Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • July 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
11	Acute Leukemia NGS Panel, Blood												■	■
11	Acute Leukemia NGS Panel, Bone Marrow												■	■
11	Acute Leukemia NGS Panel, Other												■	■
13	ADmark Alzheimer's Evaluation				■									
11–12	Allergen, Respiratory Disease Profile Region 5, with Reflex			■										
13	Amitriptyline/Nortriptyline												■	■
4	Aspergillus fumigatus Antibody IgG					■							■	
4	Beta-2-Microglobulin, Serum					■								
13	Bioavailable Testosterone/SHBG, Female & Child												■	■
4	CA 125					■								
4	CA 15-3					■								
13	Carrier Testing Panel				■									
13	Chronic Lymphoproliferative Disorder NGS Bone Marrow												■	■
12	Chronic Lymphoproliferative Disorder NGS Other												■	■
13	Chronic Lymphoproliferative Disorder NGS Peripheral Blood												■	■
13	Desipramine												■	■
13	Doxepin/Nordoxepin												■	■
12	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
13	Drug Detection Panel, TOF-MS, Umbilical Cord Tissue												■	■
5, 13	Ehrlichia and Anaplasma Species by PCR										■		■	■
5	FISH for 1p36										■			
5	FISH for 20q and CEP8 Blood										■			
5	FISH for 5q Abnormalities Blood										■			
5	FISH for 5q Abnormalities Bone Marrow										■			
5	FISH for 7q Deletion Blood										■			
5	FISH for 7q Deletion Bone Marrow										■			
5	FISH for 8;21 Translocation for AML Blood										■			
5	FISH for 8;21 Translocation for AML Bone Marrow										■			
5	FISH for Acute Myeloid Leukemia Bone Marrow										■			
5	FISH for Acute Myeloid Leukemia Panel Blood										■			
5	FISH for ALK (2p23) FFPET NSCLC										■			
5	FISH FOR ALK (2P23) THINPREP NSCLC										■			
5	FISH for Angiosarcoma MYC Amplification										■			
5	FISH for B Lymphoblastic Leukemia Panel Blood										■			
5	FISH for B Lymphoblastic Leukemia Panel Bone Marrow										■			
5	FISH FOR BIRC3/MALT1 TRANSLOCATION										■			
5	FISH for CBFB/MYH11 Blood										■			
5	FISH for CBFB/MYH11 Bone Marrow										■			
5	FISH for Chromosome 19q										■			
5	FISH for Chronic Lymphocytic Leukemia										■			
5	FISH for Cutaneous Melanoma										■			
6	FISH for DDIT3 (12q13)										■			
6	FISH for EGFR										■			
6	FISH for Ewings Sarcoma										■			
6	FISH for FGFR1 Blood										■			
6	FISH for FGFR1 Bone Marrow										■			
6	FISH for FOXO1A gene (13q14)(FKHR)										■			
6	FISH for FUS gene (16p11)										■			
6	FISH for HER-2										■			
6	FISH for MALT 1 (18q21)										■			
6	FISH for MDM2										■			
6	FISH for MLL Blood										■			
6	FISH for MLL Bone Marrow										■			
6	FISH for Myelodysplasia Blood										■			
6	FISH for Myelodysplasia Bone Marrow										■			

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	FISH for Myeloproliferative Neoplasms Panel Blood										■			
6	FISH for Myeloproliferative Neoplasm Panel Bone Marrow										■			
6	FISH for PDGFRA Blood										■			
6	FISH for PDGFRA Bone Marrow										■			
6	FISH for PDGFRB Rearrangement Blood										■			
6	FISH for PDGFRB Rearrangement Bone Marrow										■			
6	FISH for Plasma Cell Myeloma										■			
6	FISH for PML/RARA Blood										■			
6	FISH for RARA Blood										■			
6	FISH for RARA Bone Marrow										■			
6	FISH for RET (10q11)										■			
6	FISH for ROS1 (6q22)										■			
6	FISH for SRY										■			
7	FISH for SYT gene (18q11)										■			
7	FISH for t(12;21)(p13;q22) Blood										■			
7	FISH for t(12;21)(p13;q22) Bone Marrow										■			
7	FISH for TFE3										■			
7	FISH for TFE3 and TFEB Panel										■			
7	FISH for TFEB										■			
7	FISH for TP63 and DUSP22-IRF4 Panel										■			
7	FISH for TP63 Tissue										■			
7	FISH for Trisomy 4 and 10 Blood										■			
7	FISH for Trisomy 4 and 10 Bone Marrow										■			
7	FISH for XIST										■			
7	FISH for XY										■			
7	FISH for YqH										■			
7	GC/Chlamydia Amplification, Genital, Rectal and Oral Specimens						■							
12	Hematologic Neoplasm Fusion NGS Panel, Blood												■	■
12	Hematologic Neoplasm Fusion NGS Panel, Bone Marrow												■	■
12	Hematologic Neoplasm Fusion NGS Panel, Other												■	■
7	Histamine, Plasma						■							
13	Imipramine/Desipramine												■	■
12	Myeloid NGS Panel Other												■	■
13	Myeloid Panel NGS Bone Marrow													■
13	Myeloid Panel NGS Peripheral Blood													■
7	Myeloperoxidase Autoantibodies											■		
7	Neutrophil Cytoplasmic Antibody											■		

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
13	Niacin													■
7	Norovirus Group 1 and 2 Detection by PCR												■	
13	Nortriptyline												■	■
8	Procainamide/NAPA						■		■	■	■	■		
8	Prolactin					■								
8	Protein / Creatinine Ratio							■		■				
8	Protein, Urine 24 Hour							■		■				
8	Proteinase 3 Autoantibodies											■		
9–10	Testosterone, Total and Free, Serum					■	■		■	■				
13	Urogenital Ureaplasma and Mycoplasma Species by PCR												■	■

Test Changes

Test Name	Order Code	Change	Effective Date
Aspergillus fumigatus Antibody IgG	ASPIGG	**Clinical Information: This test aids in the diagnosis of allergic bronchopulmonary aspergillosis (ABPA) and is not appropriate for diagnosing invasive aspergillosis.** **CPT: 86317**	effective immediately
Beta-2-Microglobulin, Serum	B2M	**Special Information: Beta-2 Microglobulin test is performed using the Roche Diagnostics immunoturbidimetric method. Results obtained with different methods or kits cannot be used interchangeably.**	8/23/22
CA 125	CA125	**Special Information:** CA 125 test methodology used is the Electrochemiluminescence Immunoassay by Roche Diagnostics. **Results obtained with different methods or kits cannot be used interchangeably.** The reference interval is based on the 95th percentile of 240 apparently healthy premenopausal and postmenopausal women. At a cutoff value of 65 U/mL, the test sensitivity to distinguish ovarian carcinoma (FIGO stage I to IV) versus benign gynecological disease is 79%, with a specificity of 82%. Reference: Cancer Antigen 125 (CA 125 II) [package insert V 1.0 English]. Roche Diagnostics, Indianapolis, IN; October 2015 Patients taking a biotin dose of up to 5 mg/day should refrain from taking biotin for 4 hours prior to sample collection. Patients taking a biotin dose of 5 to 10 mg/day should refrain from taking biotin for 8 hours prior to sample collection. Patients taking a biotin dose > 10 mg/day should consult with their physician or the laboratory prior to having a sample taken. Clinicians should consider biotin interference as a source of error, when clinically suspicious of the laboratory result.	8/23/22
CA 15-3	CA153	**Special Information: The CA 15-3 test methodology used is the Electrochemiluminescence Immunoassay by Roche Diagnostics. Results obtained with different methods or kits cannot be used interchangeably.** Patients taking a biotin dose of up to 5 mg/day should refrain from taking biotin for 4 hours prior to sample collection. Patients taking a biotin dose of 5 to 10 mg/day should refrain from taking biotin for 8 hours prior to sample collection. Patients taking a biotin dose > 10 mg/day should consult with their physician or the laboratory prior to having a sample taken. Clinicians should consider biotin interference as a source of error, when clinically suspicious of the laboratory result.	8/23/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Ehrlichia and Anaplasma Species by PCR	EHRANA	**Reported: 2–4** days **CPT:** 87798**x4** **Price: $220**	effective immediately
FISH for 1p36	1P36	**Reported:** 3–**5** days	7/21/22
FISH for 20q and CEP8 Blood	20Q8FH	**Reported:** 5–**7** days	7/21/22
FISH for 5q Abnormalities Blood	5QFSH	**Reported:** 5–**7** days	7/21/22
FISH for 5q Abnormalities Bone Marrow	5QFSBM	**Reported:** 5–**7** days	7/21/22
FISH for 7q Deletion Blood	FISH7Q	**Reported:** 5–**7** days	7/21/22
FISH for 7q Deletion Bone Marrow	FSH7QM	**Reported:** 5–**7** days	7/21/22
FISH for 8;21 Translocation for AML Blood	AMLFSH	**Reported:** 5–**7** days	7/21/22
FISH for 8;21 Translocation for AML Bone Marrow	AMLFBM	**Reported:** 5–**7** days	7/21/22
FISH for Acute Myeloid Leukemia Bone Marrow	FAMLPM	**Reported:** 5–**7** days	7/21/22
FISH for Acute Myeloid Leukemia Panel Blood	FAMLPN	**Reported:** 5–**7** days	7/21/22
FISH for ALK (2p23) FFPET NSCLC	FSHLNG	**Reported:** 5–**7** days	7/21/22
FISH FOR ALK (2P23) THINPREP NSCLC	FSHTPA	**Reported:** 5–**7** days	7/21/22
FISH for Angiosarcoma MYC Amplification	MYCAMP	**Reported:** 5–**7** days	7/21/22
FISH for B Lymphoblastic Leukemia Panel Blood	FSHBLL	**Reported:** 5–**7** days	7/21/22
FISH for B Lymphoblastic Leukemia Panel Bone Marrow	FSBLLM	**Reported:** 5–**7** days	7/21/22
FISH FOR BIRC3/MALT1 TRANSLOCATION	T1118	**Reported: 3–**5 days	7/21/22
FISH for CBFB/MYH11 Blood	INV16F	**Reported:** 5–**7** days	7/21/22
FISH for CBFB/MYH11 Bone Marrow	INV16M	**Reported:** 5–**7** days	7/21/22
FISH for Chromosome 19q	19Q	**Reported:** 3–**5** days	7/21/22
FISH for Chronic Lymphocytic Leukemia	CLLFSH	**Reported:** 5–**7** days	7/21/22
FISH for Cutaneous Melanoma	CMFISH	**Reported:** 6–**10** days	7/21/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
FISH for DDIT3 (12q13)	CHOP	**Reported:** 5–**7** days	7/21/22
FISH for EGFR	EGFRFISH	**Reported:** 3–**5** days	7/21/22
FISH for Ewings Sarcoma	EWSR	**Reported:** 5–**7** days	7/21/22
FISH for FGFR1 Blood	FGFR1F	**Reported:** 5–**7** days	7/21/22
FISH for FGFR1 Bone Marrow	FGFR1M	**Reported:** 5–**7** days	7/21/22
FISH for FOXO1A gene (13q14)(FKHR)	FKHR	**Reported:** 5–**7** days	7/21/22
FISH for FUS gene (16p11)	FUS	**Reported:** 5–**7** days	7/21/22
FISH for HER-2	HER2F	**Reported:** 5–**7** days	7/21/22
FISH for MALT 1 (18q21)	MALT1	**Reported: 3–5** days	7/21/22
FISH for MDM2	MDM2	**Reported:** 5–**7** days	7/21/22
FISH for MLL Blood	MLLFSH	**Reported:** 5–**7** days	7/21/22
FISH for MLL Bone Marrow	MLLFBM	**Reported:** 5–**7** days	7/21/22
FISH for Myelodysplasia Blood	FSHMDS	**Reported:** 5–**7** days	7/21/22
FISH for Myelodysplasia Bone Marrow	FSMDSM	**Reported:** 5–**7** days	7/21/22
FISH for Myeloproliferative Neoplasms Panel Blood	MPNFSH	**Reported:** 5–**7** days	7/21/22
FISH for Myeloproliferative Neoplasm Panel Bone Marrow	MPNFSM	**Reported:** 5–**7** days	7/21/22
FISH for PDGFRA Blood	PDGFRA	**Reported:** 5–**7** days	7/21/22
FISH for PDGFRA Bone Marrow	PGFRAM	**Reported:** 5–**7** days	7/21/22
FISH for PDGFRB Rearrangement Blood	PDGFRB	**Reported:** 5–**7** days	7/21/22
FISH for PDGFRB Rearrangement Bone Marrow	PDGFBM	**Reported:** 5–**7** days	7/21/22
FISH for Plasma Cell Myeloma	FSHPCM	**Reported:** 5–**14** days	7/21/22
FISH for PML/RARA Blood	APLFSH	**Reported:** 5–**7** days	7/21/22
FISH for RARA Blood	RARFSH	**Reported:** 5–**7** days	7/21/22
FISH for RARA Bone Marrow	RARFSM	**Reported:** 5–**7** days	7/21/22
FISH for RET (10q11)	RET	**Reported:** 5–**7** days	7/21/22
FISH for ROS1 (6q22)	ROS1	**Reported:** 5–**7** days	7/21/22
FISH for SRY	SRYFSH	**Reported:** 5–**7** days	7/21/22

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
FISH for SYT gene (18q11)	SYT	**Reported:** 5–**7** days	7/21/22
FISH for t(12;21) (p13;q22) Blood	1221FH	**Reported:** 5–**7** days	7/21/22
FISH for t(12;21) (p13;q22) Bone Marrow	1221FM	**Reported:** 5–**7** days	7/21/22
FISH for TFE3	TFE3FH	**Reported:** 5–**7** days	7/21/22
FISH for TFE3 and TFEB Panel	TFEFSH	**Reported:** 5–**7** days	7/21/22
FISH for TFEB	TFEBFH	**Reported:** 5–**7** days	7/21/22
FISH for TP63 and DUSP22-IRF4 Panel	TPDUFP	**Reported: 3–**5 days	7/21/22
FISH for TP63 Tissue	TP63FH	**Reported: 3–**5 days	7/21/22
FISH for Trisomy 4 and 10 Blood	FHT410	**Reported:** 5–**7** days	7/21/22
FISH for Trisomy 4 and 10 Bone Marrow	FT410M	**Reported:** 5–**7** days	7/21/22
FISH for XIST	XSTFSH	**Reported:** 5–**7** days	7/21/22
FISH for XY	XYFSH	**Reported:** 5–**7** days	7/21/22
FISH for YqH	YQHFSH	**Reported:** 5–**7** days	7/21/22
GC/Chlamydia Amplification, Genital, Rectal and Oral Specimens	GCCT	**Specimen Requirement:** One endocervical APTIMA Collection Unisex swab; Ambient *OR* One Urethral APTIMA Collection Unisex swab; Ambient *OR* One Vaginal **Aptima Multitest Collection Kit**; Ambient *OR* One Rectal **Aptima Multitest Collection Kit**; Ambient *OR* One Throat **Aptima Multitest Collection Kit**; Ambient *OR* Unspecified Cervical Cytyc PreservCyt solution (Thin Prep); Ambient	8/16/22
Histamine, Plasma	PHISTA	**Specimen Requirement:** 1 mL plasma from EDTA (Lavender) tube; Minimum 0.5 mL; Critical Frozen; Collect in a pre-chilled tube and on ice. Centrifuge refrigerated and separate upper two-thirds of plasma within 20 minutes and freeze immediately in a standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered. *OR* **1 mL plasma from EDTA (Lavender) gel collection tube; Minimum 0.5 mL; Critical Frozen; Collect in a pre-chilled tube and on ice. Aliquot plasma immediately after centrifugation and freeze separately in a standard aliquot tube. Separate specimens must be submitted when multiple tests are ordered.**	effective immediately
Myeloperoxidase Autoantibodies	ANCAP	**Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: **30** days	effective immediately
Neutrophil Cytoplasmic Antibody	ANCA	**Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: **30** days	effective immediately
Norovirus Group 1 and 2 Detection by PCR	NORPCR	**CPT:** 87798**x2**	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Procainamide/NAPA		**Specimen Requirement:** 1 mL serum from no additive (Red) tube; **Centrifuge, aliquot and refrigerate ASAP.** Collect immediately prior to next dose. Do not use serum separator tubes. *OR* 1 mL plasma from **Lithium heparin (Green) tube; Centrifuge, aliquot and refrigerate ASAP.** Collect immediately prior to next dose. Do not use serum separator tubes. **Stability:** Ambient: After separation from cells: **16 hours** Refrigerated: After separation from cells: **6 days** Frozen: After separation from cells: 6 months **Methodology: Enzyme Immunoassay (EIA)** **Reference Range:** N Acetylprocainamide (NAPA): 6.0–20.0 ug/mL Urgent: **> 35.0** ug/mL Procainamide (PROCA): 4.0–10.0 ug/mL Urgent: > **12.0** ug/mL **Days Performed: Mon**–Sat **16 hours** **Reported: 1–2** days	9/13/22
Prolactin	PROL	**Special Information: Prolactin test is performed using the Roche Diagnostics Electrochemiluminescence Immunoassay method. Results obtained with different methods or kits cannot be used interchangeably.** Patients taking a biotin dose of up to 5 mg/day should refrain from taking biotin for 4 hours prior to sample collection. Patients taking a biotin dose of 5 to 10 mg/day should refrain from taking biotin for 8 hours prior to sample collection. Patients taking a biotin dose > 10 mg/day should consult with their physician or the laboratory prior to having a sample taken. Clinicians should consider biotin interference as a source of error, when clinically suspicious of the laboratory result.	8/23/22
Protein / Creatinine Ratio	PRATIO	**For interface clients only–Test build may need to be modified** **Clinical Information: Adult Male and Female Nephrotic Criteria: <150 mg/g is considered normal to mildly increased 150-500 mg/g is considered moderately increased >500 mg/g is considered severely increased KDIGO. (2013). KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Official Journal of the International Society of Nephrology, 3(1), 1-150.** **Reference Range:** Protein / Creatinine Ratio (PCRAT): **<150 mg/g** **Creatinine, Urine (UCRR): 20–300 mg/dL**	9/13/22
Protein, Urine 24 Hour	UTP24	**For interface clients only–Test build may need to be modified** **Clinical Information:** Detection of clinically significant proteinuria **Adult Male and Female Nephrotic Criteria: <150 mg/24 hours is considered normal to mildly increased 150-500 mg/24 hours is considered moderately increased >500 mg/24 hours is considered severely increased KDIGO. (2013). KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Official Journal of the International Society of Nephrology, 3(1), 1-150.** **Reference Range:** Protein, Urine 24 Hour (TP24GM): **<150 mg/24 hrs**	9/13/22
Proteinase 3 Autoantibodies	ANCAC	**Stability:** Ambient: 1 day Refrigerated: 7 days Frozen: **30** days	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Testosterone, Total and Free, Serum	TFTEST	**Special Information:** NOTE: Patient's age and sex are required. Serum gel tubes are NOT acceptable. Grossly hemolyzed, icteric or lipemic specimens will be rejected. **This test is New York DOH approved.** **Specimen Requirement: 2.5** mL serum from no additive (Red) tube; Minimum **1** mL; Refrigerated; Do NOT draw serum gel tubes. **Methodology:** Equilibrium Dialysis **High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)** **Reference Range:** Testosterone, Free (MFTEST): Male 1 Days to 15 Days: 0.20–3.10 ng/dL Male 16 Days to 364 Days: Values decrease gradually from newborn (0.20–3.10 ng/dL) to prepubertal levels. *Citation: J Clin Endocrinol Metab 1973;36(6):1132-1142. Male 1 Years to 8 Years: **<0.13** ng.dL Male 9 Years: **<0.13**–0.45 ng/dL Male 10 Years: **<0.13**–1.26 ng/dL Male 11 Years: **<0.13**–5.52 ng/dL Male 12 Years: **<0.13**–9.28 ng/dL Male 13 Years: **<0.13**–12.6 ng/dL Male 14 Years: 0.48–15.3 ng/dL Male 15 Years: 1.62–17.7 ng/dL Male 16 Years: 2.93–19.5 ng/dL Male 17 Years: 4.28–20.9 ng/dL Male 18 Years: 5.40–21.8 ng/dL Male 19 Years: 5.36–21.2 ng/dL Male 20 Years to 24 Years: 5.25–20.7 ng/dL Male 25 Years to 29 Years: 5.05–19.8 ng/dL Male 30 Years to 34 Years: 4.85–19.0 ng/dL Male 35 Years to 39 Years: 4.65–18.1 ng/dL Male 40 Years to 44 Years: 4.46–17.1 ng/dL Male 45 Years to 49 Years: 4.26–16.4 ng/dL Testosterone, Free (MFTEST): Male 50 Years to 54 Years: 4.06–15.6 ng/dL Male 55 Years to 59 Years: 3.87–14.7 ng/dL Male 60 Years to 64 Years: 3.67–13.9 ng/dL Male 65 Years to 69 Years: 3.47–13.0 ng/dL Male 70 Years to 74 Years: 3.28–12.2 ng/dL Male 75 Years to 79 Years: 3.08–11.3 ng/dL Male 80 Years to 84 Years: 2.88–10.5 ng/dL Male 85 Years to 89 Years: 2.69–**9.69** ng/dL Male 90 Years to 94 Years: 2.49–8.76 ng/dL Male 95 Years to 100 Years: 2.29–7.91 ng/dL Female 1 Days to 15 Days: **<0.13**–0.25 ng/dL Female 16 Days to 364 Days: Values decrease gradually from newborn **(<0.13**–0.25 ng/dL) to prepubertal levels. *Citation: J Clin Endocrinol Metab 1973;36(6):1132-1142. Female 1 Years to 4 Years: **<0.13** ng/dL Female 5 Years: **<0.13** ng/dL Female 6 Years: **<0.14** ng/dL Female 7 Years: **<0.13**–0.23 ng/dL Female 8 Years: **<0.13**–0.34 ng/dL **Female 9 Years: <0.13**–0.46 ng/dL **Female 10 Years: <0.13**–0.59 ng/dL **Female 11 Years: <0.13**–0.72 ng/dL **Female 12 Years: <0.13**–0.84 ng/dL **Female 13 Years: <0.13**–0.96 ng/dL **Female 14 Years: <0.13**–1.06 ng/dL **Female 15 Years to 18 Years: <0.13**–1.09 ng/dL **Female 19 Years: <0.13**–1.08 ng/dL **Female 20 Years to 24 Years: <0.13**–1.08 ng/dL **Female 25 Years to 29 Years: <0.13**–1.06 ng/dL *(continued on page 10)*	effective immediately

Test Changes (Cont.)

Test Name	Order Code	Change	Effective Date
Testosterone, Total and Free, Serum *(continued from page 9)*	TFTEST	**Reference Range (continued):** **Female 30 Years to 34 Years:** **<0.13**–1.03 ng/dL **Female 35 Years to 39 Years:** **<0.13**–1.00 ng/dL Testosterone, Free (MFTEST): **Female 40 Years to 44 Years:** **<0.13**–0.98 ng/dL **Female 45 Years to 49 Years:** **<0.13**–0.95 ng/dL **Female 50 Years to 54 Years:** **<0.13**–0.92 ng/dL **Female 55 Years to 59 Years:** **<0.13**–0.90 ng/dL **Female 60 Years to 64 Years:** **<0.13**–0.87 ng/dL **Female 65 Years to 69 Years:** **<0.13**–0.84 ng/dL **Female 70 Years to 74 Years:** **<0.13**–0.82 ng/dL **Female 75 Years to 79 Years:** **<0.13**–0.79 ng/dL **Female 80 Years to 84 Years:** **<0.13**–0.76 ng/dL **Female 85 Years to 89 Years:** **<0.13**–0.73 ng/dL **Female 90 Years to 94 Years:** **<0.13**–0.71 ng/dL **Female 95 Years to 100 Years:** **<0.13**–0.68 ng/dL Testosterone, Total (MTESTO): No reference range changes	effective immediately

New Tests

Test Name	Order Code	Change	Effective Date
Acute Leukemia NGS Panel, Blood	HDPNGS	**Note: New test was announced in the June update, but financial information was not available at that time** **CPT:** 81455 **Price:** $1,512.00	effective immediately
Acute Leukemia NGS Panel, Bone Marrow	HDMNGS	**Note: New test was announced in the June update, but financial information was not available at that time** **CPT:** 81455 **Price:** $1,512.00	effective immediately
Acute Leukemia NGS Panel, Other	HDONGS	**Note: New test was announced in the June update, but financial information was not available at that time** **CPT:** 81455 **Price:** $1,512.00	effective immediately
Allergen, Respiratory Disease Profile Region 5, with Reflex	RESP5X	**Special Information:** An extra 50uL will be required for each additional allergen ordered. Cat dander values >= 0.35 will reflex the Allergen Cat Component, Ige assay and will be billed accordingly. Dog dander values >= 0.35 will reflex the Allergen Dog Component, Ige assay and will be billed accordingly. **Clinical Information:** These allergens in this profile were selected based on regional pollen data and disease prevalence, as well as for their cross-reactivity with other comparable allergens. This profile is for the following areas: Indiana, Kentucky, Ohio, Tennesee, and West Virginia. 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;50–99.99, Class 5–Very High;>=100, Class 6–Very High **Specimen Requirement:** 4 mL serum from Serum Separator (Gold) tube; Refrigerated *OR* 4 mL plasma from EDTA (Lavender) tube; Refrigerated *OR* 4 mL plasma from Lithium heparin Plasma Separator (Light Green) tube; Refrigerated; Minimum: 2.75 mL; Submitting the minimum volume will not allow for repeat testing or addons. Required volume of 4 mL is preferred when possible. **Stability:** Ambient: 1 Day Refrigerated: 30 Days Frozen: 30 Days **Methodology:** Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP **Reference Range:** Allergen, Alternaria tenuis (alternata) IgE (ATEN): < 0.35 kU/L Allergen, Alternaria tenuis (alternata) Class (ATCL): 0 Allergen, Aspergillus fumigatus IgE (AFUMI): < 0.35 kU/L Allergen, Aspergillus fumigatus Class (AFCL): 0 Allergen, Bermuda Grass IgE (BRMUD): < 0.35 kU/L Allergen, Bermuda Grass Class (BRMCL): 0 Allergen, Cat Dander IgE (CATDN): < 0.35 kU/L Allergen, Cat Dander Class (CTDCL): 0 Allergen, Cladosporium herbarum (Hormodendrum) IgE (CHER): < 0.35 kU/L Allergen, Cladosporium herbarum (Hormodendrum) Class (CHCL): 0 Allergen, Cockroach IgE (ROACH): < 0.35 kU/L Allergen, Cockroach Class (ROACL): 0 Allergen, Dermatophagoides farinae IgE (DFRN): < 0.35 kU/L Allergen, Dermatophagoides farinae Class (DFRCL): 0 Allergen, Dermatophagoides pteronyssinus IgE (DPTER): < 0.35 kU/L Allergen, Dermatophagoides pteronyssinus Class (DPCL): 0 Allergen, Dog Dander IgE (K9D): < 0.35 kU/L Allergen, Dog Dander Class (K9DCL): 0 Allergen, Elm Tree IgE (ELMT): < 0.35 kU/L Allergen, Elm Tree Class (ELMCL): 0 *(continued on page 12)*	8/16/22

New Tests (Cont.)

Test Name	Order Code	Change	Effective Date
Allergen, Respiratory Disease Profile Region 5, with Reflex *(continued from page 11)*	RESP5X	**Reference Range (continued):** Allergen, Hickory/Pecan Tree IgE (HIKPC): < 0.35 kU/L Allergen, Hickory/Pecan Tree Class (HIKCL): 0 Allergen, Johnson Grass IgE (JNSN): < 0.35 kU/L Allergen, Johnson Grass Class (JNSCL): 0 Allergen, June Grass (Kentucky Blue, Meadow) IgE (JUN): < 0.35 kU/L Allergen, June Grass (Kentucky Blue, Meadow) Class (JUNCL): 0 Allergen, Lamb's Quarters (Goosefoot) IgE (LBQ): < 0.35 kU/L Allergen, Lamb's Quarters (Goosefoot) Class (LBQCL): 0 Allergen, Oak Tree IgE (OAKT): < 0.35 kU/L Allergen, Oak Tree Class (OAKCL): 0 Allergen, Short (Common) Ragweed IgE (SRAG): < 0.35 kU/L Allergen, Short (Common) Ragweed Class (SRACL): 0 Allergen, Walnut IgE (WNUT): < 0.35 kU/L Allergen, Walnut Class (WNUCL): 0 Allergen, Cottonwood Tree IgE (CTWD): < 0.35 kU/L Allergen, Cottonwood Tree Class (CTWCL): 0 Allergen, Timothy Grass IgE (TIMY): < 0.35 kU/L Allergen, Timothy Grass Class (TIMCL): 0 Allergen, White Ash Tree IgE (WTASH): < 0.35 kU/L Allergen, White Ash Tree Class (ASHCL): 0 Allergen, Box Elder (Maple) Tree IgE (BLDR): < 0.35 kU/L Allergen, Box Elder (Maple) Tree Class (BLDCL): 0 Mouse Urine IgE (MOUSEU): < 0.35 kU/L Mouse Urine Proteins Class (MOUUCL): 0 **Days Performed:** Sun–Sat 7:00 am **Reported:** 1–2 days **CPT:** 86003x22 **Price:** $726.00	8/16/22
Chronic Lymphoproliferative Disorder NGS Other	LPONGS	**Note: New test was announced in the June update, but financial information was not available at that time** **CPT:** 81455 **Price:** $1,512.00	effective immediately
Drug Detection Panel, Meconium, Qualitative	MECDRG	**Note: New test was announced in the May update, but financial information was not available at that time** **CPT:** 80326; 80347; 80355; 80364 **Price:** $196.00	effective immediately
Hematologic Neoplasm Fusion NGS Panel, Blood	HFPNGS	**Note: New test was announced in the June update, but financial information was not available at that time** **CPT:** 81455 **Price:** $1,512.00	effective immediately
Hematologic Neoplasm Fusion NGS Panel, Bone Marrow	HFMNGS	**Note: New test was announced in the June update, but financial information was not available at that time** **CPT:** 81455 **Price:** $1,512.00	effective immediately
Hematologic Neoplasm Fusion NGS Panel, Other	HFONGS	**Note: New test was announced in the June update, but financial information was not available at that time** **CPT:** 81455 **Price:** $1,512.00	effective immediately
Myeloid NGS Panel Other	MYNGSO	**Note: New test was announced in the June update, but financial information was not available at that time** **CPT:** 81455 **Price:** $1,512.00	effective immediately

Fee Increases

Test Name	Order Code	List Fee	CPT Code	Effective Date
Amitriptyline/Nortriptyline	AMINOR	$145.00	80335/G0480	effective immediately
Chronic Lymphoproliferative Disorder NGS Bone Marrow	LPMNGS	$1,512.00	81455	effective immediately
Chronic Lymphoproliferative Disorder NGS Peripheral Blood	LPPNGS	$1,512.00	81455	effective immediately
Desipramine	DESIPR	$145.00	80335/G0480	effective immediately
Doxepin/Nordoxepin	DOXEPN	$145.00	80335/G0480	effective immediately
Drug Detection Panel, TOF-MS, Umbilical Cord Tissue	DRGTOF	$196.00	80326; 80347; 80364; 80355	effective immediately
Ehrlichia and Anaplasma Species by PCR	EHRANA	$220	87798x4	effective immediately
Imipramine/Desipramine	IMIDES	$145.00	80335/G0480	effective immediately
Myeloid Panel NGS Bone Marrow	MYNGSM	$1,512.00	81455	effective immediately
Myeloid Panel NGS Peripheral Blood	MYNGSP	$1,512.00	81455	effective immediately
Niacin	B3VIT	$195.00	84591	effective immediately
Nortriptyline	NORTRP	$145.00	80335/G0480	effective immediately
Urogenital Ureaplasma and Mycoplasma Species by PCR	URMPCR	$280	87798x3; 87563x1	effective immediately

Fee Reductions

Test Name	Order Code	List Fee	CPT Code	Effective Date
Bioavailable Testosterone/SHBG, Female & Child	BTSTFC	$85.00	84403; 84402; 84270	7/1/22

Discontinued Tests

Test Name	Order Code	Test Information	Effective Date
ADmark Alzheimer's Evaluation	ADALZ	Test will no longer be orderable. Recommended replacement tests are ADmark Phospho-Tau CSF (PHOTAU) and Apolipoprotein E (APOE) Genotyping, Alzheimer Disease Risk (ALZHEI)	8/16/22
Carrier Testing Panel	CSPANL	Test will no longer be orderable	7/12/22