable to Test** **QNS = Quantity Not Sufficient for Testing**
Interface Mapping	

Result Code	Type	Result Name	Unit of Measure
105805	Prompt-Result	Specimen Type	
105806		Result	**ng/mL**
105985		**Interpretation**	

Discontinued Tests

Partial DMD Del./Dup. Only-Males	
Effective Date	**2/2/2015**
Test Code	S52252