

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
ALPH FETOPROTEIN, AMNIO AFPAMNIO / AFPAF	This workpar is being discontinued. Use the workpar AAFF to order this test.		Effective 8-9-01.
ACID HEMOLYSIS (HAM TEST) HAMM / HAM 85475, 86940	Draw ACD A or B whole blood (yellow top top), serum (red top tube), and citrated plasma (blue top tube). Spin red and blue top tubes, put serum and plasma in separate plastic tubes, freeze at -70°C, and transport frozen. Put cells from red and blue top tubes in separate plastic tubes and transport at room temperature. Do not spin yellow top tube. Transport it at room temperature. Note: The Ham's test is not indicated if the sugar water test is negative unless the diagnosis of HEMPAS is suspected. If the sugar water test is positive, it is confirmed by the Ham Acid Hemolysis Test.		Min. amt: 3 mL frozen serum, 1 mL frozen citrated plasma, and 1 mL packed cells (room temperature). Flow cytometric evaluation for PNH allows significantly greater sensitivity and specificity than the Ham's test or sucrose hemolysis test and is the method of choice for the diagnosis of PNH. Effective immediately.
ALBUMIN ALB / ALB Also: RENALA, CMPAC, HFPA, CMPA, CHEMRA, CHEMR.NOALCALC, ELP, IEP, IEPSU-R, IEPSU		0-4 days 2.9-4.6 g/dL 4 days - 14 yrs 3.9-5.6 14-18 yrs 3.3-4.7 18-60 yrs 3.5-5.0 60-90 yrs 3.3-4.8 90+ yrs 3.0-4.7	Effective 8-9-01.
ASPERGILLUS ANTIBODIES PANEL CF/ID ASPABP / ASPABP 86606×2 (ARUP)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. Acute and convalescent samples must be labeled as such; parallel testing is preferred, and convalescent samples must be received within 30 days of receipt of the acute samples.	Aspergillus Ab CF LT 1:8 No antibody detected. A serum titer of LT 1:8 is expected. Higher titers tend to be a stronger indication of disease and its severity. Cross reactions with dimorphic fungi are uncommon, but not unusual within the genus Aspergillus. Negative test does not exclude infection, especially in immunocompromised patients. Best use of test is with paired sera taken 3 weeks apart to detect a rise in titer against a single antigen. Aspergillus Ab ID None detected. In general, immunodiffusion measures IgG, and a positive result may suggest active or recent infection. The test is positive in about 90% of sera from patients with aspergilloma and in 50%-70% of patients with allergic bronchopulmonary aspergillosis. A negative test (none detected) does not exclude aspergillosis.	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: plasma, severely lipemic or contaminated samples. Stability: 2 days at room temperature, 14 days refrigerated, 1 year frozen. Avoid repeated freeze/thaw cycles. Effective 8-9-01.

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BETA HCG MEIA, EIA HCG / PRG	2 mL serum (red top tube). Store and transport refrigerated. Min amt: 0.5 mL. Refrigerate or freeze if transport is to exceed 2 days. Avoid freeze/thaw cycles.	MEIA Negative: LT 5 mIU/mL Positive: 5 mIU/mL or greater EIA Negative: LT 25 mIU/mL Positive: 25 mIU/mL or greater	This method is calibrated according to the WHO 3rd International Reference Preparation for Chorionic Gonadotropin (WHO 3rd IRP 75/537). Pregnancy is detected 1 week after implantation or 4-5 days before first missed menses. Sensitivity of the MEIA method is 2.0 mIU/mL and 25 mIU/mL for EIA. Effective immediately.
BLASTOMYCES ANTIBODIES PANEL CF/ID BLABP / BLABP 86612×2 (ARUP)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. Acute and convalescent samples must be labelled as such; parallel testing is preferred, and convalescent samples must be received with 30 days of receipt of the acute samples.	Blastomyces Ab CF LT 1:8 No antibody detected. Blastomyces Ab ID None detected. In general, immunodiffusion measures IgG, and a positive result may suggest active or recent infection. The test is positive in about 80% of cases. Cross reactions occur, especially with histoplasmosis. A negative test (none detected) does not exclude blastomycosis.	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: plasma, severely lipemic or contaminated samples. Stability: 2 days at room temperature, 14 days refrigerated, 1 year frozen. Avoid repeated freeze/thaw cycles. Effective 8-9-01.
BORDETELLA PERTUSSIS AB PANEL BPERAB / BPERAB		<i>B. pertussis</i> IgG-PT Adults LT 40 U/mL LT 10 yrs LT 40 Newborns LT 35 <i>B. pertussis</i> IgA-PT Adults LT 20 LT 10 yrs LT 10 Newborns LT 10 <i>B. pertussis</i> IgM-PT Adults LT 5 LT 10 yrs LT 5 Newborns LT 5 <i>B. pertussis</i> IgG-FHA Adults LT 60 LT 10 yrs LT 50 Newborns LT 40 <i>B. pertussis</i> IgA-FHA Adults LT 35 LT 10 yrs LT 6 Newborns LT 3 <i>B. pertussis</i> IgM-FHA Adults LT 44 LT 10 yrs LT 44 Newborns LT 44	Effective immediately.

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CSF-SERUM IGG INDEX IGG INDEX / IGGI		IgG, CSF 0.5-7.7 mg/dL Albumin, CSF 5-42 mg/dL IgG, Serum 0-4 mo 514-1555 mg/dL 5-9 mo 216-653 10-11 mo 256-778 1 yr 282-855 2 yrs 319-964 3 yrs 385-1166 4 yrs 434-1322 5 yrs 463-1400 6 yrs 472-1430 7+ yrs 514-1555 Albumin, Serum 0-4 days 2900-4600 mg/dL 14 days - 14 yrs 3900-5600 14-18 yrs 3300-4700 18-16 yrs 3500-5000 60-90 yrs 3300-4800 90+ yrs 3000-4700 CSF Serum Index 0.25-0.75	Effective 8-9-01.
ELECTROPHORESIS, CSF/OLIGOCLONAL BANDS ELP-C / PELPSF		Protein Total, CSF LT 1 day 40-120 mg/dL 1-30 days 20-80 % 1 mo - adult 15-45 % Pre-Albumin 2.2-7.0 % Albumin 56.8-76.4 % Alpha-1 1.0-6.6 % Alpha-2 3.0-12.6 % Beta-1 5.0-12.0 % Beta-2 2.3-7.0 % Gamma 2.3-7.0 % Interpretation 3.0-13.0 %	Effective 8-9-01.
GLIADIN IGG & IGA AB GLIDGA / GLIDGA		Gliadin IgG Ab LT 20 EIA Units Not detected 20-30 Indeterminate GT 30 Positive Gliadin IgA Ab LT 20 EIA Units Not detected 20-30 Indeterminate GT 30 Positive	Effective immediately.
GLOMERULAR BASEMENT MEMBRANE AB ELISA GLBMAB / GLBMAB 83516	1 mL frozen serum (red top tube). Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen.	3.0 or less U/mL Negative GT 3.0 Positive This test is designed for the in-vitro measurement of specific IgG autoantibodies against the glomerular basement membrane (GBM). It is intended as an aid in the diagnosis of Goodpasture's syndrome. Some patients with other renal diseases may exhibit positive results. Glomerular basement membrane antibodies are not found in normal healthy individuals.	NEW PROCEDURE IN HOUSE Min. amt: 0.5 mL. Unacceptable conditions: heat- inactivated samples. Avoid repeated freeze/thaw cycles. Stability: 48 hours refrigerated, 6 months frozen. Effective date TBA.
GLOMERULAR BASEMENT MEMBRANE AB AGBM / AGBM	This workpar is being discontinued.	The test is being brought in house with the workpar GLBMAB.	Effective date TBA.

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GLUCOSE CHALLENGE PREGNANT (1HR) GCT.PG / GCTPG		Glucose, 1hr (Preg) LT 130 mg/dL Presumptive Gestational Diabetes Mellitus: 130 mg/dL or greater (identifies 90% of pateints with GDM) 140 mg/dL or greater (indentifies 80% of pateints with GDM) These threshold values apply to a blood glucose drawn 1 hour after a 50-gram oral glucose load. An abnormal result must be verified by either a 3-hour (100-gram) or a 2-hour (75-gram) glucose tolerance test (ADA protocols for gestational diabetes).	Effective 9-5-01.
GLUCOSE, FASTING GLU / GLU Also: BMPA, CMPA, RENALA, CHEMRA, GHPAN, GHPANR, CMPAC		0-28 days 28-62 mg/dL Adult 65-109 Pregnant female 65-94 ADA diagnostic catagories for nonpregnant adults: Impaired fasting glucose: 110-125 mg/dL A fasting glucose result of 126 mg/dL or greater indicates diabetes if the abnormality is confirmed on a subsequent day. A random glucose result of GT 200 mg/dL indicates diabetes if the abnormality is confirmed on a subsequent day.	Effective 9-5-01.
GLUCOSE, RANDOM Hexokinase GLURAN / GLURAN 82947	2 mL serum (red top tube) or plasma (gray top tube). Separate serum or plasma from cells within 30 minutes of collection and put in separate plastic tube. Store and transport refrigerated.	LT 200 mg/dL A random ("casual") glucose result of 200 mg/dL or greater in symptomatic patients indicates diabetes if the result is confirmed on a subsequent day. Confirmation by a fasting glucose is preferred.	NEW PROCEDURE Min. amt: 0.3 mL. Other acceptable specimens: whole blood (sodium fluoride/oxalate gray to tube). Whole blood stability: 24 hours at room temperature. Do not refrigerate whole blood. Stability: 2 weeks refrigerated if separated from cells within 30 minutes of collection. Effective 9-5-01.
GLUCOSE, SPECIFIC GLU.SPECIFIC / GLUSP		0-28 days 28-62 mg/dL Adult 65-109 Pregnant female 65-94 ADA diagnostic catagories for nonpregnant adults: Impaired fasting glucose: 110-125 mg/dL A fasting glucose result of 126 mg/dL or greater indicates diabetes if the abnormality is confirmed on a subsequent day. A random glucose result of GT 200 mg/dL indicates diabetes if the abnormality is confirmed on a subsequent day.	Effective 9-5-01.

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GLUCOSE TOLERANCE, PREGNANT (3 HR) GTT3.PG / GTPG		Two or more of the following threshold values must be met or exceeded to diagnose gestational diabetes: Glucose, Fasting 95 mg/dL Glucose, 1 hr 180 Glucose, 2 hr 155 Glucose, 3 hr 140 These criteria apply to the 3-hour (100-gram) ADA glucose tolerance testing protocol for gestational diabetes.	Effective 9-5-01.
HCV RNA BDNA WITH REFLEX TO PCR Signal Amp by bDNA/PCR if reflexed HCVQT / HCVQT 87522	2 mL frozen serum (red top tube). Separate serum from cells within 4-6 hours of collection, put in sterile plastic tube, and freeze. Store and transport frozen. This test will reflex to HCV by PCR, Qualitative if the bDNA result is "Not detected." An additional fee will be added.	HCV RNA Quant by bDNA 3.0 Lowest detectable level is 520 IU/mL. All results falling below this level are reported as "Not detected." Reportable range is 520-8,000,000 IU/mL (equivalent to 2,500-40,000,000 copies/mL). This test is useful to establish baseline viral load, predict therapeutic response, and guide duration of therapy. Quantitative HCV RNA tests are recommended only if active HCV infection has been confirmed and should not be used to diagnose HCV infection. A negative result does not exclude low-level viremia. <i>This assay is for research use only.</i>	NEW PROCEDURE Min. amt: 1 mL. Unacceptable conditions: repeated freeze/thaw cycles. Other acceptable specimens: EDTA plasma (lavender top tube) or PPT tubes. Stability: 48 hours refrigerated, indefinitely frozen. Effective date TBA.
HBSAG BY NEUTRALIZATION HBSAG.NEUT / NHBSAG		Nonreactive	Effective immediately.
HERPES (HSV) I & II TYPE-SPECIFIC, IGG (PAIRED) EIA HERPPAIRED / HSVG2 86695×2, 86696×2		HSV, Acute Time Drawn HSV, Convalescent Time Drawn HSV I Type-Specific, IgG Acute IV HSV I Type-Specific, IgG Convalescent IV HSV I Type-Specific, IgG % Rise in IV HSV II Type-Specific, IgG Acute IV HSV II Type-Specific, IgG Convalescent IV HSV II Type-Specific, IgG % Rise in IV	Effective immediately.
HISTOPLASMA ANTIBODY PANEL CF/ID HISABP / HISABP 86698×3 (ARUP)	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. Acute and convalescent samples must be labeled as such; parallel testing is preferred, and convalescent samples must be received within days of receipt of acute samples.	Histoplasma Ab Mycelia CF LT 1:8 No antibody detected. Histoplasma Ab Yeast CF LT 1:8 No antibody detected. 1:8 or greater with either antigen is generally considered presumptive evidence of histoplasmosis. Greater than 1:32 or rising titers are strong presumptive evidence of histoplasmosis. Titers of 1:8 or greater with one or both antigens may occur. Yeast phase is regarded as more sensitive. Approximately 90%-95% of cases have positive titers for one or both antigens. Titers to mycelial antigen are higher with chronic infection. Cross-reactions, usually lower titers, may occur with other fungal diseases. Rising titers suggest progression of infection. Skin tests of individuals previously exposed may cause titer elevation in 17%-20% of cases. Histoplasma AB ID None detected. In general, immunodiffusion measures IgG, and a positive result may suggest active or recent infection.	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: plasma, severely lipemic or contaminated samples. Stability: 2 days at room temperature, 14 days refrigerated, 1 year frozen. Avoid repeated freeze/thaw cycles. Effective 8-9-01.

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HOMOCYSTEINE CARDIAC RISK HOMCY / HOMCY		4.0-12.0 μ mol/L	Test is FDA-approved. Effective immediately.
HUMAN PAPILLOMAVIRUS (HPV) PROFILE HPV.PROFILE	This workpar is being discontinued. Use the workpar HPVHC to order this test.		Effective date TBA.
HPV DNA PROBE, HIGH/LOW RISK HPVDNA / HPVDNA	This workpar is being discontinued. Use the workpar HPVHC to order this test.		Effective date TBA.
HPV DNA PROBE, HIGH RISK Nucleic Acid Probe HPVHR / HPVHR 87621	Cervical specimen collected and transported using a Digene cervical brush and specimen transport medium, or collect cervical and endocervical sample using the ThinPrep Pap Test specimen transport medium. Specimens must be transported in the proper medium. Store and transport refrigerated. Indicate source.	Source High-Risk HPV Negative Studies have shown an association between certain HPV genotypes and some anogenital diseases. HPV types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, and 68 make up the "high-risk" group and are associated with cervical carcinoma and its characteristic lesions, cervical atypia, severe dysplasia, cervical intraepithelial neoplasia (CIN), and carcinoma in situ. The HPV test should be used only to augment existing methods for the detection of cervical disease, and results interpreted in conjunction with relevant clinical information from other diagnostic and screening tests, physical examinations, and full medical history. Results are reported by group only. The Digene Hybrid Capture HPV Assay cannot determine specific HPV genotypes.	NEW PROCEDURE IN HOUSE Min. amt: 4 mL of ThinPrep Pap Test solution remaining after the Pap test has been prepared. Unacceptable conditions: samples in EIA transport media, wooden swabs, and male samples. Stability: Digene: 2 weeks at room temperature, 3 weeks refrigerated, 3 months frozen. ThinPrep Pap: 3 weeks at room temperature, 3 weeks refrigerated, <i>do not freeze</i> . Effective date TBA.
HPV DNA PROBE, HIGH & LOW RISK Nucleic Acid Probe HPVHC / HPVHC 87621x2	Cervical specimen collected and transported using a Digene cervical brush and specimen transport medium, or collect cervical and endocervical sample using the ThinPrep Pap Test specimen transport medium. Specimens must be transported in the proper medium. Store and transport refrigerated. Indicate source.	Source High-Risk HPV Negative Low-Risk HPV Negative Studies have shown an association between certain HPV genotypes and some anogenital diseases. HPV types 16, 18, 31, 33, 35, 45, 51, 52, 56, 58, 59, and 68 make up the "high-risk" group and are associated with cervical carcinoma and its characteristic lesions, cervical atypia, severe dysplasia, cervical intraepithelial neoplasia (CIN), and carcinoma in situ. The HPV test should be used only to augment existing methods for the detection of cervical disease, and results interpreted in conjunction with relevant clinical information from other diagnostic and screening tests, physical examinations, and full medical history. Results are reported by group only. The Digene Hybrid Capture HPV Assay cannot determine specific HPV genotypes.	NEW PROCEDURE IN HOUSE Min. amt: 4 mL of ThinPrep Pap Test solution remaining after the Pap test has been prepared. Unacceptable conditions: samples in EIA transport media, wooden swabs, and male samples. Stability: Digene: 2 weeks at room temperature, 3 weeks refrigerated, 3 months frozen. ThinPrep Pap: 3 weeks at room temperature, 3 weeks refrigerated, <i>do not freeze</i> . Effective date TBA.
LD TOTAL LDH / LD		0-4 days 290-816 U/L 4-10 days 545-2105 10 days - 24 mo 180-453 24 mo - 12 yrs 110-311 12-60 yrs 100-200 60-90 yrs 110-221 90+ yrs 99-299	Effective 8-9-01.
LD ISOENZYMES BY ELECTROPHORESIS LDI / LDI		0-4 days 290-816 U/L 4-10 days 545-2105 10 days - 24 mo 180-453 24 mo - 12 yrs 110-311 12-60 yrs 100-200 60-90 yrs 110-221 90+ yrs 99-299	All other fields remain unchanged. Effective 8-9-01.

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LUPUS COMPREHENSIVE PANEL ANALZ2 / ANALZ2		Mitochondrial Ab (ELISA) Not detected	Change to ELISA method for Mitochondrial Ab component only. All other components remain unchanged. Effective immediately.
LYME, IGM LYME.IGM / LYMEM		Index LT 0.8 0.8-1.2 GT 1.2 Not detected Indeterminate Positive	Effective immediately.
PHENOL, URINE, QUALITATIVE PHENOL / PHENOL	This workpar has been discontinued.		Effective immediately.
PHOSPHOROUS PHO / PHOS		0-10 days 10 days - 24 mo 24 mo - 12 yrs 12-60 yrs M 60+ yrs F 60+ yrs 4.2-9.6 mg/dL 4.2-7.2 4.2-5.9 2.5-4.8 2.1-3.9 2.6-4.4	Effective 8-9-01.
PROTEIN, CSF PROC-C / TPSF Also: CSF		LT 1 day 1-30 days 1 mo - adult 40-120 mg/dL 20-80 15-45	Effective 8-9-01.
RENAL FUNCTION PANEL RENALA / RENALA		Phosphorous 0-10 days 10 days - 24 mo 24 mo - 12 yrs 12-60 yrs M 60+ yrs F 60+ yrs 4.2-9.6 mg/dL 4.2-7.2 4.2-5.9 2.5-4.8 2.1-3.9 2.6-4.4	All other components remain unchanged. Effective 8-9-01.
GLUCOSE TOLERANCE (2 HR) GTOL2 / GTOL2		GLUCOSE, FASTING 0-28 days 28-62 mg/dL Adult 65-109 Pregnant female 65-94 ADA diagnostic categories for nonpregnant adults: Impaired fasting glucose: 110-125 mg/dL A fasting glucose result of 126 mg/dL or greater indicates diabetes if the abnormality is confirmed on a subsequent day. GLUCOSE, 2 HR LT 140 mg/dL ADA diagnostic categories for nonpregnant adults: Impaired glucose tolerance: 140-199 mg/dL A 2-hour glucose result of 200 mg/dL or greater indicates diabetes if the abnormality is confirmed on a subsequent day. These criteria apply only to the 2-hour (75-gram) ADA glucose tolerance testing protocol for type 2 diabetes in nonpregnant adults. There are no reference ranges for any other protocol.	Effective 9-5-01.

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GLUCOSE TOLERANCE 2 HR, PREG Hexokinase GTT2PG / GTT2PG 82951	2 mL serum (red top tube) or plasma (gray top tube) for each timed draw. Draw fasting specimen just prior to 75-gram glucose load. Draw additional specimens at 1-hour and 2-hour intervals. Separate serum from cells within 30 minutes of collection and put in separate plastic tube. Store and transport refrigerated. This is one of the ADA options for the diagnosis of gestational diabetes in pregnant patients. However, it is not as well validated as the 3-hour GTT. It should not be confused with the 2-hour GTT used for nonpregnant adults in the diagnosis of type 2 diabetes.	Two or more of the following threshold values must be met or exceeded to diagnose gestational diabetes: Glucose, Fasting 95 mg/dL Glucose, 1 hr 180 Glucose, 2 hr 155 These criteria apply to the 2-hour (75-gram) ADA glucose tolerance testing protocol for gestational diabetes.	NEW PROCEDURE Min. amt: 0.3 mL for each specimen. Stability: 2 weeks refrigerated if separated from the cells within 30 minutes of collection. Effective 9-5-01.

The following codes are being discontinued. Use the active codes below to order the tests. EFFECTIVE 8-9-01.

Test	DISCONTINUED Workpar / SQ Code	ACTIVE Workpar / SQ Code
ARSENIC, URINE QUANT [ARUP] BORRELIA HERMSII AB PANEL CADMIUM, URINE QUANT [ARUP] CHOLINESTERASE, RBC ESTRADIOL, (U OF W) GLYCOHEMOGLOBIN HCV RNA QUANT [UW] HEAVY METAL, URINE QNT [ARUP] HIV 1 GENOTYPING HIV 1 RNA QUANT BY BDNA HIV 1 RNA ULTRAQUANT BY BDNA IGE [SKBL] PHENYTOIN, FREE & TOTAL PRENATAL RISK PROFILE PROGESTERONE [UW] THYROGLOBULIN & THYRO AB (NICH)	ARSUAR / AARSUQ BHERMA / BHERMA CADUAR / ACADUQ RCHENI / RCHENI ESTRADIOL.UW / EST2UW GLYNIC / GLYNIC HCQBD / HCQBD HVYUAR / AHMUQ HIVGT / HIVGT HIVBUW / HIVBUW HIVUSP / HIVUSP IGE.SKBL / IGESKB DFTARU / DFTARU PRP / PRPP PROGESTERONE.UW / PROG UW TGNICH / TGNICH	ARS-U / ARSUQ BOR.HEM / BHERM CAD / CADUQ RCHE / RCHE ESTRADIOL / EDIOL GLHGB / GLYCO HCVBDNA / HCVQBD HVY-U / HMUQ HIVGRS / HIVGRS HIVBDNA / HIVRBD HIVBDNA / HIVRBD IGEA / IGEA DIL.FREE / DILFR PRS / PRS PROGES / PROGES THYRO / THYRO