

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
ACETYLCHOLINESTERASE RECEPTOR BLOCKING AB RIA AR.AB.BLOCK / ARAB 84238 (MRL)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	LT 22% inhibition Interpretive Criteria: LT 22% inhibition: Antibody not detected. 22% or greater inhibition: Antibody detected. Acetylcholine receptor blocking antibodies are found in approximately 40% of myasthenia gravis patients and correlate with disease activity. Recent use of muscle relaxants may cause false- positive results in this assay.	Min. amt: 0.5 mL. Effective 4-24-01.
ANA WITH REFLEX ELISA, IFA ANAR / ANAR 86038	2 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	ANA Negative ANA Pattern ANA samples are screened using an EIA assay. All samples that screen positive are titered using HEp-2 cells, and the titer and pattern are reported. Anti-nuclear antibodies are seen in a variety of systemic rheumatic diseases. In general, a titer equal to or greater than 1:160 is considered a significant positive. Titers equal to or less than 1:80 are usually of no or questionable significance. Low-titer ANAs are common with advancing age. Smith LT 20 EU Negative 20-25 Borderline positive GT 25 Positive RNP LT 20 EU Negative 20-25 Borderline positive GT 25 Positive SS-A (RO) LT 20 EU Negative 20-25 Borderline positive GT 25 Positive SS-B (LA) LT 20 EU Negative 20-25 Borderline positive GT 25 Positive DNA Dbl Strand Negative LT 1:10 (Crithidia)	NEW PROCEDURE Min. amt: 1 mL. Unacceptable conditions: plasma, lipemic, hemolyzed, or contaminated samples. Stability: 1 day refrigerated, 3 months frozen. If ANA is positive, this test reflexes to dsDNA, SM, RNP, SSA and SSB. Additional fees will added for these tests. Effective 4-24-01.
ANALYZER IFA, RIA, EIA, NEPH, IFA/Image ANALZ3 / ANALZ3 83520, 86038, 86160×2, 86235×5, 86376, 86431, 86225 (Specialty)	4 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	"See separate report."	NEW PROCEDURE Min. amt: 2.5 mL. Effective 4-24-01.

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ANCA PANEL, ANA TITER TO ENDPOINT IFA, EIA ANCAEP / ANCAEP 86038, 86255, 83516, 83516	2 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	ANA Negative ANA Pattern ANA samples are screened using an EIA assay. All samples that screen positive are titered using HEp-2 cells, and the titer and pattern are reported. Anti-nuclear antibodies are seen in a variety of systemic rheumatic diseases. In general, a titer equal to or greater than 1:160 is considered a significant positive. Titers equal to or less than 1:80 are usually of no or questionable significance. Low-titer ANAs are common with advancing age. ANCA Titer, IFA LT 1:20 Negative ANCA Pattern Myeloperoxidase Ab LT 9.0 U/mL Proteinase 3 Ab LT 3.5 U/mL	NEW PROCEDURE Min. amt: 1 mL. Unacceptable conditions: plasma, lipemic, hemolyzed, or contaminated samples, samples containing fluorescing drugs, other fluids, or repeated freeze/thaw cycles. Stability: 2 day refrigerated, 1 month frozen. Effective 4-24-01.
ANGIOTENSIN CONVERTING ENZYME, CSF KS ACE.CSF / ACESF 82164 (Specialty)	1 mL CSF. Store and transport refrigerated.	ACE, CSF: LT 10 Units	Min. amt: 0.4 mL. Effective 4-24-01.
ANTI-NEURONAL NUCLEAR AB (ANNA) IFA, WB ANNAB / ANNAB 86255 (MRL)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	ANNA-1 (anti-Hu) Negative ANNA-2 (anti-Ri) Negative Interpretive Criteria: Negative: Antibody not detected. 1:40 or more: Antibody detected. ANNA-1 and ANNA-2 are identified by immunofluorescence and confirmed by WB detection of Ab reactive with a 35-40 kD (ANNA- 1) or a 55 kD (ANNA-2) neuronal protein.	Min. amt: 0.5 mL. Effective 4-24-01.
ANTI-NEURONAL NUCLEAR AB (ANNA), CSF IFA, WB ANNABC / ANNABC 86255 (MRL)	1 mL CSF in plastic tube. Store and transport refrigerated.	ANNA-1 (anti-Hu), CSF Negative ANNA-2 (anti-Ri), CSF Negative Interpretive Criteria: Negative: Antibody not detected. 1:1 or more: Antibody detected. ANNA-1 and ANNA-2 are identified by immunofluorescence and confirmed by WB detection of Ab reactive with a 35-50 kD (ANNA- 1) or a 55 kD (ANNA-2) neuronal protein.	Min. amt: 0.5 mL. Effective 4-24-01.
ANTIPHOSPHOLIPID SYNDROME EVALUATION (APS) EIA, Clot Detection APS.EVAL / APSEV 85613, 86147×3, 86148×3 (Specialty)	2 mL serum (red top tube) and 2 mL frozen citrate plasma (blue top tube). Separate serum from cells and put in separate plastic tube, label as serum, and freeze. Store and transport frozen. Double-spin the plasma and put in 2 separate plastic tubes, label as plasma, and freeze. Store and transport frozen.	"See separate report."	Min. amt: 1 mL serum and 1 mL plasma. Unacceptable conditions: specimens that are clotted, collected in the wrong tube, less than 90% filled, or hemolyzed. GT 10,000 platelets may cause false-negative results. If the patient's hematocrit is GT 55%, a special tube must be prepared to achieve the appropriate blood-to- anticoagulant ratio. Effective 4-24-01.
BCL-2/JH T(14;18) BY PCR, FLUID BCL2FL / BCL2FL 83891, 83892, 83898×3, 83894×3, 83912×3			CPT codes changes only. Effective immediately.

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BETA HCG ICMA, EIA HCG / PRG		ICMA Negative 10 mIU/mL or less Positive GT 10 mIU/mL EIA Negative LT 25 mIU/mL Positive 25 mIU/mL or greater	Effective 4-24-01.
BORRELIA HERMSII (RELAPSING FEVER) EIA BOR.HEM / BHERM 86619×2 (Specialty)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	<i>Borrelia Hermsii</i> , IgG Not detected: LT 2.0 SD Indeterminate: 2.0-2.9 Weakly positive: 3.0-5.0 Positive: GT 5.0 (Reported as standard deviations (SD) above the mean of a reference group of normal subjects.) <i>Borrelia Hermsii</i> , IgM Not detected: LT 2.0 SD Indeterminate: 2.0-2.9 Weakly positive: 3.0-5.0 Positive: GT 5.0 (Reported as standard deviations (SD) above the mean of a reference group of normal subjects.) This test result or one or more of its components was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.	Min. amt: 0.3 mL. Effective 4-24-01.
CLINICAL HEMATOLOGY INTERPRETATION, COMPREHENSIVE CHICOM / CHICOM 80502	This workpar is to be used to request an interpretation by a pathologist or hematologist on comprehensive submitted specimens and/or test results.	Reviewed material Interpretation Reviewed by Comment	NEW PROCEDURE Effective 4-24-01.
CLINICAL HEMATOLOGY INTERPRETATION, LIMITED CHILIM / CHILIM 80500	This workpar is to be used to request an interpretation by a pathologist or hematologist on limited submitted specimens and/or test results.	Reviewed material Interpretation Reviewed by Comment	NEW PROCEDURE Effective 4-24-01.
CODEINE COD / COD 83925			CPT code change only. Effective immediately.
COMPLEMENT AH50 TOTAL FUNCTIONAL ACTIVITY ALTERNATE PATHWAY H Plate CAH50 / CAH50 86162 (Specialty)	1 mL frozen EDTA plasma (lavender top tube). Separate plasma from cells and put into 2 separate plastic tubes and freeze. Store and transport frozen.	LT 55% Normal This test result or one or more of its components was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.	NEW PROCEDURE Effective 4-24-01.

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COMPLEMENT C5 RID C5 / C5 86160 (Specialty)	1 mL frozen citrated plasma (blue top tube). Separate plasma from cells and put in separate plastic tube and freeze. Store and transport frozen.	30-90 mg/L This test result or one or more of its components was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.	NEW PROCEDURE Min amt: 0.5 mL. Other acceptable specimens: serum. Avoid freeze/thaw cycles. Effective 4-24-01.
COMPLEMENT C7 RID C7 / C7 86160 (Specialty)	1 mL frozen citrated plasma (blue top tube). Separate plasma from cells and put in separate plastic tube and freeze. Store and transport frozen.	70-170 mg/L This test result or one or more of its components was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.	NEW PROCEDURE Min amt: 0.5 mL. Other acceptable specimens: serum. Avoid freeze/thaw cycles. Effective 4-24-01.
COMPLEMENT C8 RID C8 / C8 86160 (Specialty)	1 mL frozen citrated plasma (blue top tube). Separate plasma from cells and put in separate plastic tube and freeze. Store and transport frozen.	60-180 mg/L This test result or one or more of its components was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.	NEW PROCEDURE Min amt: 0.5 mL. Other acceptable specimens: serum. Avoid freeze/thaw cycles. Effective 4-24-01.
COMPLEMENT C9 RID C9 / C9 86160 (Specialty)	1 mL frozen citrated plasma (blue top tube). Separate plasma from cells and put in separate plastic tube and freeze. Store and transport frozen.	50-400 mg/L This test result or one or more of its components was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.	NEW PROCEDURE Min amt: 0.5 mL. Other acceptable specimens: serum. Avoid freeze/thaw cycles. Effective 4-24-01.
COMPLEMENT SPLIT PRODUCT C3A RIA C3ASP / C3ASP 86160 (Specialty)	1 mL frozen EDTA Futhan plasma (Futhan tube). Separate plasma from cells and put into 2 separate plastic tubes and freeze. Store and transport frozen.	100-400 ng/mL For research use only.	NEW PROCEDURE Min amt: 2 mL. Futhan tubes are available from PAML supply department. Effective 4-24-01.
COPPER, RBC ICP/MS COPRBC / COPRBC 82525 (Specialty)	3 mL EDTA whole blood in trace metal-free tube EDTA (royal blue top tube). Store and transport refrigerated or at ambient temperature.	900-1500 µg/L This test result or one or more of its components was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.	NEW PROCEDURE Min amt: 1 mL. Effective 4-24-01.
CORTISOL COR / COR	This workpar is being deleted. Use the workpar CORAM or CORPM, whichever is appropriate, to order this test.	the workpar CORAM or CORPM, whichever	Effective 4-24-01.
CORTISOL AM ICMA CORAM / CORAM 82533	1 mL serum (red top tube) drawn in the morning (8 AM). Separate serum from cells and put in separate plastic tube and freeze. Do not freeze in glass tubes. Store and transport frozen.	4.3-22.4 µg/dL	NEW PROCEDURE Min amt: 0.2 mL. Stability: 8 hours at room temperature, 10 days refrigerated. Effective 4-24-01.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
CORTISOL PM ICMA CORPM / CORPM 82533	1 mL serum (red top tube) drawn in the afternoon (4 PM). Separate serum from cells and put in separate plastic tube and freeze. Do not freeze in glass tubes. Store and transport frozen.	3.0-16.0 µg/dL	NEW PROCEDURE Min amt: 0.2 mL. Stability: 8 hours at room temperature, 10 days refrigerated. Effective 4-24-01.
CULTURE, URINE COLONY COUNT CULT.CC / CURN 87088, 87205			CPT code change only. Effective immediately.
CULTURE, URINE (NO SMEAR) CURNNS / CURNNS 87088			CPT code change only. Effective immediately.
CYSTIC FIBROSIS MUTATIONS PCR/DOT Blot CYMUT / CYMUT 83912, 83891, 83894, 83896, 83901, 83893 (GENZYME)	EDTA or ACD A whole blood (lavender or yellow top tube); adult 20 mL, child 5-7 mL, baby 1-3 mL. Store and transport at room temperature. Prenatal Amnio: Discard the first 2 mL, then collect 20 mL in 15-mL orange screw-top polypropylene tube. Or submit 10-15 mg chorionic villi in media provided by Genzyme. A maternal sample is required to rule out the presence of maternal cells in prenatal samples of uncultured amniotic fluid, CVS, or CVS cultures. Collect with kits provided by Genzyme Genetics, available from PAML supply department. Store and transport at room temperature overnight.	87 Mutation Cystic Fibrosis Analysis "See separate report."	NEW PROCEDURE Effective 4-24-01.
DILUTE RUSSEL VIPER VENOM ADRVV / ADRVV		DRVVT 30.6-42.0 sec DRVVT Mix Ratio LT 1.2 Negative for Lupus Inhibitor Screen DRVVT Confirm Ratio LT 1.2 Negative for Lupus Inhibitor Screen DRVVT Confirm Mix Ratio LT 1.2 Negative for Lupus Inhibitor Screen	Effective immediately.
FORMIC ACID, SERUM FORM / FA 83921			CPT code change only. Effective immediately.
FORMIC ACID, URINE FORM-U / FAUQ 83921, 82570			CPT code change only. Effective immediately.
HEPATITIS B VIRAL DNA, QUANTITATIVE Digene HBV using Hybrid Capture II HBVBDQ / HBVBDQ 87517 (MRL)	1 mL frozen serum (red top tube). Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen.	LT 141.5 × 1000 copies/mL This assay was performed using a kit labeled "For research use only" by the kit manufacturer. The kit's performance characteristics have been established and validated by MRL for in vitro diagnostic use.	Min amt: 1 mL. Effective 4-24-01.

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HEPATITIS EVALUATR, AUTOIMMUNE EIA, IFA, RID HEPEVL / HEPEVL 83520×2, 86376×3 (Specialty)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	Liver-Kidney Microsome Autoantibodies LT 1:40 titer Soluble Liver Antigen Autoantibodies LT 5.0 U/mL Liver-Specific Membrane LP Autoantibodies LT 15.0 EIA Units Liver Cytosol Autoantibodies Not detected F-Actin IgG Autoantibodies LT 10 Negative 10-20 Indeterminate 20 or more Positive This test result or one or more of its components was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.	NEW PROCEDURE Min. amt: 2 mL. Effective 4-24-01.
HERPES SIMPLEX I & II, IGM HERP I&II IGM / HSVIM	This workpar is being discontinued. Use the workpar HSVIGM to order this test.		Effective TBA.
HERPES SIMPLEX IGM ANTIBODY EIA HSVIGM / HSVIGM 86694	1 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.	LT 0.91 OD Negative: No clinically significant level of HSV IgM Ab detected. 0.91-1.09 OD Indeterminate: Unable to determine the presence or absence of HSV IgM Ab. Repeat testing in 10-14 days may be helpful. GT 1.09 OD Positive: IgM Ab to HSV detected. May indicate current or recent infection or reactivation.	NEW PROCEDURE Min amt: 0.5 mL. Unacceptable conditions: plasma, lipemic, hemolyzed, heat-treated, or contaminated specimens. Avoid multiple freeze/thaw cycles. Stability: 5 days refrigerated, 1 year frozen. Effective TBA.
HSV TYPE-SPECIFIC IGG EIA HERP I&II.IGG / HSVG 86695, 86696	1 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.	HSV I IGG TYPE-SPECIFIC AB LT 0.90 IV Negative: No significant level of detectable IgG Ab to HSV Type I Glycoprotein G. 0.90-1.10 IV Indeterminate: Questionable presence of Ab to HSV Type I Glycoprotein G. Repeat testing in 10-14 days may be helpful. GT 1.10 IV Positive: IgG Ab to HSV Type I Glycoprotein detected. May indicate a current or recent infection. HSV II IGG TYPE-SPECIFIC AB LT 0.90 IV Negative: No significant level of detectable IgG Ab to HSV Type II Glycoprotein G. 0.90-1.10 IV Indeterminate: Questionable presence of Ab to HSV Type II Glycoprotein G. Repeat testing in 10-14 days may be helpful. GT 1.10 IV Positive: IgG Ab to HSV Type II Glycoprotein detected. May indicate a current or recent infection.	Min. amt: 0.5 mL. Stability: If testing is delayed more than 7 days, freeze at -20°C. Unacceptable conditions: heat-treated, hemolyzed, lipemic, or contaminated specimens, and plasma. Effective TBA.
HERPES SIMPLEX TYPE I & II, IGG & IGM HERP I&II.IGG&IGM / HSVGM	This workpar is being discontinued. Use the workpar HSGM to order this test.		Effective TBA.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
HSV TYPE-SPECIFIC IGG & HSV IGM AB EIA HSGM / HSGM 86695, 86696, 86694	2 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.	<p>HSV I IGG TYPE-SPECIFIC AB</p> <p>LT 0.90 IV Negative: No significant level of detectable IgG Ab to HSV Type I Glycoprotein G.</p> <p>0.90-1.10 IV Indeterminate: Questionable presence of Ab to HSV Type I Glycoprotein G. Repeat testing in 10-14 days may be helpful.</p> <p>GT 1.10 IV Positive: IgG Ab to HSV Type I Glycoprotein detected. May indicate a current or recent infection.</p> <p>HSV II IGG TYPE-SPECIFIC AB</p> <p>LT 0.90 IV Negative: No significant level of detectable IgG Ab to HSV Type II Glycoprotein G.</p> <p>0.90-1.10 IV Indeterminate: Questionable presence of Ab to HSV Type II Glycoprotein G. Repeat testing in 10-14 days may be helpful.</p> <p>GT 1.10 IV Positive: IgG Ab to HSV Type II Glycoprotein detected. May indicate a current or recent infection.</p> <p>HERPES SIMPLEX IGM AB</p> <p>LT 0.91 OD Negative: No clinically significant level of HSV IgM Ab detected.</p> <p>0.91-1.09 OD Indeterminate: Unable to determine the presence or absence of HSV IgM Ab. Repeat testing in 10-14 days may be helpful.</p> <p>GT 1.09 OD Positive: IgM Ab to HSV detected. May indicate a current or recent infection or reactivation.</p>	NEW PROCEDURE Min. amt: 0.5 mL. Stability: If testing is delayed more than 7 days, freeze at -20°C. Unacceptable conditions: heat-treated, hemolyzed, lipemic, or contaminated specimens, and plasma. Avoid multiple freeze/thaw cycles. Stability: 5 days refrigerated, 1 year frozen. Effective TBA.
HIV-1 GENOTYPE [SPEC] PCR HIVGRS / HIVGRS 83891×13, 83898×5, 83904×8, 83912 (Specialty)	4 mL frozen EDTA plasma (lavender top tube). Separate plasma from cells within 4 hours of collection, put into 2 plastic tubes, and freeze. Store and transport frozen. Ship within 24 hours of collection.	HIV-1 Genotype Plus (Reverse Transcriptase and Protease Inhibitors) "See separate report."	Min. amt: 2 mL. Other acceptable specimens: frozen ACD plasma (yellow top tube). Effective 4-24-01.
HIV-1 RNA ULTRAQUANT [SPEC] BDNA HIVUSP / HIVUSP	5 mL frozen EDTA plasma (lavender top tube). Separate plasma from cells, put into 2 separate plastic tubes within 4 hours of collection, and freeze. Record time of collection and freezing on container and on request form. Store and transport frozen.	HIV-1 RNA Ultraquant LT 50 copies/mL HIV-1 RNA (Log 10) LT 1.7	Min. amt: 3 mL. Stability: 4 hours at room temperature, 2 months frozen. Effective immediately.
MYCOPLASMA PNEUMONIAE IGA AB EIA MPA / MPA (Specialty) 86738	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	<p>LT 0.50 EIA Units Not detected 0.50-0.80 Indeterminate GT 0.80 Positive</p> <p>This test, or one or more of its components, was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.</p>	NEW PROCEDURE Min amt: 0.5 mL. Effective 4-24-01.
MYASTHENIA GRAVIS PANEL MGP / MGP	This workpar has been discontinued.		Effective immediately.

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NIACIN NIACIN / NIACIN 84591			CPT code change only. Effective immediately.
NIACIN, URINE NIACIN.UR / NIAUQ 84591			CPT code change only. Effective immediately.
ORGANISM ID, URINE CORGUR / CORGUR 87077			CPT code change only. Effective immediately.
PREGNANCY TEST PRG / PRGU	1 mL urine, random collection. The first morning specimen is preferred. Store and transport refrigerated.		Min. amt: 0.2 mL. This method is calibrated according to the WHO Third International Standard for Chorionic Gonadotropin (WHO 3rd IS 75/537). Pregnancy is detected 1 week after implantation or 4-5 days before the first missed menses. ICON II HCG is sensitive to 25 mIU/mL. Effective 4-24-01.
PURKINJE CELL CYTOPLASMIC AB (PCCA) IFA/WB PUR / PUR 86255 (MRL)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	Purkinje Cell Cytoplasmic Ab (PCCA) Negative Antibody not detected. 1:40 or more Antibody detected. Yo-Specific PCCA Negative Antibody not detected. Positive Antibody detected. Purkinje Cell Cytoplasmic Ab (PCCA) is identified by immunofluorescence. Yo-specific PCCA, a subset of PCCA that recognizes a 52 kD protein, is identified using a WB assay.	NEW PROCEDURE Min. amt: 0.5 mL. Effective 4-24-01.
PURKINJE CELL CYTOPLASMIC AB, CSF IFA/WB PURSF / PURSF 86255 (MRL)	1 mL CSF in a sterile container. Store and transport refrigerated.	Purkinje Cell Cytoplasmic Ab (PCCA) Negative Antibody not detected. 1:1 or more Antibody detected. Yo-Specific PCCA Negative Antibody not detected. Positive Antibody detected. Purkinje Cell Cytoplasmic Ab (PCCA) is identified by immunofluorescence. Yo-specific PCCA, a subset of PCCA that recognizes a 52 kD protein, is identified using a WB assay.	NEW PROCEDURE Min. amt: 0.5 mL. Effective 4-24-01.
RAST IGG, SINGLE RAST.IGG.SINGLE / IGGATL 86001			CPT code change only. Effective immediately.
TETANUS TOXOID IGG AB TETG / TETG		GT 0.10 IU/mL	Effective immediately.
TIAGABINE TIAGA / TIAGA 82542			CPT code change only. Effective immediately.

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TORCH TEST, IGG TORCH.IGG / TORCHG		HSV I IgG Type-Specific Ab LT 0.90 IV Negative 0.90-1.10 IV Indeterminate GT 1.10 IV Positive HSV II IgG Type-Specific Ab LT 0.90 IV Negative 0.90-1.10 IV Indeterminate GT 1.10 IV Positive	All other components remain unchanged. Effective TBA.
TORCH TEST, IGM TORCHM / TORCHM	This workpar is being discontinued. Use the workpar TORM to order this test.		Effective TBA.
TORCH TEST, IGM ELISA, EIA TORM / TORM 86694, 86762, 86778, 86645	2 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated. Paired sera are advised.	CMV ANTIBODY, IGM LT 0.91 ISR Negative 0.91-1.09 ISR Indeterminate GT 1.09 ISR Positive HERPES SIMPLEX IGM ANTIBODY LT 0.91 OD Negative 0.91-1.09 OD Indeterminate GT 1.09 OD Positive RUBELLA, IGM LT 0.9 Index Negative 0.9-1.1 Index Indeterminate GT 1.1 Index Positive T. GONDII ANTIBODY, IGM LT 0.91 ISR Negative 0.91-1.09 ISR Indeterminate GT 1.09 ISR Positive TORCH, INTERPRETATION	NEW PROCEDURE Min. amt: 1 mL. Includes Cytomegalovirus Antibody, IgM; Herpes Simplex Antibody, IgM; Rubella Antibody, IgM; Toxoplasmosis Antibody, IgM; Interpretation. Unacceptable conditions: severely lipemic, icteric, contaminated, hemolyzed, or heat-inactivated samples. Stability: 4 hours at room temperature, 2 days refrigerated, 1 year frozen. Effective TBA.
TORCH, IGG & TORCH, IGM TORHGM / TORHGM	This workpar is being discontinued. Use the workpar TORGM to order this test.		Effective TBA.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
TORCH, IGG & TORCH, IGM ELISA, MEIA, EIA TORGM / TORGM 86645, 86694, 86762, 86778, 80090	4 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated.	<p>CMV ANTIBODY, IGG LT 0.91 ISR Negative 0.91-1.09 ISR Indeterminate GT 1.09 ISR Positive</p> <p>HSV I IGG TYPE-SPECIFIC AB LT 0.90 IV Negative 0.90-1.10 IV Indeterminate GT 1.10 IV Positive</p> <p>HSV II IGG TYPE-SPECIFIC AB LT 0.90 IV Negative 0.90-1.10 IV Indeterminate GT 1.10 IV Positive</p> <p>RUBELLA, IGG LT 5 IU/mL Negative 5-9 Indeterminate 10 or more Positive</p> <p>T. GONDII ANTIBODY, IGG LT 0.91 ISR Negative 0.91-1.09 ISR Indeterminate GT 1.09 ISR Positive</p> <p>CMV ANTIBODY, IGM LT 0.91 ISR Negative 0.91-1.09 ISR Indeterminate GT 1.09 ISR Positive</p> <p>HERPES SIMPLEX IGM ANTIBODY LT 0.91 OD Negative 0.91-1.09 OD Indeterminate GT 1.09 OD Positive</p> <p>RUBELLA, IGM LT 0.9 Index Negative 0.9-1.1 Index Indeterminate GT 1.1 Index Positive</p> <p>T. GONDII ANTIBODY, IGM LT 0.91 ISR Negative 0.91-1.09 ISR Indeterminate GT 1.09 ISR Positive</p> <p>TORCH, INTERPRETATION</p>	NEW PROCEDURE Min. amt: 2 mL. Unacceptable conditions: severely lipemic, icteric, contaminated, hemolyzed, or heat-inactivated samples. Stability: 4 hours at room temperature, 2 days refrigerated, 1 year frozen. Effective TBA.
TOXOCARIASIS AB EIA TOXOCARA / TOXO 86682×3 (Specialty)	2 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	<p>Toxocariasis, IgG LT 2.0 SD Not detected 2.0-2.9 Indeterminate 3.0-5.0 Weakly positive GT 5.0 Positive</p> <p>Toxocariasis, IgM LT 2.0 SD Not detected 2.0-2.9 Indeterminate 3.0-5.0 Weakly positive GT 5.0 Positive</p> <p>Toxocariasis, IgA LT 2.0 SD Not detected 2.0-2.9 Indeterminate 3.0-5.0 Weakly positive GT 5.0 Positive</p>	Min. amt: 1 mL. Effective 4-24-01.
<p>Results are reported as standard deviation (SD) above the mean of a reference group of normal subjects.</p> <p>This test, or one or more of its components, was developed and its performance characteristics determined by Specialty Lab. It has not been cleared or approved by the FDA. The FDA has determined that such clearance or approval is not necessary.</p>			

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ZONISAMIDE HPLC with UV detection ZON / ZON 82491 (NMS)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	Anti-epileptic range: 10-40 µg/mL	NEW PROCEDURE Effective 4-24-01.

BILL ONLY Codes

DNA PROBE 2 BILL ONLY DNAPB2 / DNAPB2 87149	May be ordered in conjunction with the workpar AFB or AFBID.		NEW PROCEDURE Effective immediately.
DNA PROBE 3 BILL ONLY DNAPB3 / DNAPB3 87149	May be ordered in conjunction with the workpar AFB or AFBID.		NEW PROCEDURE Effective immediately.
ANTI-SMITH BILL ONLY BSM / BSM 86235	May be ordered in conjunction with the workpar ANAR.		NEW PROCEDURE Effective 4-24-01.
RNP BILL ONLY BRNP / BRNP 86235	May be ordered in conjunction with the workpar ANAR.		NEW PROCEDURE Effective 4-24-01.
SSA BILL ONLY BSSA / BSSA 86235	May be ordered in conjunction with the workpar ANAR.		NEW PROCEDURE Effective 4-24-01.
SSB BILL ONLY BSSB / BSSB 86235	May be ordered in conjunction with the workpar ANAR.		NEW PROCEDURE Effective 4-24-01.
DNA ANTIBODY, DS BILL ONLY BDNA / BDNA 86225	May be ordered in conjunction with the workpar ANAR.		NEW PROCEDURE Effective 4-24-01.

Thank you for your continuing support and cooperation. If you have any questions, please contact Client Services.