

Technical Update • March 2017

Cleveland Clinic Laboratories is dedicated to keeping you updated and informed about recent testing changes. This Technical Update is provided on a monthly basis to notify you of any changes to the tests in our catalog.

Recently changed tests are bolded, and they could include revisions to methodology, reference range, days performed, or CPT code. Deleted tests and new tests are listed separately. For your convenience, tests are listed alphabetically, and order codes and billing codes are provided.

To compare the new information with previous test information, refer to the online Test Directory at clevelandcliniclabs.com. Test information is updated in the online Test Directory on the Effective Date stated in the Technical Update. Please update your database as necessary.

For additional detail, contact Client Services at 216.444.5755 or 800.628.6816, or via email at clientservices@ccf.org.

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Special Information	Specimen Requirement	Component Change(s)	Methodology	Days Performed/Reported	Reference Range	Stability	CPT	Fee
4-6	Absolute Granulocyte Count with CBC													
6	Alkaline Phosphatase Isoenzymes													
6	Allergen, Soybean IgG													
7	Aspergillus galactomannan BAL													
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7	CA 27.29													
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16	Chromosome Analysis with Reflex AML FISH													
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11	Entamoeba histolytica, IgG													
16	FISH for 7q deletion													
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Test Update
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Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Days Performed/Reported	Reference Range	Stability	CPT	Fee
17 FISH for Aggressive B-Cell Lymphoma on Bone Marrow or Blood														
17 FISH for BCL2 on Bone Marrow or Blood														
17 FISH for Trisomy 4 and 10														
11 FLT3 Mutation Detection by PCR														
12, 19 Fluoxetine/Norfluoxetine														
12 Helicobacter pylori Ab, IgG														
17 Helicobacter pylori Antigen by EIA, Stool														
12 Herpes Simplex Type 1 and 2 IgG Antibodies														
12 Homocysteine, Plasma														
12 Homocysteine, Serum														
12 Ibuprofen														
13 Insulin, Free, Serum														
13, 19 Insulin Like Growth Factor Bind, Prot 3														
14 LC-MS/MS Thyroglobulin measurement for Thyroglobulin Antibody Interference														
19 Malaria Antibody, IgG														
14 Mycoplasma hominis PCR														
14 Pregabalin														
14 PSA														
15 PSA, Free														
15 Selenium Blood														
18 Thyroid Cancer (Thyroglobulin) Monitoring														
15 Williams Syndrome, 7q11.23 Deletion, FISH														
15 ZAP-70 Analysis by Flow Cytometry														

Dear valued client,

On August 1, 2016, Cleveland Clinic Laboratories launched a new online **Supply Storefront** that allows clients to order supplies needed for transporting specimens to our laboratories.

Starting on April 1, 2017, CCL's Logistics Department will only accept orders placed through the online Supply Storefront.

After April 1, any other ordering methods will no longer be accepted (such as the old supply order form on the CCL website, faxed orders, emails to Client Services, or contacting Logistics directly). Our objective is to remain compliant with laboratory operating standards and to streamline the ordering and fulfillment process.

Using our online **Supply Storefront** is easy:

1. On clevelandcliniclabs.com, click on **Order Supplies** on the right side of the homepage
 - On this page, you can watch a video that shows how to use the Storefront
2. Click on the **blue button** to access the Supply Storefront
3. Enter the password: **cclabs.123**
4. Find your supplies, select quantities needed, and add them to your cart
5. Click **Checkout** and enter the required contact information
6. Place the order, and an order confirmation will be sent by email

Please contact **Client Services** by calling 800.628.6816 or by emailing clientservices@ccf.org if you have any additional questions or require assistance.

Thank you for your cooperation.

Test Changes

Test Name	Order Code	Billing Code	Change	Effective Date
Absolute Granulocyte Count with CBC	AGCCBC	81618	<p>For Interfaced Clients Only: Test build may need to be modified</p> <p>Includes: WBC RBC Hemoglobin Hematocrit MCV MCH MCHC Red Cell Distribution Width Platelet Count Mean Platelet Volume Absolute Granulocyte Absolute nRBC</p> <p>Reference Range: WBC 0–14 Days: 8.04–15.40 K/μL 15–30 Days: 7.80–15.91 K/μL 31–60 Days: 7.05–14.99 K/μL 61–179 Days: 6.00–13.32 K/μL 6–23 Months: 5.98–13.51 K/μL 2–5 Years: 4.86–13.38 K/μL 6–11 Years: 4.27–11.40 K/μL 12–14 Years: 3.84–9.84 K/μL 15–99 Years: 3.70–11.00 K/μL</p> RBC 0–14 Days: 4.10–5.74 M/ μ L 15–30 Days: 3.16–4.80 M/ μ L 31–60 Days: 2.93–4.22 M/ μ L 61–179 Days: 3.43–4.80 M/ μ L 6–23 Months: 3.97–5.07 M/ μ L 2–5 Years: 3.84–4.97 M/ μ L 6–11 Years: 3.90–5.03 M/ μ L 12–14 Years: 3.93–5.29 M/ μ L 15–99 Years (Female): 3.90–5.20 M/ μ L 15–99 Years (Male): 4.20–6.00 M/ μ L Hemoglobin 0–14 Days: 13.4–20.0 g/dL 15–30 Days: 10.0–15.3 g/dL 31–60 Days: 8.9–12.7 g/dL 61–179 Days: 9.6–12.4 g/dL 6–23 Months: 10.1–12.7 g/dL 2–5 Years: 10.2–12.7 g/dL 6–11 Years: 10.6–13.4 g/dL 12–14 Years: 10.8–15.5 g/dL 15–99 Years (Male): 13.0–17.0 g/dL 15–99 Years (Female): 11.5–15.5 g/dL Hematocrit 0–14 Days: 39.6–57.2% 15–30 Days: 30.5–45.0% 31–60 Days: 26.8–37.5% 61–179 Days: 28.6–37.2% 6–23 Months: 30.8–37.9% 2–5 Years: 31.0–37.8% 6–11 Years: 32.2–39.8% 12–14 Years: 33.4–46.0% 15–99 Years (Male): 39.0–51.0% 15–99 Years (Female): 36.0–46.0% <p><i>(continued on page 5)</i></p>	4/26/17

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Absolute Granulocyte Count with CBC <i>(continued from page 4)</i>			<p>MCV</p> <p>0–14 Days: 91.3–106.4 fL 15–30 Days: 89.4–103.0 fL 31–60 Days: 83.4–96.4 fL 61–179 Days: 74.1–88.3 fL 6–23 Months: 69.5–82.6 fL 2–5 Years: 71.3–85.0 fL 6–11 Years: 74.4–87.6 fL 12–14 Years: 76.7–90.6 fL 15–99 Years: 80.0–100.0 fL</p> <p>MCH</p> <p>0–14 Days: 31.1–35.9 pg 15–30 Days: 29.9–35.3 pg 31–60 Days: 27.8–32.5 pg 61–179 Days: 24.4–29.5 pg 6–23 Months: 22.7–27.5 pg 2–5 Years: 23.7–28.6 pg 6–11 Years: 24.8–29.5 pg 12–14 Years: 24.8–30.2 pg 15–99 Years: 26.0–34.0 pg</p> <p>MCHC</p> <p>0–14 Days: 33.0–35.7 g/dL 15–30 Days: 32.7–35.1 g/dL 31–60 Days: 32.3–34.9 g/dL 61–179 Days: 31.9–34.4 g/dL 6–23 Months: 31.6–34.4 g/dL 2–5 Years: 31.8–34.7 g/dL 6–11 Years: 31.8–34.9 g/dL 12–14 Years: 31.5–34.8 g/dL 15–99 Years: 30.5–36.0 g/dL</p> <p>Red Cell Distribution Width</p> <p>0–14 Days: 14.6–17.3% 15–30 Days: 14.3–16.8% 31–60 Days: 13.6–16.1% 61–179 Days: 12.2–15.3% 6–23 Months: 12.7–15.6% 2–5 Years: 12.4–14.9% 6–11 Years: 12.2–14.4% 12–14 Years: 12.3–14.6% 15–99 Years: 11.5–15.0%</p> <p>Platelet Count</p> <p>0–23 Months: 150–450 K/μL 2–99 Years: 150–400 K/μL</p> <p>Mean Platelet Volume</p> <p>0–14 Days: 10.2–12.0 fL 15–30 Days: 10.0–12.2 fL 31–60 Days: 9.2–11.1 fL 61–179 Days: 8.9–10.9 fL 6–23 Months: 8.7–10.6 fL 2–5 Years: 8.9–11.0 fL 6–11 Years: 9.2–11.4 fL 12–14 Years: 9.6–11.8 fL 15–99 Years: 9.0–12.7 fL</p> <p><i>(continued on page 6)</i></p>	

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Absolute Granulocyte Count with CBC <i>(continued from page 5)</i>			<p>Absolute Granulocyte</p> <p>0–14 Days: 1.60–6.75 K/μL 15–30 Days: 1.18–5.45 K/μL 31–60 Days: 0.83–4.68 K/μL 61–179 Days: 0.97–7.20 K/μL 6–23 Months: 1.19–7.21 K/μL 2–5 Years: 1.54–8.29 K/μL 6–11 Years: 1.63–7.87 K/μL 12–14 Years: 1.54–7.47 K/μL 15–99 Years: 1.45–7.50 K/μL</p> <p>Absolute nRBC</p> <p>1–3 Days: 0.06–1.30 K/μL 4–30 Days: 0.04–0.11 K/μL 31–60 Days: 0.03–0.09 K/μL 61–180 Days: 0.03–0.13 K/μL 6–23 Months: 0.03–0.12 K/μL 2–5 Years: 0.03–0.32 K/μL 6–11 Years: 0.03–0.15 K/μL 12–14 Years: 0.03–0.13 K/μL 15–99 Years: 0.00 K/μL</p>	
Alkaline Phosphatase Isoenzymes	ALKISO	67	<p>For Interfaced Clients Only: Test build may need to be modified</p> <p>Includes:</p> <ul style="list-style-type: none"> Bone % Liver % Intestinal % <p>Liver Fraction</p> <p>Bone Fraction</p> <p>Intestine Fraction</p> <p>Alkaline Phosphatase</p> <p>Special Information: Patient should be fasting. Patients who have B or O blood group and are secretors may have an elevated alkaline phosphatase (ALP) about two hours after a fatty meal. Age and sex of patient are necessary for interpretation of results.</p> <p>Clinical Limitation: High concentrations of phosphate, oxalate, citrate and cyanide will inhibit alkaline phosphatase (ALP) activity. Excess glycine may inhibit ALP activity by complexing Mg²⁺. EDTA inhibits some of the isoenzymes of ALP. Do not use as an anticoagulant. Several drugs cause an enzymatic imbalance which may change the ALP level.</p> <p>Stability:</p> <ul style="list-style-type: none"> Ambient: 24 hours Refrigerated: 7 days Frozen: 14 days <p>Reference Range:</p> <ul style="list-style-type: none"> Bone %: 10.7–68.3% Liver %: 26.0–86.2% Intestinal %: 0.0–24.2% Liver Fraction: 15.0–66.0 U/L Bone Fraction: 12.0–50.0 U/L Intestine Fraction: 0.0–15.3 U/L <p>Alkaline Phosphatase</p> <ul style="list-style-type: none"> Male (18–99 Years): 36–108 U/L Female (18–99 Years): 32–117 U/L <p>Days Performed: Varies, Monday–Friday</p> <p>Reported: 3–6 days</p>	4/26/17
Allergen, Soybean IgG	SOYIGG	89479	<p>Stability:</p> <ul style="list-style-type: none"> Ambient: 14 days Refrigerated: 14 days Frozen: 30 days <p>Methodology: Fluorescent Enzyme Immunoassay (FEIA)</p>	3/13/17

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Aspergillus galactomannan BAL	ASGALB	88703	<p>For Interfaced Clients Only: Test build may need to be modified</p> <p>Includes: Aspergillus Galactomannan Qualitative BAL Aspergillus galactomannan BAL</p> <p>Stability: Ambient: 48 hours Refrigerated: 7 days Frozen: 14 days</p> <p>Reference Range: Aspergillus Galactomannan Qualitative BAL 0-99 Years: Negative Aspergillus galactomannan BAL 0-99 Years: < 0.5 Index</p>	4/26/17
Aspergillus galactomannan Serum	ASGALS	88701	<p>For Interfaced Clients Only: Test build may need to be modified</p> <p>Includes: Aspergillus Galactomannan Qualitative Aspergillus galactomannan Serum</p> <p>Stability: Ambient: 48 hours Refrigerated: 7 days Frozen: 14 days</p> <p>Reference Range: Aspergillus Galactomannan Qualitative 0-99 Years: Negative Aspergillus galactomannan Serum 0-99 Years: < 0.5 Index</p>	4/26/17
CA 27.29	CA2729	80676	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 14 days</p>	3/7/17
Calcium, Total	CA	82310	<p>Reference Range: 0-10 Days: 7.6-10.4 mg/dL 11-364 Days: 9.0-11.0 mg/dL 1-2 Years: 9.0-11.0 mg/dL 3-12 Years: 8.8-10.8 mg/dL 13-17 Years: 8.4-10.2 mg/dL 18-99 Years: 8.5-10.2 mg/dL</p>	Effective immediately
CK Isoenzymes	CKISO	142	<p>Note: <i>This test was previously announced in the February Special Communication.</i></p> <p>For Interfaced Clients Only: Test build may need to be modified</p> <p>Includes: % CKBB % CKMB % CKMM Creatine Kinase, Total</p> <p>Interpretation</p> <p>Special Information: Hemolyzed specimens will be rejected. Specimens received thawed will be rejected. CK-MB and CK-BB are temperature labile. Repeated freeze/thaw cycles destroy CK activity. If CK and CK Isoenzymes are ordered together, specimen must be submitted frozen.</p> <p>Specimen Requirement: 2 mL serum from a serum separator (gold) tube; Minimum: 1 mL; Separate serum from cells ASAP or within 1 hour of collection; Frozen</p> <p>Stability: Ambient: Unacceptable Refrigerated: 48 hours Frozen: 14 days</p>	3/6/17

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Complete Blood Count	CBC	85027	<p>For Interfaced Clients Only: Test build may need to be modified</p> <p>Includes: WBC RBC Hemoglobin Hematocrit MCV MCH MCHC Red Cell Distribution Width Platelet Count Mean Platelet Volume Absolute nRBC</p> <p>Reference Range:</p> <p>WBC 0-14 Days: 8.04-15.40 K/μL 15-30 Days: 7.80-15.91 K/μL 31-60 Days: 7.05-14.99 K/μL 61-179 Days: 6.00-13.32 K/μL 6-23 Months: 5.98-13.51 K/μL 2-5 Years: 4.86-13.38 K/μL 6-11 Years: 4.27-11.40 K/μL 12-14 Years: 3.84-9.84 K/μL 15-99 Years: 3.70-11.00 K/μL</p> <p>RBC 0-14 Days: 4.10-5.74 M/μL 15-30 Days: 3.16-4.80 M/μL 31-60 Days: 2.93-4.22 M/μL 61-179 Days: 3.43-4.80 M/μL 6-23 Months: 3.97-5.07 M/μL 2-5 Years: 3.84-4.97 M/μL 6-11 Years: 3.90-5.03 M/μL 12-14 Years: 3.93-5.29 M/μL 15-99 Years (Female): 3.90-5.20 M/μL 15-99 Years (Male): 4.20-6.00 M/μL</p> <p>Hemoglobin 0-14 Days: 13.4-20.0 g/dL 15-30 Days: 10.0-15.3 g/dL 31-60 Days: 8.9-12.7 g/dL 61-179 Days: 9.6-12.4 g/dL 6-23 Months: 10.1-12.7 g/dL 2-5 Years: 10.2-12.7 g/dL 6-11 Years: 10.6-13.4 g/dL 12-14 Years: 10.8-15.5 g/dL 15-99 Years (Male): 13.0-17.0 g/dL 15-99 Years (Female): 11.5-15.5 g/dL</p> <p>Hematocrit 0-14 Days: 39.6-57.2% 15-30 Days: 30.5-45.0% 31-60 Days: 26.8-37.5% 61-179 Days: 28.6-37.2% 6-23 Months: 30.8-37.9% 2-5 Years: 31.0-37.8% 6-11 Years: 32.2-39.8% 12-14 Years: 33.4-46.0% 15-99 Years (Male): 39.0-51.0% 15-99 Years (Female): 36.0-46.0%</p> <p><i>(continued on page 9)</i></p>	5/11/17

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Complete Blood Count <i>(continued from page 8)</i>			<p>MCV</p> <p>0–14 Days: 91.3–106.4 fL 15–30 Days: 89.4–103.0 fL 31–60 Days: 83.4–96.4 fL 61–179 Days: 74.1–88.3 fL 6–23 Months: 69.5–82.6 fL 2–5 Years: 71.3–85.0 fL 6–11 Years: 74.4–87.6 fL 12–14 Years: 76.7–90.6 fL 15–99 Years: 80.0–100.0 fL</p> <p>MCH</p> <p>0–14 Days: 31.1–35.9 pg 15–30 Days: 29.9–35.3 pg 31–60 Days: 27.8–32.5 pg 61–179 Days: 24.4–29.5 pg 6–23 Months: 22.7–27.5 pg 2–5 Years: 23.7–28.6 pg 6–11 Years: 24.8–29.5 pg 12–14 Years: 24.8–30.2 pg 15–99 Years: 26.0–34.0 pg</p> <p>MCHC</p> <p>0–14 Days: 33.0–35.7 g/dL 15–30 Days: 32.7–35.1 g/dL 31–60 Days: 32.3–34.9 g/dL 61–179 Days: 31.9–34.4 g/dL 6–23 Months: 31.6–34.4 g/dL 2–5 Years: 31.8–34.7 g/dL 6–11 Years: 31.8–34.9 g/dL 12–14 Years: 31.5–34.8 g/dL 15–99 Years: 30.5–36.0 g/dL</p> <p>Red Cell Distribution Width</p> <p>0–14 Days: 14.6–17.3% 15–30 Days: 14.3–16.8% 31–60 Days: 13.6–16.1% 61–179 Days: 12.2–15.3% 6–23 Months: 12.7–15.6% 2–5 Years: 12.4–14.9% 6–11 Years: 12.2–14.4% 12–14 Years: 12.3–14.6% 15–99 Years: 11.5–15.0%</p> <p>Platelet Count</p> <p>0–23 Months: 150–450 K/μL 2–99 Years: 150–400 K/μL</p> <p>Mean Platelet Volume</p> <p>0–14 Days: 10.2–12.0 fL 15–30 Days: 10.0–12.2 fL 31–60 Days: 9.2–11.1 fL 61–179 Days: 8.9–10.9 fL 6–23 Months: 8.7–10.6 fL 2–5 Years: 8.9–11.0 fL 6–11 Years: 9.2–11.4 fL 12–14 Years: 9.6–11.8 fL 15–99 Years: 9.0–12.7 fL</p> <p>Absolute nRBC</p> <p>1–3 Days: 0.06–1.30 K/μL 4–30 Days: 0.04–0.11 K/μL 31–60 Days: 0.03–0.09 K/μL 61–180 Days: 0.03–0.13 K/μL 6–23 Months: 0.03–0.12 K/μL 2–5 Years: 0.03–0.32 K/μL 6–11 Years: 0.03–0.15 K/μL 12–14 Years: 0.03–0.13 K/μL 15–99 Years: 0.00 K/μL</p>	

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Cystatin C	CYSTC	83644	<p>Special Information: Reference ranges were not locally established for pediatric patients.</p> <p>Clinical Limitation: Cystatin C levels are sensitive to changes in thyroid function and should not be used without knowledge of the patient's thyroid status. In very rare cases, gammopathy, in particular type IgM (Waldenstrom macroglobulinemia), may cause unreliable results. In very rare cases, falsely elevated cystatin C will be obtained from samples taken from patients who have been treated with rabbit antibodies or have developed anti-rabbit antibodies.</p> <p>Clinical Information: Evaluation of renal function. Cystatin C may be more sensitive in identifying mild reductions in kidney function than serum creatinine alone. Prediction of cardiovascular risk in patients with chronic kidney disease.</p> <p>Stability: Ambient: After separation from cells: 7 days Refrigerated: After separation from cells: 1 week Frozen: After separation from cells: 24 months</p> <p>Methodology: Quantitative Immunoturbidimetric</p> <p>Reference Range: 18 years and older: 0.61–0.95 mg/L</p> <p>Days Performed: Monday, Wednesday, Friday</p> <p>Reported: 1–3 days</p>	4/27/17
Diphtheria/Tetanus Antibody	DIPTET	75455	<p>Specimen Requirement: 2 mL serum from a serum separator (gold) tube; Minimum: 0.6 mL; Transfer serum to plastic screw-cap vial; Transport using cold packs; Refrigerated</p> <p>*OR* 2 mL serum from a red top tube with no additive; Minimum: 0.6 mL; Transfer serum to plastic screw-cap vial; Transport using cold packs; Refrigerated</p> <p>Methodology: Enzyme Immunoassay (EIA)</p> <p>Reference Range: Diphtheria Antibody: ≥ 0.01 IU/mL Tetanus Antibody: > 0.15 IU/mL</p>	Effective immediately
EBV Ab to Viral Capsid Antigen, IgG	EBVG	50057	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 14 days</p>	3/2/17
EBV Ab to Viral Capsid Antigen, IgM	EBVM	50125	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 14 days</p>	3/2/17
EBV Antibody Panel	EBVPNL	46	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 14 days</p>	3/2/17
EBV Antibody to Early Antigens	EBVEA	50126	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 14 days</p>	3/2/17
EBV Antibody to Nuclear Antigen	EBVNA	50134	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 14 days</p>	3/2/17

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Entamoeba histolytica, IgG	EHISTO	75482	<p>Note: <i>This test was previously announced in the February Special Communication.</i></p> <p>Special Information: Acute and convalescent specimens must be labeled as such; parallel testing is preferred and convalescent specimens MUST be received within 30 days from receipt of the acute specimens. Unacceptable conditions: Contaminated, heat-inactivated, hemolyzed or severely lipemic specimens. This test is New York DOH approved.</p> <p>Clinical Information: Aid in the detection of amebic liver abscess. Test is not useful for intestinal infection. In case of extraintestinal complications, a positive antibody can indicate amebiasis even though stool findings are negative. Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.</p> <p>Specimen Requirement: 1 mL serum from a serum separator (gold) tube; Minimum: 0.1 mL; Separate serum from cells ASAP or within 2 hours of collection; Please mark specimen plainly as ACUTE or CONVALESCENT; Refrigerated</p> <p>Reference Range: Negative: No significant level of detectable E histolytica IgG Antibody: 8 U or less Equivocal: (Repeat testing in 10-14 days may be helpful) 9–11 U Positive: (Current or past infection) 12 U or greater</p>	Effective immediately
FLT3 Mutation Detection by PCR	FLT3MD	90818	<p>Note: <i>This test was previously announced in the February Special Communication.</i></p> <p>Special Information: Must indicate specimen type. Unacceptable conditions: Grossly hemolyzed or clotted specimens. This test is New York DOH approved.</p> <p>Specimen Requirement: 5 mL whole blood in an EDTA lavender top tube; Minimum: 5 mL; Separate specimens must be submitted when multiple tests are ordered; Refrigerated</p> <p>*OR* 1 µg extracted DNA; Minimum: 1 µg; Refrigerated</p> <p>*OR* 3 mL bone marrow in an ACD A or B (yellow) tube; Minimum: 3 mL; Separate specimens must be submitted when multiple tests are ordered; Refrigerated</p> <p>*OR* 3 mL bone marrow in an EDTA lavender top tube; Minimum: 3 mL; Separate specimens must be submitted when multiple tests are ordered; Refrigerated</p> <p>*OR* 3 mL bone marrow in a sodium or lithium heparin green top tube; Minimum: 3 mL; Separate specimens must be submitted when multiple tests are ordered; Refrigerated</p> <p>*OR* 5 mL whole blood in an ACD A or B (yellow) tube; Minimum: 5 mL; Separate specimens must be submitted when multiple tests are ordered; Refrigerated</p> <p>*OR* 5 mL whole blood in a sodium or lithium heparin green top tube; Minimum: 5 mL; Separate specimens must be submitted when multiple tests are ordered; Refrigerated</p> <p>Stability: Ambient: 72 hours Refrigerated: 1 week for blood and bone marrow; indefinitely for extracted DNA Frozen: Unacceptable</p> <p>Days Performed: Varies</p> <p>Reported: 5–12 days</p> <p>CPT: 81245 x 1, 81246 x 1</p>	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Fluoxetine/ Norfluoxetine	FLUOX	76252	<p>Note: <i>This test was previously announced in the February Special Communication.</i></p> <p>Special Information: Unacceptable conditions: Separator tubes. This test is New York DOH approved.</p> <p>Clinical Information: Optimize drug therapy and monitor patient adherence.</p> <p>Specimen Requirement: 3 mL serum from a red top tube with no additive; Minimum: 1.2 mL; Draw 2 tubes to ensure adequate specimen volume; Do not use serum separator tubes; Separate serum from cells ASAP or within 2 hours of collection and transfer to aliquot tube; Refrigerated</p> <p>*OR* 3 mL plasma from an EDTA lavender top tube; Minimum: 1.2 mL; Draw 2 tubes to ensure adequate specimen volume; Do not use plasma separator tubes; Separate plasma from cells ASAP or within 2 hours of collection and transfer to aliquot tube; Refrigerated</p> <p>Stability: Ambient: 1 week Refrigerated: 2 weeks Frozen: 18 months</p> <p>Methodology: Gas Chromatography Mass Spectrometry (GCMS)</p> <p>Reference Range: Fluoxetine: Refer to report Norfluoxetine: Refer to report</p> <p>Days Performed: Varies</p> <p>Reported: 5–12 days</p>	Effective immediately
Helicobacter pylori Ab, IgG	HPYLRI	76529	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 6 months</p>	3/7/17
Herpes Simplex Type 1 and 2 IgG Antibodies	HSVG12	82513	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 14 days</p>	3/2/17
Homocysteine, Plasma	HCYPL	77598	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 13 weeks</p>	3/7/17
Homocysteine, Serum	HOMCYS	22513	<p>Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 13 weeks</p>	3/7/17
Ibuprofen	IBUPRO	77106	<p>Special Information: Unacceptable conditions: Separator tubes. This test is New York DOH approved.</p> <p>Clinical Information: Optimize drug therapy and monitor patient adherence. Reporting limit: 3 mcg/mL.</p> <p>Specimen Requirement: 1 mL serum from a red top tube with no additive; Minimum: 0.4 mL; Do not use serum separator tubes; Separate serum from cells ASAP or within 2 hours of collection and transfer to aliquot tube; Refrigerated</p> <p>*OR* 1 mL plasma from an EDTA lavender top tube; Minimum: 0.4 mL; Do not use plasma separator tubes; Separate plasma from cells ASAP or within 2 hours of collection and transfer to aliquot tube; Refrigerated</p> <p>Stability: Ambient: 16 days Refrigerated: 16 days Frozen: 6 months</p> <p>Days Performed: Varies</p> <p>Reported: 5–12 days</p>	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Insulin, Free, Serum	FINS	90382	Stability: Ambient: 8 hours Refrigerated: 7 days Frozen: 14 days	3/7/17
Insulin Like Growth Factor Bind, Prot 3	IGFBP3	80366	Clinical Limitation: For diagnostic purposes, the results obtained from this assay should always be used in combination with the clinical examination, patient medical history, and other findings. Clinical Information: IGFBP-3 is used as an aid in the evaluation of growth disorders. It is growth hormone (GH) dependent and therefore useful in the evaluation of GH secretion. Stability: Ambient: 24 hours Refrigerated: 7 days Frozen: 1 year Reference Range: 1-7 Days: ≤ 700 ng/mL 8-15 Days: 500-1400 ng/mL 16-364 Days: 700-3600 ng/mL 1-2 Years: 700-3600 ng/mL 2-3 Years: 800-3900 ng/mL 3-4 Years: 900-4300 ng/mL 4-5 Years: 1000-4700 ng/mL 5-6 Years: 1100-5200 ng/mL 6-7 Years: 1300-5600 ng/mL 7-8 Years: 1400-6100 ng/mL 8-9 Years: 1600-6500 ng/mL 9-10 Years: 1800-7100 ng/mL 10-11 Years: 2100-7700 ng/mL 11-12 Years: 2400-8400 ng/mL 12-13 Years: 2700-8900 ng/mL 13-14 Years: 3100-9500 ng/mL 14-15 Years: 3300-10000 ng/mL 15-16 Years: 3500-10000 ng/mL 16-17 Years: 3400-9500 ng/mL 17-18 Years: 3200-8700 ng/mL 18-19 Years: 3100-7900 ng/mL 19-20 Years: 2900-7300 ng/mL 20-21 Years: 2900-7200 ng/mL 21-25 Years: 3400-7800 ng/mL 26-30 Years: 3500-7600 ng/mL 31-35 Years: 3500-7000 ng/mL 36-40 Years: 3400-6700 ng/mL 41-45 Years: 3300-6600 ng/mL 46-50 Years: 3300-6700 ng/mL 51-55 Years: 3400-6800 ng/mL 56-60 Years: 3400-6900 ng/mL 61-65 Years: 3200-6600 ng/mL 66-70 Years: 3000-6200 ng/mL 71-75 Years: 2800-5700 ng/mL 76-80 Years: 2500-5100 ng/mL 81-85 Years: 2200-4500 ng/mL > 85 Years: No reference range established Tanner Stage I (Male): 1400-5200 ng/mL Tanner Stage I (Female): 1200-6400 ng/mL Tanner Stage II (Male): 2300-6300 ng/mL Tanner Stage II (Female): 2800-6900 ng/mL Tanner Stage III (Male): 3100-8900 ng/mL Tanner Stage III (Female): 3900-9400 ng/mL Tanner Stage IV (Male): 3700-8700 ng/mL Tanner Stage IV (Female): 3300-8100 ng/mL Tanner Stage V (Male): 2600-8600 ng/mL Tanner Stage V (Female): 2700-9100 ng/mL Days Performed: Monday, Wednesday, Friday Reported: 2-3 days	4/22/17

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
LC-MS/MS Thyroglobulin measurement for Thyroglobulin Antibody Interference	TGMSMS	89977	Specimen Requirement: 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.5 mL; Frozen *OR* 0.5 mL serum from a red top tube with no additive; Minimum: 0.5 mL; Frozen	4/26/17
Mycoplasma hominis PCR	MYPCR	88446	Special Information: Specimen source is required. Unacceptable: Cotton or calcium alginate-tipped swab, wooden shaft swab, transport swab containing gel or charcoal, formalin-fixed and/or paraffin-embedded tissues, Port-a-Cul tube, anaerobic fluid vials, or dry swab (no pledget or sponge). This test is New York State approved. Clinical Information: Useful for rapid, sensitive, and specific identification of Mycoplasma hominis from synovial fluid, genitourinary, reproductive, lower respiratory sources, pleural/chest fluid, pericardial fluid, and wound specimens. This test does not detect other mycoplasmas or ureaplasmas (including Mycoplasma pneumoniae, a common cause of community-acquired pneumonia). Specimen Requirement: One urogenital swab in Amies or Stuart's media without charcoal ; Minimum: One swab; Use Dacron or rayon swab with aluminum or plastic shaft; Refrigerated *OR* 5 mm ³ tissue in a sterile container; Submit only fresh tissue, 5 mm ³ ; Source: placenta, products of conception, respiratory, bronchus, chest/mediastinal, bone, joint ; Refrigerated *OR* Unspecified swab in a sterile container; Minimum: One swab; Source: cervix, urethra, vagina, urogenital, chest/mediastinal , bronchus (donor swab), upper respiratory sources (only infants < 3 months: nasopharynx, nose, throat); Swab: Use Dacron or rayon swab with aluminum or plastic shaft with either Stuart's or Amies medium; Also accept swabs in M4, M5, UTM or eswab ; Refrigerated *OR* 2 mL body fluid in a sterile container; Minimum: 1 mL; Source: pelvic, amniotic, prostatic secretion, semen, reproductive drainage, synovial, pleural, pericardial, sputum, tracheal secretions, bronchial washings, bronchoalveolar lavage, lung; nasal washings (only infants < 3 months) ; Refrigerated *OR* 10 mL random urine in a sterile container; Minimum: 2 mL; Refrigerated Methodology: Real-Time Polymerase Chain Reaction (RT-PCR)	3/16/17
Pregabalin	PBALIN	84199	Note: <i>This test was previously announced in the February Special Communication.</i> Special Information: This test is New York State approved. Specimen Requirement: 1 mL serum from a red top tube with no additive; Minimum: 0.5 mL ; Draw specimen immediately before next scheduled dose; Centrifuge within 2 hours of draw and transfer to plastic vial ; Do not use serum separator tubes; Refrigerated Stability: Ambient: 28 days Refrigerated: 28 days Frozen: 28 days Reference Range: 2.0–5.0 mcg/mL Days Performed: Sunday–Saturday Reported: 2–3 days	3/1/17
PSA	PSA	41820	Stability: Ambient: 24 hours Refrigerated: 3 days Frozen: 24 weeks	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
PSA, Free	PSATF	79475	Stability: Ambient: 8 hours Refrigerated: 3 days Frozen: 12 weeks	Effective immediately
Selenium Blood	SELEN	84255	Special Information: Gadolinium-containing compounds (e.g., MRI contrast agents) will cause significant interference to the selenium assay. Specimen collection for selenium testing is not recommended for 4 days post gadolinium administration.	Effective immediately
Williams Syndrome, 7q11.23 Deletion, FISH	WMS	83007	Test Name: Previously FISH for 7q11.23 Deletion Days Performed: Monday–Sunday Reported: 11–13 days	3/2/17
ZAP-70 Analysis by Flow Cytometry	ZAP70	90114	For Interfaced Clients Only: Test build may need to be modified Includes: ZAP70+/CD19+ Viability Clinical Information: Patients with chronic lymphocytic leukemia have variable outcomes; ZAP-70 can predict patients who have aggressive disease and need aggressive therapy. Specimen Requirement: 5 mL whole blood in an EDTA lavender top tube; Minimum: 1 mL ; Send to Cleveland Clinic Laboratories ASAP on the day of collection; Ambient *OR* 5 mL bone marrow in an EDTA lavender top tube; Minimum: 1 mL; Send to Cleveland Clinic Laboratories ASAP on the day of collection; Note: Bone marrow may also be collected in a sodium heparin green top tube or ACD B (yellow) tube; Ambient *OR* 5 mL whole blood in an ACD B (yellow) tube; Minimum: 1 mL; Send to Cleveland Clinic Laboratories ASAP on the day of collection; Ambient *OR* 5 mL whole blood in a sodium heparin green top tube; Minimum: 1 mL; Send to Cleveland Clinic Laboratories ASAP on the day of collection; Ambient Stability: Ambient: 72 hours Refrigerated: Unacceptable Frozen: Unacceptable Reference Range: ZAP70+/CD19+: < 10% Viability: Refer to report Days Performed: Sunday–Saturday Reported: 3–4 days CPT: 88184 x 1, 88185 x 1	Effective immediately

New Tests

Test Name	Order Code	Billing Code	Change	Effective Date
Chromosome Analysis with Reflex AML FISH	CHRAML		<p>Special Information: If the chromosome results are suboptimal or no growth, AML FISH will be added at an additional charge.</p> <p>Recommended Usage: This battery allows clinicians to expect the AML FISH panel to be performed when the bone marrow chromosome analysis is suboptimal or cultures present no growth.</p> <p>Specimen Requirement: 2–3 mL bone marrow in a sodium heparin green top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 2–3 mL bone marrow in an EDTA lavender top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>Stability: Ambient: 48 hours Refrigerated: Not preferred Frozen: Unacceptable</p> <p>Methodology: Culture Karyotyping Microscopy</p> <p>Reference Range: Chromosome Bone marrow Females: 46,XX Males: 46,XY</p> <p>Days Performed: Sunday–Saturday</p> <p>Reported: 7–21 days</p> <p>CPT: 88262 x 1, 88291 x 1</p>	4/10/17
Chromosome Analysis with Reflex MDS FISH	CHRMDS		<p>Note: <i>This test was previously announced in the January 2017 Technical Update.</i></p> <p>Price: \$804.00 (non-discountable)</p>	Effective immediately
FISH for 7q deletion	FISH7Q		<p>Specimen Requirement: 2–3 mL bone marrow in a sodium heparin green top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 2–3 mL bone marrow in an EDTA lavender top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 5–7 mL whole blood in a sodium heparin green top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 5–7 mL whole blood in an EDTA lavender top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>Stability: Ambient: 48 hours Refrigerated: Not preferred Frozen: Unacceptable</p> <p>Methodology: Fluorescent In-Situ Hybridization (FISH)</p> <p>Days Performed: 3 days per week</p> <p>CPT: 88271 x 2, 88275 x 1, 88291 x 1</p>	4/11/17
FISH for 20q and CEP8	20Q8FH		<p>Specimen Requirement: 2–3 mL bone marrow in a sodium heparin green top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 2–3 mL bone marrow in an EDTA lavender top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 5–7 mL whole blood in a sodium heparin green top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 5–7 mL whole blood in an EDTA lavender top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>Stability: Ambient: 48 hours Refrigerated: Not preferred Frozen: Unacceptable</p> <p>Methodology: Fluorescent In-Situ Hybridization (FISH)</p> <p>Days Performed: 3 days per week</p> <p>CPT: 88271 x 2, 88275 x 1, 88291 x 1</p>	4/11/17

New Tests (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
FISH for Aggressive B-Cell Lymphoma on Bone Marrow or Blood	FABCFP		<p>Specimen Requirement: 2–3 mL bone marrow in a sodium heparin green top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 2–3 mL bone marrow in an EDTA lavender top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 5–7 mL whole blood in a sodium heparin green top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 5–7 mL whole blood in an EDTA lavender top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>Stability: Ambient: 48 hours Refrigerated: Not preferred Frozen: Unacceptable</p> <p>Methodology: Fluorescent In-Situ Hybridization (FISH)</p> <p>Days Performed: 3 days per week</p> <p>CPT: 88271 x 8, 88275 x 4, 88291 x 1</p>	4/11/17
FISH for BCL2 on Bone Marrow or Blood	BCL2FH		<p>Specimen Requirement: 2–3 mL bone marrow in a sodium heparin green top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 2–3 mL bone marrow in an EDTA lavender top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 5–7 mL whole blood in a sodium heparin green top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>*OR* 5–7 mL whole blood in an EDTA lavender top tube; If aliquoting is necessary, sterile aliquot tubes must be used; Ambient</p> <p>Stability: Ambient: 48 hours Refrigerated: Not preferred Frozen: Unacceptable</p> <p>Methodology: Fluorescent In-Situ Hybridization (FISH)</p> <p>Days Performed: 3 days per week</p> <p>Reported: 3–4 days</p> <p>CPT: 88271 x 2, 88275 x 1, 88291 x 1</p>	4/10/17
FISH for Trisomy 4 and 10	FHT410	84172	<p>Note: <i>This test was previously announced in the February 2017 Technical Update.</i></p> <p>Price: \$976.00 (non-discountable)</p>	4/11/17
Helicobacter pylori Antigen by EIA, Stool	HPYLAG		<p>Note: <i>This test was previously announced in the February 2017 Technical Update.</i></p> <p>Price: \$117.00</p>	3/28/17

New Tests (Cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Thyroid Cancer (Thyroglobulin) Monitoring	THYMON		<p>Includes: Thyroglobulin Thyroglobulin Antibody Screen</p> <p>Special Information: If Thyroglobulin Antibody is positive, Thyroglobulin by LC/MS/MS will be performed at an additional charge.</p> <p>Clinical Information: Serum thyroglobulin levels correlate well with the volume of differentiated thyroid tissue, hence are increased in thyrotoxicosis, thyroiditis, iodine deficiency, benign thyroid adenomas, and thyroid cancer. Thus although it is unsuitable as a screening tool for differentiated thyroid cancer (DTC), it is a highly sensitive marker for the detection of residual or recurrent disease after a total thyroidectomy and successful radioiodine remnant ablation. Presence of thyroglobulin autoantibodies interfere in the assay, and thyroglobulin levels are underestimated in the antibody positive patients.</p> <p>Specimen Requirement: 1.5 mL serum from a serum separator (gold) tube; Minimum: 1 mL; Refrigerated *OR* 1.5 mL serum from a red top tube with no additive; Minimum: 1 mL; Refrigerated</p> <p>Stability: Ambient: 6 days Refrigerated: 7 days Frozen: 28 days</p> <p>Methodology: Chemiluminescence Immunoassay (CLIA) Chemiluminescent Microparticle Immunoassay (CMIA)</p> <p>Reference Range: Thyroglobulin: 0.8–49.0 ng/mL Thyroglobulin Antibody Screen: < 14.4 IU/mL</p> <p>Days Performed: Monday, Wednesday, Friday</p> <p>Reported: 1–14 days</p> <p>CPT: 84432 x 1</p> <p>Price: \$44.00</p>	4/26/17

Fee Increases

Test Name	Order Code	Billing Code	List Fee	CPT Code	Effective Date
Fluoxetine/Norfluoxetine	FLUOX	76252	\$138.00 (non-discountable)	80332	Effective immediately

Fee Reductions

Test Name	Order Code	Billing Code	List Fee	CPT Code	Effective Date
Cystatin C	CYSTC	83644	\$85.00	82610	4/27/17
Insulin Like Growth Factor Bind, Prot 3	IGFBP3	80366	\$49.00	82397	4/26/17

Discontinued Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
Malaria Antibody, IgG	MALIGG	89374	<i>Note: This test was previously announced in the February Special Communication. This test will no longer be available.</i>	Effective immediately