Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • October 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 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	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT	Fee
3	Acylglycines, Quantitative Urine					■	■					■		
3	Alkaline Phosphatase Isoenzymes							■						
11	Allergen, Hazel Nut Tree IgE			■										
11	Allergen, Red Cedar Tree IgE			■										
11, 12	Alpha 1 Antitrypsin Phenotype and Genotype			■										
3	Anaplasma phagocytophilum & E. chaffeensis Ab Panel					■	■	■			■			
4	Angiotensin Converting Enzyme									■				
4	Aspergillus Ab, CF											■		
4	Aspergillus Ab, ID											■		
4	Aspergillus Antibodies (CF/ID)											■		
4	Aspergillus Antibody (CF reflex to ID)											■		
4	Benztropine					■	■					■	■	
4	Blastomyces Ab, CF											■		
4	Blastomyces Ab, ID											■		
4	Blastomyces Antibodies (CF/ID)											■		
4	Blastomyces Antibody (CF reflex to ID)											■		
5	Blastomyces Antigen					■	■					■	■	
5	Chromogranin A					■	■		■	■	■	■		
6	Citrate, Urine 24 Hour									■		■		
6	Coccidioides Ab, CF											■		

Test Update Page #	Summary of Changes by Test Name	Order Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change(s)	Methodology	Reference Range	Days Performed/Reported	Stability	CPT	Fee
6	Coccidioides Ab, CF & ID											■		
6	Coccidioides Ab, ID											■		
6	Coccidioides Antibody (CF reflex to ID)											■		
13	DNA Extraction				■									
12	DNA Extraction (Buffy Coat)			■										
12	FISH for ALK Cyto Block			■										
13	FISH for Myelodysplasia													■
12	FISH for RET Cyto Block			■										
12	FISH for ROS1 Cyto Block			■										
6	Fungal Antibodies, CF											■		
6	Fungal Antibodies (CF/ID)											■		
6	Fungal Antibodies, ID											■		
6	Gabapentin					■	■					■		
7	Growth Hormone Suppression						■							
7	Hepatitis Acute Panel					■						■		
7	Hepatitis Acute Panel/RNA											■		
7	Hepatitis C Antibody IA											■		
7	Hepatitis C Antibody IA w/Confirm											■		
7	Hepatitis Remote Panel											■		
7, 13	HFE (Hemochromatosis)								■					■
7	Histamine, Urine					■	■	■						
7	Histoplasma Ab, CF											■		
7	Histoplasma Ab, ID											■		
8	Histoplasma Antibodies (CF/ID)											■		
8	Histoplasma Antibody (CF reflex to ID)											■		
8	Histoplasmosis/Blastomyces Ab											■		
8, 13	MTHFR Gene Analysis								■					■
8	M. tuberculosis Amplified, CSF					■			■		■	■		
8, 9	Nicotine & Metabolites, Urine					■				■	■	■		
9	Phenelzine					■	■					■		
9	Ritalin					■					■			
9,13	Soluble Transferrin Receptor					■	■				■	■		■
13	Spinal Muscular Atrophy Carrier Screening and Diagnostic			■										
10	Staph aureus PCR					■						■		
10	Thyroid Cancer Mutation Panel					■							■	
10	Tissue Culture & Stain					■								
10	Valproic Acid, Total and Free						■							

SMA Carrier Screening Available on October 25, 2017

In March 2017, the American College of Obstetricians and Gynecologists (ACOG) updated their genetic carrier screening recommendations to include screening for spinal muscular atrophy (SMA). ACOG now recommends that all women who are pregnant or considering pregnancy be offered both cystic fibrosis (CF) and SMA carrier screening.

Our lab currently offers cystic fibrosis carrier screening and beginning on October 25, 2017, genetic testing for spinal muscular atrophy will also be available in the Molecular Pathology lab at Cleveland Clinic Laboratories. This copy number analysis of SMN1 and SMN2 genes may be used for both carrier screening and diagnostic confirmation.

Test Changes

Test Name	Order Code	Change	Effective Date
Acylglycines, Quantitative Urine	UACYLG	**Special Information:** Patient's age is required. Include family history, clinical condition (asymptomatic or acute episode), diet and drug therapy information with the sample **(use of Biochemical Genetics Patient Information form is recommended). Pediatrics: If insufficient collection volume, submit as much specimen as possible in a single container, and the laboratory will determine if volume is sufficient for testing. This test is New York State approved.** **Specimen Requirement:** 10 mL random urine in a clean container **(No preservatives);** Minimum: 4 mL; Include family history, clinical condition (asymptomatic or acute episode), diet, and drug therapy information **(use of Biochemical Genetics Patient Information form is recommended);** Frozen **Stability:** Ambient: Unacceptable Refrigerated: **9 days** Frozen: **416** days	Effective immediately
Alkaline Phosphatase Isoenzymes	ALKISO	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** Bone % Bone Fraction Liver % Liver Fraction Intestinal % Intestine Fraction **Alkaline Phosphatase, Total**	12/4/17
Anaplasma phagocytophilum & E. chaffeensis Ab Panel	EHRLIC	**For Interfaced Clients Only: Test build may need to be modified** **Includes:** A. phagocytophilum, IgG A. phagocytophilum, IgM E. chaffeensis, IgG E. chaffeensis, IgM Interpretation **Comment** **Clinical Information: Anaplasma phagocytophilum and Ehrlichia chaffeensis are tick-borne agents that cause an acute febrile illness, which often resembles Rocky Mountain spotted fever.** **Specimen Requirement:** 1 mL serum from a **red top tube with no additive;** Minimum: **0.4 mL; Centrifuge and transfer serum to plastic screw-cap vial; Ambient** *OR* 1 mL serum from a serum separator (gold) tube; Minimum: **0.4 mL; Centrifuge and transfer serum to plastic screw-cap vial; Ambient** **Days Performed:** Monday–Saturday **Reported:** 2–**4** days	10/16/17

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Angiotensin Converting Enzyme	ACE	**Note:** *This test was previously announced in the September 2017 Special Communication.* **Reference Range:** **0–2 Years: < 83 U/L** **3–7 Years: < 76 U/L** **8–14 Years: < 89 U/L** **15–99 Years: < 52 U/L**	10/2/17
Aspergillus Ab, CF	ASPRCF	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Aspergillus Ab, ID	ASPRID	**Stability:** Ambient: **1 day** Refrigerated: 7 days Frozen: 14 days	10/10/17
Aspergillus Antibodies (CF/ID)	ASPRAB	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Aspergillus Antibody (CF reflex to ID)	ASPCF	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Benztropine	BENZTR	**Special Information: Collection time: Trough levels are most reproducible. Serum gel tubes and plasma gel tubes are unacceptable. This test is New York State approved.** **Clinical Information:** Anticholinergic **Specimen Requirement:** 2 mL serum from a red top tube with no additive; Minimum: 0.3 mL; Do not use serum separator tubes; **Collection time: Trough levels are most reproducible; Centrifuge and transfer serum to standard aliquot tube;** Refrigerated *OR* 2 mL plasma from a sodium heparin green top tube; Minimum: 0.3 mL; Do not use plasma separator tubes; **Collection time: Trough levels are most reproducible; Centrifuge and transfer plasma to standard aliquot tube;** Refrigerated **Stability:** Ambient: 72 hours Refrigerated: **14 days** Frozen: **180 days** **CPT: 80375 x 1**, (G0480, if appropriate)	11/29/17
Blastomyces Ab, CF	BLSTCF	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Blastomyces Ab, ID	BLSTID	**Stability:** Ambient: **1 day** Refrigerated: 7 days Frozen: 14 days	10/10/17
Blastomyces Antibodies (CF/ID)	BLSTAB	**Stability:** Ambient: **1 day** Refrigerated: 7 days Frozen: **14 days**	10/10/17
Blastomyces Antibody (CF reflex to ID)	BLSCF	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Blastomyces Antigen	BLAS	**Special Information: Separate orders are required for each specimen. Rejection criteria: Specimen that is too viscous to pipette; Tissue, biopsy, sputum, bronchial brush, tracheal aspirate, fine needle aspirate (FNA), bone marrow aspirate, stool or samples in transport media, fixative or Isolator tubes** **Clinical Information:** Reportable range: 0.2–14.7 ng/mL. Results above the limit of detection but below 0.2 ng/mL are reported as "Positive, below the limit of quantification." Results above 14.7 ng/mL are reported as "Positive, above the limit of quantification." **Cautions: Sodium hydroxide and sputolysin. Cross-reactivity occurs between blastomycosis and histoplasmosis, and in paracoccidioidomycosis, penicilliosis, coccidioidomycosis, aspergillosis, and sporotrichosis.** **Specimen Requirement:** 2 mL serum from a **red top tube with no additive;** Minimum: 1.2 mL; **Centrifuge and transfer serum to standard plastic aliquot tube;** Refrigerated *OR* 2 mL bronchoalveolar lavage (BAL) specimen in a sterile container; Minimum: 0.5 mL; Specimen source must be indicated on container; **Submit specimen in sterile, leak-proof plastic vial;** Refrigerated *OR* 2 mL cerebrospinal fluid (CSF) in a sterile container; Minimum: 0.8 mL; Specimen source must be indicated on container; **Submit specimen in sterile, leak-proof plastic vial;** Refrigerated *OR* 2 mL plasma from an EDTA lavender top tube; Minimum: 1.2 mL; **Centrifuge and transfer plasma to standard plastic aliquot tube;** Refrigerated *OR* 2 mL plasma from a **sodium citrate (light blue) tube;** Minimum: 1.2 mL; **Centrifuge and transfer plasma to standard plastic aliquot tube;** Refrigerated *OR* 2 mL plasma from a sodium or lithium heparin green top tube; Minimum: 1.2 mL; **Centrifuge and transfer plasma to standard plastic aliquot tube;** Refrigerated *OR* 2 mL serum from a serum separator (gold) tube; Minimum: 1.2 mL; **Centrifuge and transfer serum to standard plastic aliquot tube;** Refrigerated *OR* 2 mL random urine in a sterile container; Minimum: 0.5 mL; Specimen source must be indicated on container; **Submit specimen in sterile screw-cap container;** Refrigerated **Stability:** Ambient: **14** days Refrigerated: **14 days** Frozen: **Indefinitely** **CPT: 87449 x 1**	Effective immediately
Chromogranin A	CHROMA	**Note:** *This test was previously announced in the September 2017 Special Communication.* **Special Information: Plasma is not acceptable. This test is New York DOH approved.** **Clinical Information: Assay aids in monitoring but is not recommended for diagnosis of carcinoid tumors. Assay may be useful in monitoring nonsecretory sympathetic and parasympathetic neuroendocrine tumors. This test is performed using the Cisbio CGA-ELISA-US kit. Results obtained with different methods or kits cannot be used interchangeably.** **Specimen Requirement: 1 mL** serum from a serum separator (gold) tube; Minimum: **0.5 mL; Allow serum specimen to clot completely at room temperature, then transfer serum to standard aliquot tube;** Frozen *OR* **1 mL** serum from a red top tube with no additive; Minimum: **0.5 mL; Allow serum specimen to clot completely at room temperature, then transfer serum to standard aliquot tube;** Frozen **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells: 2 weeks** Frozen: **After separation from cells: 6 weeks** **Methodology: Enzyme** Immunoassay **(EIA)** **Reference Range: 0–95 ng/mL** **Days Performed: Monday, Wednesday,** Friday **Reported: 2–7** days	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Citrate, Urine 24 Hour	UCITD	**Note:** *This test was previously announced in the August 2017 Special Communication.* **Stability:** Ambient: **48** hours Refrigerated: 1 week Frozen: 1 month **Reference Range:** **Male** **18–99 Years: 120–930 mg/24 hrs** **Female** **18–99 Years: 250–1160 mg/24 hrs**	10/2/17
Coccidioides Ab, CF	COCICF	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Coccidioides Ab, CF & ID	COCIAB	**Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: **14 days**	10/10/17
Coccidioides Ab, ID	COCIID	**Stability:** Ambient: **1 day** Refrigerated: 7 days Frozen: 14 days	10/10/17
Coccidioides Antibody (CF reflex to ID)	COCCF	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Fungal Antibodies, CF	FUNCF	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Fungal Antibodies (CF/ID)	FUNBAT	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Fungal Antibodies, ID	FUNID	**Stability:** Ambient: **1 day** Refrigerated: 7 days Frozen: 14 days	10/10/17
Gabapentin	GABA	**Special Information:** Specimen should be collected **within one hour** prior to next dose–at steady state concentration. **Unacceptable conditions include whole blood, gel separator tubes, light blue (citrate) or yellow (SPS or ACD solution). This test is New York DOH approved.** **Clinical Information: Optimize drug therapy and monitor patient adherence.** Pharmacokinetics of gabapentin vary widely among patients, particularly those with compromised renal function. **Adverse effects may include somnolence, dizziness, ataxia, and fatigue.** **Specimen Requirement:** 1 mL serum from a red top tube with no additive; Minimum: **0.2 mL; Draw specimen within one hour prior to next dose;** Do not use serum separator tubes; Separate serum from cells within 2 hours of collection **and aliquot into standard transport tube;** Refrigerated *OR* 1 mL plasma from an EDTA lavender top tube; Minimum: **0.2 mL; Draw specimen within one hour prior to next dose;** Do not use plasma separator tubes; Separate plasma from cells within 2 hours of collection **and aliquot into standard transport tube;** Refrigerated **Stability:** Ambient: After separation from cells: **1 month** Refrigerated: After separation from cells: **1 month** Frozen: After separation from cells: 2 months	Effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Growth Hormone Suppression	GHSUP	**Specimen Requirement:** 2 mL plasma from a potassium oxalate/sodium fluoride (gray) tube; Minimum: 0.5 mL; Refrigerated ***AND* 1 mL** serum from a serum separator (gold) tube; Minimum: 0.5 mL; Draw baseline specimen, then 30, 60 and 120 minutes post administration of suppressant; Refrigerated	10/9/17
Hepatitis Acute Panel	HACUTP	**Special Information:** If the Hepatitis C Antibody (IA) is positive, a confirming test is suggested. **Hepatitis B Surface Antigen Confirmation will be performed and billed on all initially reactive Hepatitis B Surface Antigen tests.** **Stability:** Ambient: **24 hours** Refrigerated: **6** days Frozen: **14 days**	10/19/17
Hepatitis Acute Panel/RNA	HACRNA	**Stability:** Ambient: **24 hours** Refrigerated: **6** days Frozen: Unacceptable	10/19/17
Hepatitis C Antibody IA	AHCV	**Stability:** Ambient: 3 days Refrigerated: 7 days Frozen: **14 days**	10/19/17
Hepatitis C Antibody IA w/Confirm	AHCV1B	**Stability:** Ambient: 3 days Refrigerated: 7 days Frozen: **14 days**	10/19/17
Hepatitis Remote Panel	HREMOP	**Stability:** Ambient: **24 hours** Refrigerated: **6** days Frozen: **14 days**	10/19/17
HFE (Hemochromatosis)	HEMDNA	**Methodology:** **High Resolution Melt Analysis** Polymerase Chain Reaction (PCR)	10/25/17
Histamine, Urine	UHISTA	**For Interfaced Clients Only: Test build may need to be modified** **Special Information: Critical Frozen.** Indicate total volume **and collection time interval on transport tube** and requisition. If a 24-hour urine is submitted, the excretion will be calculated. If a random urine is submitted, the result will be reported as 'Not applicable.' **Specimens received ambient or refrigerated outside of their respective stabilities will be rejected. MUST send frozen. This test is New York DOH approved.** **Clinical Information: Aid in evaluation of patient with allergic signs and symptoms, such as anaphylaxis. May assist when diagnosing and monitoring mast-cell activation disorders or when evaluating histamine production over a longer time frame.** **Specimen Requirement: 4 mL** 24-hour urine (well-mixed) in a clean container; Minimum: 1 mL; Refrigerate during collection; **Record total volume and collection time interval;** Aliquot **into standard transport tube** and freeze **immediately; Separate specimens must be submitted when multiple tests are ordered;** Critical Frozen *OR* **4 mL** random urine in a clean container; Minimum: 1 mL; **Record total volume;** Aliquot **into standard transport tube** and freeze **immediately;** Critical Frozen	11/29/17
Histoplasma Ab, CF	HISTCF	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Histoplasma Ab, ID	HISTID	**Stability:** Ambient: **1 day** Refrigerated: 7 days Frozen: 14 days	10/10/17

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Histoplasma Antibodies (CF/ID)	HISTAB	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Histoplasma Antibody (CF reflex to ID)	HISCF	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
Histoplasmosis/ Blastomyces Ab	HISBLA	**Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **14 days**	10/10/17
MTHFR Gene Analysis	MTHF	**Methodology:** **High Resolution Melt Analysis** Polymerase Chain Reaction (PCR)	10/25/17
M. tuberculosis Amplified, CSF	MTBCSF	**Special Information: Use cold packs for transport.** **Clinical Information:** Used to aid the physician in the rapid diagnosis and treatment of a possible tuberculosis infection. **Stability:** Ambient: Unacceptable Refrigerated: **5 days** Frozen: **30** days **Methodology: Real-Time** Polymerase Chain Reaction (**RT-**PCR) **Days Performed:** Sunday–Saturday **Reported:** 2–**4** days	Effective immediately
Nicotine & Metabolites, Urine	UNICOT	**Note:** *This test was previously announced in the September 2017 Special Communication.* **Special Information: Random urine should be collected without preservatives. This test is New York State approved.** **Clinical Information: Useful for monitoring tobacco use or monitoring patients on nicotine-replacement therapy for concurrent use of tobacco products. Nicotine is rapidly metabolized in the liver to cotinine, exhibiting an elimination half-life of 2 hours. Cotinine exhibits an apparent elimination half-life of 15 hours.** Patients using tobacco products excrete nicotine in urine in the concentration range of 1,000 to 5,000 ng/mL. **Cotinine accumulates in urine in proportion to dose and hepatic metabolism (which is genetically determined);** most tobacco users excrete cotinine in the range of 1,000 to 8,000 ng/mL. Urine concentrations of nicotine and metabolites in these ranges indicate the subject is using tobacco or is receiving high-dose nicotine patch therapy. **In addition to nicotine and metabolites, tobacco products also contain other alkaloids that can serve as unique markers of tobacco use. Two such markers are anabasine and nornicotine. Anabasine is present in tobacco products, but not nicotine replacement therapies. Nornicotine is present as an alkaloid in tobacco products and as a metabolite of nicotine. The presence of anabasine > 10 ng/mL or nornicotine > 30 ng/mL in urine indicates current tobacco use, irrespective of whether the subject is on nicotine replacement therapy. The presence of nornicotine without anabasine is consistent with use of nicotine replacement products.** Heavy tobacco users who abstain from tobacco for two weeks exhibit urine nicotine values < 30 ng/mL, cotinine < 50 ng/mL, anabasine < 2 ng/mL, and nornicotine < 2 ng/mL. **Passive exposure to tobacco smoke can cause accumulation of nicotine metabolites in nontobacco users.** Urine cotinine has been observed to accumulate up to 20 ng/mL from passive exposure. **Neither anabasine nor nornicotine accumulates from passive exposure.** ***(continued on page 9)***	10/3/17

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Nicotine & Metabolites, Urine *(continued from page 8)*		**Stability:** Ambient: **14 days** Refrigerated: **14 days** Frozen: **365 days** **Reference Range:** Nicotine: **< 5.0 ng/mL** Cotinine: < 5.0 ng/mL Anabasine: < 2.0 ng/mL Nornicotine: < 2.0 ng/mL **Days Performed:** Monday–**Sunday** **Reported:** 3–6 days	
Phenelzine	PHENEL	**Special Information: Criteria for rejection: Not received light protected, received room temperature, received refrigerated, polymer gel separation tube (SST or PST). This test is New York State approved.** **Clinical Information:** Therapeutic drug monitoring. **Category: Antidepressant. Reporting limit: 1.0 ng/mL** **Specimen Requirement:** 5 mL serum from a red top tube with no additive; Minimum: 2.2 mL; **MUST** protect specimen from light; Do not use serum separator tubes; **Promptly** centrifuge, **separate serum into plastic screw-capped vial (preservative-free)** and freeze immediately; Frozen *OR* **5 mL** plasma from an EDTA lavender top tube; Minimum: 2.2 mL; **MUST** protect specimen from light; Do not use plasma separator tubes; **Promptly centrifuge,** separate plasma **into plastic screw-capped vial (preservative-free)** and freeze immediately; Frozen **Stability:** Ambient: Unacceptable Refrigerated: Unacceptable Frozen: **16 days at minus 20 °C; 19 days at minus 70 °C**	11/6/17
Ritalin	RITAL	**Special Information: Specimens warm from thawing will be rejected.** **Days Performed:** Monday–Sunday **Reported:** 4–**9** days	Effective immediately
Soluble Transferrin Receptor	STRANS	**Clinical Limitation: Soluble transferrin receptor (sTfR) is also a marker for erythropoiesis and not specific for iron deficiency. sTfR levels may be elevated in patients with sickle cell disease, hemolysis or recent blood loss. Interpret sTfR test results in these individuals with caution. Monoclonal mouse antibodies, if present in patient blood, may affect sTfR measurement.** **Clinical Information: Soluble transferrin receptor (sTfR) is an indicator of iron status. However, unlike Ferritin, sTfR is not an acute-phase reactant. sTfR is used for evaluation of suspected iron deficiency in patients who may have inflammation, infection, or chronic disease.** sTfR elevates in patients with iron deficiency and remains normal in anemic patients caused by chronic disease. In general, to increase sensitivity and specificity, the measurement of sTfR should be performed in combination with other tests of iron status, including ferritin, TIBC, and serum iron. People of African descent and those residing at 5,200 feet (1,600 meters) above sea level were found to have a 6% higher normal value. These differences were additive. Reference intervals have not been established for pregnant females, patients under 18 years of age, and recent or frequent blood donors. **Specimen Requirement:** 1 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL; Refrigerated *OR* **1 mL serum from a red top tube with no additive;** Minimum: 0.3 mL; Refrigerated **Stability:** Ambient: 72 hours Refrigerated: 1 week Frozen: 1 month (avoid repeated freeze/thaw cycles) **Days Performed: Monday, Wednesday, Friday** **Reported:** 2–3 days	11/28/17

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Staph aureus PCR	SAPCR	**Special Information: With patient's head tilted back, insert both dry swabs (leave attached to red cap) approximately 1–2 cm into one nostril. Rotate the swabs against the inside of the nostril for 3 seconds. Apply slight pressure with a finger on the outside of the nose to ensure good contact between the swabs and inside of the nose. Using the same swabs, repeat for the other nostril. Place the swabs into the transport tube (swabs should stay attached to the red cap). Make sure the red cap is tightly on the transport tube.** **Clinical Limitation: The Staph aureus PCR test is not intended to diagnose, guide or monitor treatment for MRSA/SA infections, or provide results of susceptibility to methicillin. A negative result does not preclude MRSA/SA nasal colonization. Concomitant cultures are necessary to recover organisms for epidemiological typing or for further susceptibility testing.** **Clinical Information:** This test detects Staphylococcus aureus (SA) and methicillin-resistant Staphylococcus aureus (MRSA) from nasal swabs to determine the Staph aureus carrier status of patients prior to surgery. **Specimens other than nares require culture (SANSAL).** Testing is performed 7 days per week, 24 hours per day. TAT for this assay in most cases is expected to be 4–6 hours after receipt in Microbiology. The test is intended to aid in the prevention and control of MRSA/SA infections in healthcare settings. **Stability:** Ambient: 24 hours–Acceptable specimens should be kept at room temperature (15–28 °C) if they will be processed within 24 hours, otherwise store at 2–8 °C Refrigerated: 5 days **(4 days for patients ≤ 21 years of age)** Frozen: Unacceptable; Will be rejected	Effective immediately
Thyroid Cancer Mutation Panel	TYMUT	**Special Information:** All specimens must be accompanied with Pathology Report. Specimens will be examined by a pathologist for confirmation and microdissection if warranted. **Rejection criteria: Baked slides, specimens received frozen** **Clinical Information: The thyroid mutation panel assesses for all eight of the most common mutations or rearrangements associated with thyroid neoplasia. The BRAF codon 600 mutation, and RET/PTC1 and RET/PTC3 rearrangements are highly associated with papillary thyroid cancer, the PAX8-PPAR{gamma} with follicular carcinomas and RAS mutations (in either HRAS, KRAS and NRAS) usually with follicular neoplasms.** **CPT: 81445 x 1**	Effective immediately
Tissue Culture & Stain	TISCUL	**Special Information: Add drops of sterile saline to keep small pieces of tissue moist.** If culture is positive, identification will be performed on clinically significant organisms at an additional charge. Identification CPT codes that may apply include: 87077, 87106, 87107, 87153, 87158. Antimicrobial susceptibilities are performed when indicated, and the following CPT codes may apply: 87181, 87184, 87185, 87186. **Clinical Information: Media and incubation conditions are employed for the recovery of aerobic bacteria. If an anaerobic infection is suspected, transfer specimen to an anaerobic transport device and add an anaerobic culture to the order. All tissue cultures are incubated for a minimum of three days. Brain, bone and heart valve specimens are incubated for five days. Shoulder, hip or knee tissue submitted to diagnose a prosthetic joint infection includes a thioglycollate broth culture with 14 day incubation; broth culture with extended incubation also occurs if "rule out Cutibacterium (Propionibacterium) acnes" is requested.**	10/12/17
Valproic Acid, Total and Free	VPAFT2	**Specimen Requirement:** 3 mL plasma from a sodium or lithium heparin green top tube; Minimum: **1.8 mL;** Collect immediately before next dose; Refrigerated	Effective immediately

New Tests

Test Name	Order Code	Change	Effective Date
Allergen, Hazel Nut Tree IgE	HZNTTR	**Includes:** Allergen, Hazel Nut Tree IgE Allergen, Hazel Nut Tree Class **Clinical Information:** Specific evaluation of allergic reactions. 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; 17.50–49.99, Class 4–Very High; 50.00–99.99, Class 5–Very High; ≥ 100, Class 6–Very High **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL; An extra 50 µL will be required for each additional allergen ordered; Refrigerated *OR* 0.5 mL plasma from an EDTA lavender top tube; Minimum: 0.3 mL; Refrigerated *OR* 0.5 mL plasma from a lithium heparin green top tube; Minimum: 0.3 mL; Refrigerated **Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: 14 days **Methodology:** Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP **Reference Range:** Allergen, Hazel Nut Tree IgE: < 0.35 kU/L Allergen, Hazel Nut Tree Class: 0 **Days Performed:** Sunday–Saturday **Reported:** 1–2 days **CPT:** 86003 x 1 **Price:** $33.00	10/16/17
Allergen, Red Cedar Tree IgE	RDCEDR	**Includes:** Allergen, Red Cedar Tree IgE Allergen, Red Cedar Tree Class **Clinical Information:** Specific evaluation of allergic reactions. 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; 17.50–49.99, Class 4–Very High; 50.00–99.99, Class 5–Very High; ≥ 100, Class 6–Very High **Specimen Requirement:** 0.5 mL serum from a serum separator (gold) tube; Minimum: 0.3 mL; An extra 50 µL will be required for each additional allergen ordered; Refrigerated **Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: 14 days **Methodology:** Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP **Reference Range:** Allergen, Red Cedar Tree IgE: < 0.35 kU/L Allergen, Red Cedar Tree Class: 0 **Days Performed:** Sunday–Saturday **Reported:** 1–2 days **CPT:** 86003 x 1 **Price:** $33.00	10/16/17
Alpha 1 Antitrypsin Phenotype and Genotype	A1ATPG	**Specimen Requirement:** 1 mL plasma from a lithium heparin (light green) plasma separator tube (PST); Refrigerated *AND* 5 mL whole blood in an EDTA lavender top tube; Refrigerated *OR* 1 mL serum from a serum separator (gold) tube; Refrigerated *AND* 5 mL whole blood in an EDTA lavender top tube; Refrigerated *(continued on page 12)*	Effective immediately

New Tests (Con't)

Test Name	Order Code	Change	Effective Date
Alpha 1 Antitrypsin Phenotype and Genotype *(continued from page 11)*		**Stability:** Ambient: Whole blood: 24 hrs; Plasma/serum: After separation from cells: 7 days Refrigerated: Whole blood: 5 days; Plasma/serum: After separation from cells: 3 months Frozen: Whole blood: Unacceptable; Plasma/serum: After separation from cells: 3 months **Methodology:** High Resolution Melt Analysis Nephelometry (NEPH) Polymerase Chain Reaction (PCR) **Days Performed:** 1 day per week **Reported:** 7–10 days **CPT:** 81332 x 1, 82103 x 1, G0452 x 1 **Price:** $297.00	
DNA Extraction (Buffy Coat)	NUCBUF	**Note:** *This test was previously announced as DNA and RNA Extraction (Buffy Coat) in the September 2017 Technical Update with an effective date of 9/27/17. The test name has changed, and the go-live date has been changed to 10/25/17. We apologize for any inconvenience this may have caused.*	10/25/17
FISH for ALK Cyto Block	ALKCB	**Recommended Usage:** Non-small cell lung carcinoma (NSCLC) diagnostic **Specimen Requirement:** 4 cytologic preparation slides; Minimum: 4 slides; Cytology cell blocks that have been prepared using Cellient Cell Block System; Sections should be cut 4 μm thick; Ambient **Stability:** Ambient: Cell block slides are acceptable Refrigerated: Not preferred Frozen: Unacceptable **Methodology:** Fluorescent In-Situ Hybridization (FISH) **Days Performed:** 4 days per week **Reported:** 2–5 days **CPT:** 88377 x 1	11/20/17
FISH for RET Cyto Block	RETCB	**Recommended Usage:** Non-small cell lung carcinoma (NSCLC) diagnostic **Specimen Requirement:** 4 cytologic preparation slides; Minimum: 4 slides; Cytology blocks that have been prepared using Cellient Cell Block System; Sections should be cut 4 μm thick; Ambient **Stability:** Ambient: Cell block slides are acceptable Refrigerated: Not preferred Frozen: Unacceptable **Methodology:** Fluorescent In-Situ Hybridization (FISH) **Days Performed:** 4 days per week **Reported:** 2–5 days **CPT:** 88377 x 1	11/20/17
FISH for ROS1 Cyto Block	ROS1CB	**Recommended Usage:** Non-small cell lung carcinoma (NSCLC) diagnostic **Specimen Requirement:** 4 cytologic preparation slides; Minimum: 4 slides; Cytology blocks that have been prepared using Cellient Cell Block System; Sections should be cut 4 μm thick; Ambient **Stability:** Ambient: Cell block slides are acceptable Refrigerated: Not preferred Frozen: Unacceptable **Methodology:** Fluorescent In-Situ Hybridization (FISH) **Days Performed:** 4 days per week **Reported:** 2–5 days **CPT:** 88377 x 1	11/20/17

New Tests (Con't)

Test Name	Order Code	Change	Effective Date
Spinal Muscular Atrophy Carrier Screening and Diagnostic	SMA12	**Note:** *This test was previously announced in the September 2017 Technical Update.* **Days Performed:** 2 days per week **Reported:** 4–7 days	10/25/17

Fee Reductions

Test Name	Order Code	List Fee	CPT Code	Effective Date
FISH for Myelodysplasia	FSHMDS	$1289.00 (non-discountable)	88271 x 6, 88275 x 3, 88291	10/24/17
HFE (Hemochromatosis)	HEMDNA	$273.00	81256, G0452	10/25/17
MTHFR Gene Analysis	MTHF	$209.00 (non-discountable)	81291, G0452	10/25/17
Soluble Transferrin Receptor	STRANS	$54.00	84238	11/28/17

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
DNA Extraction	DNAEXT	**Note:** *This test was previously announced in the September 2017 Technical Update with a discontinuation date of 9/27/17. This test will be discontinued on 10/25/17, and we suggest ordering DNA Extraction (Buffy Coat) (NUCBUF). We apologize for any inconvenience this may have caused.*	10/25/17