Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • May 2022

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
12	ADAMTS13 Antibody Test												■	■
12	Adenovirus Culture				■									
2	Adenovirus DFA						■							
12	Allergen, Inhalants Group													■
12	Allergen, Respiratory Disease Profile Region 5													■
12	Allergen, Respiratory Disease Profile Region 7													■
12	Beta Globin (HBB) Gene Sequencing				■									
10	Beta Globin (HBB) Sequencing			■										
2	C1Q Binding Assay										■			
3	C Telopeptide, Beta Cross Linked					■	■			■				
4	Celiac Comprehensive Panel					■	■	■	■			■		
4	Celiac Gluten Free Panel					■	■							
5	Celiac Screen with Reflex					■	■	■	■	■		■		
5	Chikungunya Antibodies, IgG and IgM					■	■							
5	Coccidioides Ab, CF					■	■							
6	Coccidioides IgG and IgM Antibodies					■	■					■		
6	Cryoglobulin, Qualitative	■					■	■	■	■				
6	Cryptosporidium & Giardia Antigens by EIA											■		
6	Diphtheria Toxoid IgG Abs										■			
10–11	Drug Detection Panel, Meconium, Qualitative			■										

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	Haemophilus influenzae B Ab IgG										■			
7	Influenza A & B Antibodies					■	■					■		
7	Influenza A Antibody					■	■					■		
7	Influenza A Virus Antibody, IgM					■	■							
7	Influenza B Antibody					■	■					■		
7	Influenza B Virus Antibody, IgM					■	■							
7	LC-MS/MS Thyroglobulin measurement for Thyroglobulin Antibody Interference					■								
8	Liver Fibrosis, FibroTest-ActiTest					■	■	■		■	■	■		
12	Meconium Drug Screen 9				■									
9	Niacin					■	■	■	■	■	■	■		
9	Quetiapine												■	
12	Raji Cell Immune Complex Assay				■									
9	S-100B Protein, Serum									■				
9	Synthetic Cannabinoid Metabolites – Expanded, Urine (Qualitative)							■				■		
9	Tetanus Toxoid IgG										■			
9	Trypanosoma cruzi Antibody, IgG					■	■							
9	Urticaria-Induced Basophil Activation										■			
9	VDRL, CSF					■								
11	VWF GPIbM Activity													■

Test Changes

Test Name	Order Code	Change	Effective Date
Adenovirus DFA	DADNO	**Specimen Requirement:** One conjunctival swab in Universal Transport Media (UTM); Refrigerated; UTM is preferred; M4 is acceptable as an alternative *OR* One nasopharynx swab in Universal Transport Media (UTM); Refrigerated; UTM is preferred; M4 is acceptable as an alternative *OR* One throat swab in Universal Transport Media (UTM); Refrigerated; UTM is preferred; M4 is acceptable as an alternative *OR* unspecified nasopharyngeal aspirate in sterile container; Refrigerated *OR* unspecified nasopharyngeal washings in sterile container; Refrigerated **Note:** *Bronch (BAL) is no longer an acceptable specimen*	6/2/22
C1Q Binding Assay	C1Q2	**Days Performed:** Mon, Thu, **Sat** **Reported: 3–10** days	5/16/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
C Telopeptide, Beta Cross Linked	CTELO	**Special Information: CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.** Morning fasting specimen preferred. Patient Prep: For patients receiving therapy with high biotin doses (e.g. greater than 5 mg/day), specimen should not be drawn until at least 8 hours after the last biotin administration. Hemolyzed specimens are unacceptable. This test is New York DOH approved. **Specimen Requirement:** 1 mL serum from Serum Separator (Gold) tube; Minimum 0.5 mL; Frozen, **Critical;** Morning fasting specimen preferred. Patient Prep: For patients receiving therapy with high biotin doses (e.g. greater than 5 mg/day), specimen should not be drawn until at least 8 hours after the last biotin administration. Allow tube to sit for 15-20 minutes at room temperature to form clot. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer serum to standard aliquot tube. **Separate specimens must be submitted when multiple tests are ordered.** *OR* 1 mL plasma from Lithium heparin (Green) tube; Minimum 0.5 mL; Frozen, **Critical;** Morning fasting specimen preferred. Patient Prep: For patients receiving therapy with high biotin doses (e.g. greater than 5 mg/day), specimen should not be drawn until at least 8 hours after the last biotin administration. Allow tube to sit for 15-20 minutes at room temperature to form clot. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer serum to standard aliquot tube. **Separate specimens must be submitted when multiple tests are ordered.** *OR* 1 mL plasma from EDTA (Lavender) tube; Minimum 0.5 mL; Frozen, **Critical**; Morning fasting specimen preferred. Patient Prep: For patients receiving therapy with high biotin doses (e.g. greater than 5 mg/day), specimen should not be drawn until at least 8 hours after the last biotin administration. Allow tube to sit for 15-20 minutes at room temperature to form clot. Centrifuge and separate serum from cells ASAP or within 2 hours of collection. Transfer serum to standard aliquot tube. **Separate specimens must be submitted when multiple tests are ordered.** **Reference Range:** Female: 6 months–6 years: 500–1800 pg/mL 7–9 years: 566–1690 pg/mL 10–12 years: 503–2077 pg/mL 13–15 years: 160–1590 pg/mL 16–17 years: 167–933 pg/mL **Premenopausal: 136–689 pg/mL** Postmenopausal: **177–1015** pg/mL Male: 6 months–6 years: **238–1019** pg/mL 7–9 years: **238–1019** pg/mL 10–12 years: **238–1019** pg/mL 13–15 years: **238–1019** pg/mL 16–17 years: **238–1019** pg/mL 18–29 years: **238–1019** pg/mL 30–39 years: **225–936** pg/mL 40–49 years: **182–801** pg/mL 50–59 years: **161–737** pg/mL 60–69 years: **132–752** pg/mL 70–99 years: **118–776** pg/mL **Days Performed: Sun–Sat** **Reported: 1–2 days**	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Celiac Comprehensive Panel	CELCMP	**For interface clients only–Test build may need to be modified** **Includes:** Total IgA Anti-Human Tissue Anti-Human Transglutaminase IgA HLA-DQ2 HLA-DQ8 **Gliadin IgA** **Special Information: For all Tissue Transglutaminase IgA <20 U in conjunction with a Total IgA of <7,** a Tissue Transglutaminase IgG and Gliadin IgG will be performed and billed. **Clinical Limitation: Serum samples that are hemolyzed, lipemic, heat treated, bacterially contaminated or contain visible particulate should be avoided.** **Clinical Information:** Comprehensive panel of tests useful to screen patients suspected of celiac disease. This panel should not be the first choice in screening patients for celiac disease. Presence of celiac-specific alleles helps assess a patient's risk of developing celiac disease when serology is negative. **Specimen Requirement:** THIS ASSAY REQURIES MULTIPLE SPECIMEN TYPES **2** mL serum from Serum Separator (SST) tube; **Refrigerated** AND 4 mL whole blood in EDTA (Lavender) tube; Ambient *OR* **2** mL serum from no additive (Red) tube; **Refrigerated** AND 7 mL whole blood in Acid Citrate Dextrose (ACD) A or B (Yellow) tube; Ambient **Stability:** Ambient: Serum: 1 day; Whole Blood: 1 week Refrigerated: Serum: 7 days; Whole blood: 1 week Frozen: Serum: **8 months** (Multiple freeze-thaw cycles for serum are not recommended); Whole blood: **Unacceptable** **Methodology:** Enzyme-Linked Immunosorbent Assay (ELISA) Immunoturbidometric Assay Polymerase Chain Reaction (PCR) Sequence Specific Oligonucleotide Probe (SSOP) **Reference Range:** HLA-DQ2 (CELIA01): Refer to report HLA-DQ8 (CELIA02): Refer to report IgA (IGA): Reference ranges unchanged Transglutaminase Ab, IgA (TGLUTA): **<20 Units** **Gliad Deamidated IgA Qual (GLIADAQ): Negative** Gliadin IgA Ab (GLIADA): **<20 Units** **Transglutaminase IgA Qualitative (TGLIGA): Negative**	6/2/22
Celiac Gluten Free Panel	CELGLU	**Special Information:** Multiple freeze thaw cycles from serum are not recommended. Deamidated Gliadin Peptide Ab, IgA, Deamidated Gliadin Peptide Ab, IgG, Anti-human Tissue Anti-human Transglutaminase IgA, Anti-human Tissue Anti-human Transglutaminase IgG, and Total IgA may automatically be ordered and billed on positive Genetic tests. **Specimen Requirement:** THIS ASSAY REQURIES MULTIPLE SPECIMEN TYPES **2** mL serum from Serum Separator (SST) tube; **Refrigerated** AND 4 mL whole blood in EDTA (Lavender) tube; Ambient *OR* **2** mL serum from no additive (Red) tube; **Refrigerated** AND 7 mL whole blood in Acid Citrate Dextrose (ACD) A or B (Yellow) tube; Ambient **Stability:** Ambient: Serum: 24 hours; Whole Blood: 1 week Refrigerated: Serum: 7 days; Whole blood: 1 week Frozen: Serum: **8 months** (Multiple freeze-thaw cycles for serum are not recommended); Whole blood: Unacceptable **Methodology:** Enzyme-Linked Immunosorbent Assay (ELISA) **Immunoturbidometric Assay** Nephelometry (NEPH) Polymerase Chain Reaction (PCR) Sequence Specific Oligonucleotide Probe (SSOP)	6/2/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Celiac Screen with Reflex		**For interface clients only–Test build may need to be modified** **Includes:** Total IgA Tissue Transglutaminase, IgA **Gliadin, IgA** **Special Information:** For all Tissue Transglutaminase IgA <20 U **in conjunction with a Total IgA of <7,** a Tissue Transglutaminase IgG and Gliadin IgG will be performed and billed. **IgG tests are only useful in patients with low total IgA and in patients less than two years of age** **Clinical Limitation: Serum is the only acceptable sample type. Samples that are hemolyzed, lipemic, heat treated, bacterially contaminated or contain visible particulate should be avoided.** **Clinical Information:** Celiac disease (CD) is a common, immune mediated systemic disorder affecting individuals expressing HLA-DQ2 and HLA DQ8 alleles. Presence of CD specific autoantibodies and characteristic intestinal biopsy findings are used for diagnosis of disease. Immunoglobulin A (IgA) anti-tissue transglutaminase antibodies (tTG) are the most sensitive and specific antibodies used for screening. Total IgA antibodies are also examined to rule out an IgA deficiency which may lead to a false negative IgA anti tTG. **(Up to 3% of CD patients may have IgA deficiency).** **Specimen Requirement:** 2 mL serum from Serum Separator (Gold) tube; Refrigerated *OR* 2 mL serum from no additive (Red) tube; Refrigerated **Stability:** Ambient: **1 day** Refrigerated: **7 days** Frozen: **8 months** **Methodology:** **Enzyme-Linked Immunosorbent Assay (ELISA)** Immunoturbidometric Assay **Reference Range:** IgA (IGA): *reference ranges unchanged* Transglutaminase Ab, IgA (TGLUTA): <20 Units **Gliad Deamidated IgA Qual (GLIADAQ): Negative** **Gliadin IgA Ab (GLIADA): <20 Units** **Transglutaminase IgA Qualitative (TGLIGA): Negative**	6/2/22
Chikungunya Antibodies, IgG and IgM	CHIKGM	**Special Information:** Hemolyzed, severely lipemic, contaminated or heat-inactivated specimens **will be rejected.** This test is New York DOH approved. **Specimen Requirement:** 1 mL serum from Serum Separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.' *OR* **1 mL plasma from Lithium heparin Plasma Separator (Light Green) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.'** *OR* **1 mL plasma from EDTA (Lavender) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer into standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' or 'convalescent.'**	5/16/22
Coccidioides Ab, CF	COCICF	**Special Information: Non-serum specimens and serum that is contaminated, hemolyzed, icteric or lipemic will be rejected.** This test is New York DOH approved. **Specimen Requirement:** 1 mL serum from Serum Separator (Gold) tube; **Minimum: 0.6** mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer to standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Label specimens plainly as 'acute' and 'convalescent.'	5/16/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Coccidioides IgG and IgM Antibodies	COCIMG	**Special Information: Non-serum specimens and serum that is contaminated, hemolyzed, icteric or lipemic will be rejected.** This test is New York DOH approved. **Clinical Information:** May aid in the diagnosis of coccidioidomycosis (Valley fever). Negative fungal serology does not rule out the possibility of current infection. **Note: This immunoassay uses recombinant and native Coccidioides antigens, including CF and TP antigens.** **Specimen Requirement:** 2 mL serum from Serum Separator (Gold) tube; **Minimum: 0.6** mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and transfer serum to standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimens plainly as "acute" or "convalescent." **Stability:** Ambient: **After separation from cells: 48 hours** Refrigerated: **After separation from cells:** 2 weeks Frozen: **After separation from cells:** 1 year (Avoid repeated freeze/thaw cycles)	5/16/22
Cryoglobulin, Qualitative	CRYO	**For interface clients only–Test build may need to be modified** **Test Name:** Previously Cryoglobulin **Order Code:** Previously CRYOQT **Special Information:** **1. Pre-warm tube(s) to 37°C in a water bath, incubator, or in a cup with heal warmers.** **2. Immediately after collection, incubate the clotting blood for 90 minutes in a 37°C water bath, incubator, or in a cup with heal warmers.** **3. Centrifuge tube(s) for 5 minutes at 3,000 rpm at room temperature.** **4. Remove the serum using a polystyrene transfer pipette and place into a labelled plastic tube. If needed repeat step 3 to remove extraneous red blood cells.** **5. Transfer serum into a second properly labeled plastic tube. Store at 2–8°C for at least 72 hours to precipitate the cryoglobulins. Slight to moderate hemolysis is acceptable.** **Clinical Limitation: Patients should fast for 8h before sample collection to minimize the potential for turbidity due to triglycerides.** **Specimen Requirement: 3** mL serum from no additive (Red) tube; **Minimum: 1** mL; Do not use serum separator tubes. Keep sample warm until separated from cells. Immediately after collection, place tubes in heel warmer or 37 degree C (warm, not hot) water. Allow to clot at 37 degrees C for 90 minutes. Centrifuge at 37 C if possible (do not use refrigerated centrifuge), and separate serum from cells. Refrigerate serum after separation from cells. **Stability:** Ambient: **24 hours** Refrigerated: **45 days** Frozen: Unacceptable **Methodology: Visual** **Reference Range: Negative**	6/2/22
Cryptosporidium & Giardia Antigens by EIA	OVAPSC	**Specimen Requirement:** 5 mL stool in clean container; Ambient; Outside locations should submit stool preserved in formalin. Transport at ambient temperature preferred. Unpreserved stool should be submitted to the lab within **30 minutes** of collection and transported in a clean leakproof container. Stool can be transported at ambient temperature or refrigerated. Do not freeze. *OR* 5 mL stool in O-P kit; Ambient; Outside and outpatient locations should submit stool preserved in formalin. Transport at ambient temperature preferred.	effective immediately
Diphtheria Toxoid IgG Abs	DIPIGG	**Reported:** 2–**4** days	5/16/22
Haemophilus influenzae B Ab IgG	HINFLU	**Reported:** 2–**4** days	5/16/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Influenza A & B Antibodies	INFLAB	**Special Information: Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens will be rejected.** **Specimen Requirement:** 1 mL serum from Serum Separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection **and transfer serum to standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimens plainly as "acute" or "convalescent."** **Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 year	5/16/22
Influenza A Antibody	INFLUA	**Special Information: Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens will be rejected.** **Specimen Requirement:** 1 mL serum from Serum Separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection **and transfer serum to standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimens plainly as "acute" or "convalescent."** **Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 year	5/16/22
Influenza A Virus Antibody, IgM	INFLAM	**Special Information: Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens will be rejected.** **Specimen Requirement:** 1 mL serum from Serum Separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection **and transfer serum to standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimens plainly as "acute" or "convalescent."**	5/16/22
Influenza B Antibody	INFLUB	**Special Information: Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens will be rejected.** **Specimen Requirement:** 1 mL serum from Serum Separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection **and transfer serum to standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimens plainly as "acute" or "convalescent."** **Stability:** Ambient: After separation from cells: **48 hours** Refrigerated: After separation from cells: 2 weeks Frozen: After separation from cells: 1 year	5/16/22
Influenza B Virus Antibody, IgM	INFLBM	**Special Information: Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens will be rejected.** **Specimen Requirement:** 1 mL serum from Serum Separator (Gold) tube; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection **and transfer serum to standard aliquot tube. Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimens plainly as "acute" or "convalescent."**	5/16/22
LC-MS/MS Thyroglobulin measurement for Thyroglobulin Antibody Interference	TGMSMS	**Special Information:** Samples left ambient for greater than 1 day **or specimens that are grossly lipemic will be rejected.** This test is New York DOH approved.	5/16/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Liver Fibrosis, FibroTest-ActiTest	LIVFIB	**For interface clients only–Test build may need to be modified** **Clinical Limitation: Specimens from patients less than 2 years of age are unacceptable.** **Clinical Information:** FibroTest and ActiTest permit the non-invasive evaluation of Hepatitis B or C individuals for the presence of liver fibrosis and liver inflammation, respectively. The FibroTest and ActiTest scores are calculated based on patient age, gender and concentrations of serum of y-glutamyl transferase (GGT), total bilirubin (TB), a-2 macroglobulin, haptoglobin, apolipoprotein A1 and alanine aminotransferase (ActiTest). Fibrotest and ActiTest Scores, on a scale of 0.0 to 1.0, are assigned a Metavir scale indicating the level of fibrosis or inflammation present. **Specimen Requirement: 2** mL serum from Serum Separator (SST) tube; **Minimum: 1** mL; **Refrigerated;** Overnight fasting is preferred. Remove serum from cells ASAP after visible clot formation. *OR* **2** mL serum from no additive (Red) tube; **Minimum: 1** mL; **Refrigerated;** Overnight fasting is preferred. Remove serum from cells ASAP after visible clot formation and transfer into standard aliquot tube. **Stability:** Ambient: 24 hours Refrigerated: **7** days Frozen: -20 C: **Not acceptable**; -70 C: 28 days **Reference Range:** Fibrosis Score (SCOFIB): No reference range available Fibrosis Stage (STGFIB): No reference range available Fibrosis Interpretation (INTFIB): FibroTest Score: >=0 and <=0.21–Metavir Score: F0 no fibrosis FibroTest Score: >0.21 and <=0.27–Metavir Score: F0-F1 no fibrosis FibroTest Score: >0.27 and <=0.31–Metavir Score: F1 minimal fibrosis FibroTest Score: >0.31 and <=0.48–Metavir Score: F1-F2 minimal fibrosis FibroTest Score: >0.48 and <=0.58–Metavir Score: F2 moderate fibrosis FibroTest Score: >0.58 and <=0.72–Metavir Score: F3 advanced fibrosis FibroTest Score: >0.72 and <=0.74–Metavir Score: F3-F4 advanced fibrosis FibroTest Score: >0.74 and <=1.00–Metavir Score: F4 severe fibrosis Necroinflammatory Activity Score (SCONEC): No reference range available Necroinflammatory Activity Grade (GRNEC): No reference range available Necroinflammatory Activity Interpretation (INTNEC): ActiTest Score: >=0 and <=0.17–Metavir Score: A0 no activity ActiTest Score: >0.17 and <=0.29–Metavir Score: A0-A1 no activity ActiTest Score: >0.29 and <=0.36–Metavir Score: A1 minimal activity ActiTest Score: >0.36 and <=0.52–Metavir Score: A1-A2 minimal activity ActiTest Score: >0.52 and <=0.60–Metavir Score: A2 significant activity ActiTest Score: >0.60 and <=0.62–Metavir Score: A2-A3 significant activity ActiTest Score: >0.62 and <=1.00–Metavir Score: A3 severe activity Alpha 2 Macroglobulin (A2MACL): **Male: 80-290** mg/dL **Female: 110-270** mg/dL Haptoglobin (HAPTOL): **31-238** mg/dL Apolipoprotein A1 (APOA1L): **2 Years**–17 Years: **>120 mg/dL** **Male 18–99 Years: >114** mg/dL **Female 18–99 Years: >124** mg/dL **Bilirubin, Total (BILIRL):** 0.2-**1.3** mg/dL **GGT (GGTL):** **Male: 10–71 U/L** **Female: 6–42 U/L** **ALT (ALTL)** Male: **10–50** U/L Female: **10–35** U/L **Days Performed:** Mon–Sat **7:00 am–7:00 pm**	6/2/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Niacin	B3VIT	**For interface clients only–Test build may need to be modified** **Includes:** **Nicotinic Acid (Niacin)** **Nicotinamide** **Nicotinuric Acid** **Special Information:** This test is New York State approved. **Clinical Information: Fasting 4 to 8 hours preferred as testing of non-fasting specimens can result in elevated plasma vitamin B3 concentrations, particularly in patients with dietary supplement use or patients on niacin treatment. This test can be used in the diagnosis of suspected vitamin B3 deficiency or toxicity and may be useful in determining response to therapy.** **Specimen Requirement: 2** mL plasma from EDTA (Lavender) tube; **Minimum: 0.75 mL; Refrigerated; Fasting 4 to 8 hours is preferred. Centrifuge and aliquot plasma within 2 hours of collection.** **Stability:** Ambient: **21 days** Refrigerated: **28 days** Frozen: **28 days** **Methodology: High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)** **Reference Range:** **Nicotinic Acid (Niacin) (NICOTACID): Cutoff <5.0 ng/mL** **Nicotinamide (NICOT): 5.0-48.0 ng/mL** **Nicotinuric Acid (NICOTINURIC): Cutoff <5.0 ng/mL** **Days Performed: Tue** **Reported:** 3–**9** days	effective immediately
Quetiapine	QUETIA	CPT: 80342	effective immediately
S-100B Protein, Serum	S100B	**Reference Range:** S-100B Protein, Serum (S100BT): **0 Days–4 Months: less than or equal to 510 ng/mL** **5 Months–9 Months: less than or equal to 350 ng/mL** **10 Months–24 Months: less than or equal to 230 ng/L** **25 Months–35 Months: less than or equal to 170 ng/L** **3 Years–18 Years: less than or equal to 160 ng/L** 19 Years–99 Years: 0–96 ng/L	5/16/22
Synthetic Cannabinoid Metabolites–Expanded, Urine (Qualitative)	K2	**Includes:** 4-carboxy-NA-PIM 5-fluoro-PICA 3,3-dimethylbutanoic acid 5-fluoro-PINACA 3-methylbutanoic acid 5-fluoro-PINACA 3,3-dimethylbutanoic acid FUBINACA 3-methylbutanoic acid FUBINACA 3,3-dimethylbutanoic acid **MDMB-4en-PINACA butanoic acid** 4-fluoro-BINACA 3,3-dimethylbutanoic acid **Stability:** Ambient: 30 days Refrigerated: 30 days Frozen: **6 months**	effective immediately
Tetanus Toxoid IgG	TETAN	**Reported:** 2–**4** days	5/16/22
Trypanosoma cruzi Antibody, IgG	TCAIGG	**Special Information:** Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens **will be rejected.** This assay should not be used for blood donor screening or associated re-entry protocols, or for screening Human Cell and Cellular Tissue-Based Products (HCT/Ps). This test is New York DOH approved. **Specimen Requirement:** 0.5 serum from Serum Separator (Gold) tube; **Minimum: 0.3** mL; Refrigerated; Separate serum from cells ASAP or within 2 hours of collection and **transfer serum to standard aliquot tube.** Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Please mark specimens plainly as "acute" or "convalescent."	5/16/22
Urticaria-Induced Basophil Activation	UTBAS	**Reported:** 8–**17** days	5/16/22
VDRL, CSF	VDRLCF	Special Information: If the VDRL CSF is reactive, a VDRL CSF Titer will be performed and billed.	effective immediately

New Tests

Test Name	Order Code	Change	Effective Date
Beta Globin (HBB) Sequencing	BGLSEQ	**Includes:** Beta Globin by NGS **Special Information:** Specimen types other than those listed as acceptable and whole blood specimens that are grossly hemolyzed or frozen will be rejected. **Clinical Information:** Useful for molecular confirmation of a suspected structural hemoglobinopathy or beta thalassemia. **Specimen Requirement:** 3 mL whole blood in EDTA (Lavender) tube; Minimum: 3 mL; Refrigerated *OR* 3 mL whole blood in Acid Citrate Dextrose (ACD) A or B (Yellow) tube; Minimum 3 mL; Refrigerated **Stability:** Ambient: 72 hours Refrigerated: 1 week Frozen: Unacceptable **Methodology:** Massive Parallel Sequencing **Reported:** 3–4 weeks	5/16/22
Drug Detection Panel, Meconium, Qualitative	MECDRG	**Special Information:** Unknown fluids, pharmaceutical preparation and breast milk are unacceptable. Meconium received in or on diapers, cotton swabs, baby wipes, tongue depressors or bottles will be rejected. This test is New York DOH Approved. **Clinical Information:** Detection of drugs in meconium is intended to reflect maternal drug use during approximately the last trimester of a full-term pregnancy. The pattern and frequency of drug(s) used by the mother cannot be determined by this test. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drugs in meconium depends on the extent of maternal drug use, as well as drug stability, unique characteristics of drug deposition in meconium, and the performance of the analytical method. Drugs administered during labor and delivery may be detected. Detection of drugs in meconium does not insinuate impairment and may not affect outcomes for the infant. Interpretive questions should be directed to the laboratory. For medical purposes only; not valid for forensic use. **Specimen Requirement:** 4 g meconium in clean container; Minimum: 2 g; Refrigerated; All meconium (blackish material) excreted until milk/formula based stool (yellow-green) appears. Transport all available meconium (4 g is preferred). **Stability:** Ambient: 1 week Refrigerated: 3 weeks Frozen: 1 year **Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS) Qualitative Screen **Reference Range:** Buprenorphine Cutoff Concentration: 20 ng/g Norbuprenorphine Cutoff Concentration: 20 ng/g Naloxone Cutoff Concentration: 20 ng/g Codeine Cutoff Concentration: 20 ng/g Dihydrocodeine Cutoff Concentration: 20 ng/g Fentanyl Cutoff Concentration: 10 ng/g Hydrocodone Cutoff Concentration: 20 ng/g Norhydrocodone Cutoff Concentration: 20 ng/g Hydromorphone Cutoff Concentration: 20 ng/g Meperidine Cutoff Concentration: 20 ng/g Methadone Cutoff Concentration: 10 ng/g Methadone metabolite Cutoff Concentration: 10 ng/g 6-Acetylmorphine Cutoff Concentration: 20 ng/g Morphine Cutoff Concentration: 20 ng/g Methylphenidate Cutoff Concentration: 20 ng/g Oxycodone Cutoff Concentration: 20 ng/g Noroxycodone Cutoff Concentration: 20 ng/g Oxymorphone Cutoff Concentration: 20 ng/g Tapentadol Cutoff Concentration: 20 ng/g Tramadol Cutoff Concentration: 20 ng/g N-desmethyltramadol Cutoff Concentration: 20 ng/g O-desmethyltramadol Cutoff Concentration: 20 ng/g Gabapentin Cutoff Concentration: 20 ng/g *(continued on page 11)*	5/16/22

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Drug Detection Panel, Meconium, Qualitative *(continued from page 10)*	MECDRG	**Reference Range (continued):** Amphetamine Cutoff Concentration: 20 ng/g Benzoylecgonine Cutoff Concentration: 20 ng/g m-OH-Benzoylecgonine Cutoff Concentration: 20 ng/g Cocaethylene Cutoff Concentration: 20 ng/g Cocaine Cutoff Concentration: 20 ng/g MDMA (Ecstasy) Cutoff Concentration: 20 ng/g Methamphetamine Cutoff Concentration: 20 ng/g Phentermine Cutoff Concentration: 20 ng/g Alprazolam Cutoff Concentration: 5 ng/g Alpha-OH-Alprazolam Cutoff Concentration: 5 ng/g Butalbital Cutoff Concentration: 50 ng/g Clonazepam Cutoff Concentration: 5 ng/g 7-Aminoclonazepam Cutoff Concentration 5 ng/g Diazepam Cutoff Concentration: 5 ng/g Lorazepam Cutoff Concentration: 20 ng/g Midazolam Cutoff Concentration: 20 ng/g Alpha-OH-Midazolam Cutoff Concentration: 20 ng/g Nordiazepam Cutoff Concentration: 20 ng/g Oxazepam Cutoff Concentration: 20 ng/g Phenobarbital Cutoff Concentration: 200 ng/g Temazepam Cutoff Concentration: 20 ng/g Zolpidem Cutoff Concentration: 10 ng/g Phencyclidine (PCP) Cutoff Concentration: 10 ng/g **Days Performed:** Sun–Sat **Reported:** 2–4 days	5/16/22
VWF GPIbM Activity	VGPIBM	**Note:** *New test was announced in the March update, but financial information was not available at that time* **CPT:** 85397 **Price:** $145.00	effective immediately

Fee Increases

Test Name	Order Code	List Fee	CPT Code	Effective Date
Allergen, Inhalants Group	INHALE	$495.00	86003x15	effective immediately
Allergen, Respiratory Disease Profile Region 5	RESPR5	$726.00	86003x22	effective immediately

Fee Reductions

Test Name	Order Code	List Fee	CPT Code	Effective Date
ADAMTS13 Antibody Test	ABADM	$357.00	83520	effective immediately
Allergen, Respiratory Disease Profile Region 7	RESPR7	$495.00	86003x15	effective immediately

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
Adenovirus Culture	VADNO	Test will no longer be orderable. Recommended replacement test is Adenovirus PCR (ADEPCR)	6/14/22
Beta Globin (HBB) Gene Sequencing	BGHBBB	Test will no longer be orderable. Recommended replacement Beta Globin (HBB) Sequencing (BGLSEQ)	5/16/22
Meconium Drug Screen 9	MECDS9	Test will no longer be orderable. Recommended replacement Drug Detection Panel, Meconium, Qualitative (MECDRG)	5/16/22
Raji Cell Immune Complex Assay	RAJI	Test will no longer be orderable.	5/16/22