

The following tables reflect revisions only; other existing data remain unchanged.

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
ALK PHOS ISO [ARUP] AKPIAR / AKPIAR		ALKALINE PHOS Male 0-30 days 60-320 U/L 1-12 mos 70-350 1-3 yrs 125-320 4-6 yrs 150-370 7-9 yrs 150-440 10-11 yrs 150-470 12-13 yrs 160-500 14-15 yrs 130-530 16-19 yrs 60-270 20+ yrs 40-120 Female 0-30 days 60-320 1-12 mos 70-350 1-3 yrs 125-320 4-6 yrs 150-370 7-9 yrs 150-440 10-11 yrs 150-530 12-13 yrs 110-525 14-15 yrs 55-305 16-19 yrs 40-120 20+ yrs 40-120 LIVER Male 1-6 yrs 0-145 U/L 7-11 yrs 0-182 12-15 yrs 0-226 16-19 yrs 0-114 19+ yrs 0-94 Female 1-9 yrs 0-148 10-15 yrs 0-162 16+ yrs 0-94 BONE Male 1-6 yrs 0-208 U/L 7-9 yrs 0-264 10-15 yrs 0-340 16-19 yrs 0-165 20+ yrs 0-55 Female 1-6 yrs 0-189 7-9 yrs 0-246 10-13 yrs 0-340 14-15 yrs 0-91 16+ yrs 0-55 OTHER	Effective 5-1-01.
ALPHA-FETOPROTEIN (AMNIO) 2-Site Immunoenzymatic Assay AFP-AMNIO / AFPAP			Method change only. Effective immediately.

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AMYLASE ISOENZYMES AMY.ISO / AMYISO	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.		Min. amt: 0.5 mL. Unacceptable conditions: hemolyzed or frozen specimens. Stability: 7 days at room temperature, 30 days refrigerated. Effective immediately.
ANTI-NEURONAL NUCLEAR AB ANNA / ANNA	This workpar is being discontinued. Use the workpar ANNAB to order this test.		Effective 5-15-01.
ANTI-NEURONAL NUCLEAR AB,CSF ANNA.CSF / ANNASF	This workpar is being discontinued. Use the workpar ANNABC to order this test.		Effective 5-15-01.
BERYLLIUM, QUANT (BLOOD) ICP/MS BERY / BERY			Method change only. Effective 4-28-01.
C-PEPTIDE C-PEP / CPEP		Fasting: 0.9-3.9 ng/mL To convert to nmol/L, multiply by 0.33.	Effective 5-1-01.
CREATININE CLEARANCE CRE CL / CRCL		Creatinine, Serum Male 0.7-1.5 mg/dL Female 0.6-1.2 Creatinine, Urine Male 0.8-2.0 g/24h Female 0.6-1.8 Creatinine Clearance Male 0-2 yrs 51-73 mL/min 2-10 yrs 64-92 10-12 yrs 83-119 12-40 yrs 97-137 40-50 yrs 91-131 50-60 yrs 85-125 60-70 yrs 79-119 70-80 yrs 73-113 80+ yrs 67-107 Female 0-2 yrs 51-73 2-10 yrs 64-92 10-12 yrs 83-119 12-40 yrs 88-128 40-50 yrs 82-122 50-60 yrs 76-116 60-70 yrs 70-110 70-80 yrs 64-104 80+ yrs 58-98	Effective 5-15-01.

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CREATININE CLEARANCE 12 -HOUR CRE CL.12 / CRCL12		Creatinine, Serum Male 0.7-1.5 mg/dL Female 0.6-1.2 Creatinine, Urine Male No normals established (g/12h) Female No normals established Creatinine Clearance Male 0-2 yrs 51-73 mL/min 2-10 yrs 64-92 10-12 yrs 83-119 12-40 yrs 97-137 40-50 yrs 91-131 50-60 yrs 85-125 60-70 yrs 79-119 70-80 yrs 73-113 80+ yrs 67-107 Female 0-2 yrs 51-73 2-10 yrs 64-92 10-12 yrs 83-119 12-40 yrs 88-128 40-50 yrs 82-122 50-60 yrs 76-116 60-70 yrs 70-110 70-80 yrs 64-104 80+ yrs 58-98	Effective 5-15-01.
ENTAMOEBIA HISTOLYTICA AB, IGG EIA AM-AB / AMOEBIA	1 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Acute and convalescent samples must be labelled as such. Store and transport refrigerated.	LT 0.9 IV Negative – No significant level of detectable <i>E. histolytica</i> IgG Ab. 0.9-1.1 IV Equivocal – Repeat testing in 10-14 days may be helpful. GT 1.1 IV Positive – IgG Ab to <i>E. histolytica</i> detected, which may indicate a current or recent infection. Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on 2 appropriately timed specimens where both tests are done in the same laboratory at the same time.	Min. amt: 0.5 mL. Other acceptable specimens: plasma. Unacceptable conditions: severely lipemic, contaminated, heat-inactivated, or hemolyzed samples. Avoid repeated freeze/thaw cycles. Stability: 2 days at room temperature, 14 days refrigerated, 1 year frozen. Effective 5-1-01.
FORMIC ACID, URINE FORM-U / FAUQ	5 mL urine. Collect prior to the last shift of work week. Store and transport refrigerated or at ambient temperature.		Effective immediately.
FTA-ABS (IDAHO) FTA-ABS (IDAHO) / FTAIDA	This workpar is being discontinued. Use the workpar FTAID to order this test.		Effective 5-15-01.
FTA-ABS (IDAHO) FTAID / FTAID 86592 (state of Idaho)		USR Non-reactive FTA-ABS Non-reactive TPPA Non-reactive	NEW PROCEDURE For Idaho residents only. Effective 5-15-01.
HPV DNA PROBE, HIGH/LOW RISK HPVDNA / HPVDNA			Description change only. Effective 5-1-01.
MS COMPREHENSIVE PANEL MS.COMP / MSPAN 83916, 83873, 82040, 82784×2, 82042			CPT code change only. Effective 5-1-01.
OLIGOCLONAL BANDING OLIGO / OLIGOB	This workpar is being discontinued. Use the workpar OLIBND to order this test.		Effective 5-1-01.

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OLIGOCLONAL BANDING Isoelectric Focusing OLIBND / OLIBND 83916, 82784×2, 82040, 82042 (ARUP)	1 mL refrigerated serum (red top tube) and 1.5 mL refrigerated CSF. Serum should be drawn within 48 hours of CSF collection, and specimens should be assayed together for interpretation. Store and transport refrigerated.	IgG, Serum 0-30 days 611-1542 mg/dL 1 mo 241-870 2 mo 198-577 3 mo 169-558 4 mo 188-536 5 mo 165-781 6 mo 206-676 7-8 mo 208-868 9-11 mo 282-1026 1 yr 331-1164 2 yrs 407-1009 3 yrs 423-1090 4 yrs 444-1187 5-7 yrs 584-1509 10+ yrs 768-1632 IgG, CSF 0-6.0 mg/dL Albumin, CSF 0-35 mg/dL Albumin Index 0.0-9.0 CSF IgG/Albumin Ratio 0.09-0.25 IgG Index 0.28-0.66 CSF Oligoclonal Bands Negative Interpretation CSF IgG Synthesis Rate 0.0-8.0 mg/d Albumin, Serum 3300-4800 mg/dL	NEW PROCEDURE Min. amt: 0.5 mL serum and 0.7 mL CSF. Stability: 48 hours at room temperature, 2 weeks refrigerated, 1 month frozen. Effective 5-15-01.
OSMOLALITY, FECAL FECOSM / FECOSM 83935 (Mayo)	15 mL liquid stool, frozen. Put in separate plastic tube and freeze. Store and transport frozen.	220-280 mosmol/kg	Min. amt: 15 mL. Unacceptable conditions: non-liquid stools. Effective 5-1-01.
PURKINJE CELL CYTOPLASMIC AB, CSF PURKINJE.CSF / PURKSF	This workpar is being discontinued. Use the workpar PURSF to order this test.		Effective 5-15-01.
PURKINJE CELL CYTOPLASMIC AB PURKINJE / PURK	This workpar is being discontinued. Use the workpar PUR to order this test.		Effective 5-15-01.
ROCKY MT SPOTTED FEVER ROCKY MT / RMSFEV 86757×2			CPT code change only. Effective 5-1-01.
SILVER ICP/MS SIL / SILVER 83788			CPT code and method change only. Effective immediately.
SILVER, URINE ICP/MS SILVER.U / SILUR 83788			CPT code and method change only. Effective immediately.
SMEAR – BLOOD PARASITES BLD-PARA / MAL 87207			CPT code change only. Effective immediately.
SPECIFIC GRAVITY, BODY FLUID SPG / SPGFL		Exudate 1.015 or greater Transudate LT 1.015	Effective 5-15-01.
SPECIFIC GRAVITY, URINE T/S Meter SPGUD / SPGUD 81005	Random urine collection, refrigerated. Store and transport refrigerated.	1.001-1.030	NEW PROCEDURE Effective 5-15-01.

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SULINDAC & METABOLITE (CLINORIL) CLIN / SULINO	This workpar is being discontinued. Use the workpar CLIND to order this test.		Effective immediately.
SULINDAC (CLINORIL) HPLC/UV CLIND / CLIND 82491	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Trough levels are the most reproducible. Store and transport refrigerated.	0.4-1.6 µg/mL	NEW PROCEDURE Min. amt: 0.2 mL. Other acceptable specimens: heparin plasma (green top tube). Stability: 3 days at room temperature. Effective immediately.
11-DEOXYCORTISOL 11-DEOXY / 11DEOX	For these tests, the instruction "Collect on ice." is being deleted.		Effective 5-1-01.
ARGININE VASOPRESSIN HORMONE ADH / AVA			
CALCITONIN CALCITONIN / CALCIT			
CRYPTOCOCCUS ANTIGEN CRYPTO / ACRYP			
DHEA (SERUM) DHEA / DHEA			
ESTRONE ESTRONE / ESTRN			
VITAMIN D (1,25-DIHYDROXY) VIT D / VITD			
VITAMIN D (25-DIHYDROXY) VIT.D-OH / VITDOH			
CMV VIRAL CULTURE CMV.CULT / CMVCUL			The CPT code for these test is being changed to 87252. Bill-only codes will be added as necessary to complete the work. Effective TBA.
HERPES SIMPLEX CULTURE & TYPING HSVCTP / HSVTYP			
VIRAL CULTURE VIR-CULT / VIRCUL			
VIRAL CULTURE, SINGLE HSV-CULT / HSVCUL			
VIRUS CULTURE & DFA STAIN VIR.CULT.DFA / VIRDFA			
VZV RAPID SCREEN VZV.SCR / VZVSCR			
CYSTIC FIBROSIS MUTATIONS CYMUT / CYMUT 83912, 83891, 83894, 83896×2, 83893×2, 83901×2			CPT code change only. Effective immediately.
COMPLEMENT C5 C5 / C5		70-170 mg/dL	Effective immediately.
COMPLEMENT C7 C7 / C7		30-90 mg/L	Effective immediately.

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BILL ONLY Codes	
ANTI-BRUSH BORDER BILL ONLY BBRUSH / BBRUSH 86255	NEW PROCEDURE Effective immediately.
ANTI-SMOOTH MUSCLE AB BILL ONLY BASM / BASM 86255	NEW PROCEDURE Effective immediately.
CMV SHELL VIAL BILL ONLY BCMVSV / BCMVSV 87254	NEW PROCEDURE Effective immediately.
MICROSOMAL AB LIV/KID BILL ONLY BLKM / BLKM 86376	NEW PROCEDURE Effective immediately.
MITOCHONDRIAL AB BILL ONLY BMA / BMA 86255	NEW PROCEDURE Effective immediately.
PARIETAL CELL AB BILL ONLY BAPCA / BAPCA 86256	NEW PROCEDURE Effective immediately.
RESPIRATORY SHELL VIAL BILL ONLY BRSPSV / BRSPSV 87254	NEW PROCEDURE Effective immediately.
RETICULIN CELL AB BILL ONLY BRETAB / BRETAB 86255	NEW PROCEDURE Effective immediately.
SCL AB BILL ONLY BSCLR / BSCLR 86235	NEW PROCEDURE Effective immediately.
VIRUS IDENTIFICATION BILL ONLY BVIRID / BVIRID 87253	NEW PROCEDURE Effective immediately.
VZV/HSV SHELL VIAL BILL ONLY BVZVSV / BVZVSV 87254	NEW PROCEDURE Effective immediately.

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