

10/3/2013 - TSO Update, Quest Diagnostics Nichols Institute, Valencia

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 #
<u>S50583</u>	Methemoglobin Reductase, Blood	1

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 #
<u>A52590</u>		Androstenediol Glucuronide	10/14/2013	1
<u>91593</u>		Panorama™ Prenatal Test	10/14/2013	1
<u>S50092</u>		Spinocerebellar Ataxia Type 1 DNA Test	10/14/2013	2

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**.

## New York Patient Testing

Methemoglobin Reductase, Blood	
Message	<b>**This test is now available for New York patient testing**</b>
Effective Date	<b>9/30/2013</b>
Test Code	S50583

## Test Send Out (Referrals)

The following test changes will be effective on the dates indicated below. **Please note that only the information that is changing appears in this update.** Former test names and test codes have been italicized.

Androstenediol Glucuronide						
Effective Date	<b>10/14/2013</b>					
Test Code	A52590					
CPU Mappings	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>13674</td> <td>Androstenediol Glucuronide</td> </tr> </tbody> </table>		Result Code	Result Name	13674	Androstenediol Glucuronide
Result Code	Result Name					
13674	Androstenediol Glucuronide					

Panorama™ Prenatal Test	
Effective Date	<b>10/14/2013</b>
Test Code	91593
CPU Mappings	Reporting Title: PANORAMA(TM) PRENATAL TEST

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<b>Result Code</b>	<b>Type</b>	<b>Result Name</b>
86009329	Prompt-Result	Gestational Age
<b>86010323</b>	<b>Prompt-Result</b>	<b>Maternal Weight</b>
86009331	Prompt-Result	Gender Of Fetus Requested
86009366		Gender of Fetus
86009365		% Fetal Fraction
86009333		NIPT Interpretation
33203	Header	Trisomy 21 (T21)
86009334		T21 Age Based Risk
86009336		T21 Panorama Risk Score
86009337		T21 Result
86009338		T21 Comments
33204	Header	Trisomy 18 (T18)
86009339		T18 Age Based Risk
86009341		T18 Panorama Risk Score
86009342		T18 Result
86009343		T18 Comments
33205	Header	Trisomy 13 (T13)
86009344		T13 Age Based Risk
86009346		T13 Panorama Risk Score
86009347		T13 Result
86009348		T13 Comments
33206	Header	Monosomy X (MX)
86009351		MX Age Based Risk
86009353		MX Panorama Risk Score
86009354		MX Result
86009364		MX Comments
<b>33375</b>	<b>Header</b>	<b>Triploidy/Vanishing Twin</b>
<b>86010327</b>		<b>TR/VT Result</b>
<b>86010328</b>		<b>TR/VT Comments</b>
86009359		Message
86009349		Testing Methodology
86009350		Limitations
86009330		Reference
86009363		Approved By:

<b>Spinocerebellar Ataxia Type 1 DNA Test</b>	
<b>Effective Date</b>	<b>10/14/2013</b>
Test Code	S50092
Specimen Requirements	<b>20 mL (20 mL minimum) whole blood EDTA (lavender-top) tube</b>
Reject Criteria	<b>Specimens over 72 hours; any QNS specimens</b>
Instructions	<p><b>Ship room temp; avoid freezing. Ship within 24 hours, Mon-Thurs only.</b></p> <p><b>Please label each specimen tube with two forms of patient identification. These forms of identification must also appear on the requisition form.</b></p> <p><b>Informed consent is required.</b></p>
Transport Temperature	<b>Room temperature</b>
Specimen Stability	<p><b>Room temperature and Refrigerated: 72 hours</b></p> <p><b>Frozen: Unacceptable</b></p>
Set-up/Analytic Time	<b>Set up: Mon-Thurs; Report available: 16 days</b>
Reference Range	<b>Normal: &lt; or equal 35CAG trinucleotide repeats</b>

**Vendor Update Effective Immediately**

Lab ID: 317

Ambry Genetics

**15 Argonaut**

Aliso Viejo, CA 92656-4114