

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
COXSACKIE A9 VIRUS ABS CF COXAAB / COXAAB 86658 (ARUP)	1 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated. Paired sera are advised. Parallel testing is preferred, and convalescent samples must be received within 30 days of the acute sample.	LT 1:8 No antibody detected. Single positive Ab titers of 1:32 or greater may indicate past or current infection. Seroconversion or an increase in titers between acute and convalescent sera of at least four-fold is considered strong evidence of current or recent infection.	NEW PROCEDURE Min. amt: 0.3 mL. Unacceptable conditions: plasma, urine, or severely lipemic, hemolyzed, or contaminated samples. Stable 2 days at room temperature, 14 days refrigerated, 1 year frozen. Effective 7-30-01.
COXSACKIE A VIRUS AB COX A / COXA	This workpar is being discontinued. Use the workpar COXAAB to order this test.		Effective 7-30-01.
ANTI-GLIADIN ABS, IGA & IGG ELISA GLIGA / GLIGA 83516x2	1 mL frozen serum (red top tube). Separate serum from cells, put in separate plastic tube, and freeze. Store and transport frozen.	Anti-Gliadin Ab, IgA Negative LT 5 U/mL Positive 5 or greater Anti-Gliadin Ab, IGG Negative LT 10 U/mL Positive 10 or greater	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: heat-inactivated samples. Avoid repeated freeze/thaw cycles. Stability: 48 hours refrigerated, 6 months frozen. Effective TBA
GLIADIN IGG, IGM AB GLIDGA / GLIDGA	This workpar is being discontinued. Use the workpar GLIGA to order this test.		Effective TBA
GM-1 ANTIBODY PANEL GM1.AB / GM1AB		GM-1Ab IgG Negative LT 20 EU/mL Indeterminate 20-25 Positive GT 25 GM-1Ab IgM Negative LT 20 EU/mL Indeterminate 20-25 Positive GT 25 Asialo GM1 Ab IgG Negative LT 20 EU/mL Indeterminate 20-25 Positive GT 25 Asialo GM1 Ab IgG Negative LT 20 EU/mL Indeterminate 20-25 Positive GT 25	Effective 7-30-01.
HEPATITIS B VIRUS DNA, QUAL, PCR PCR HBDQ / HBDQ 87516 (MRL)	1 mL frozen serum (red top tube). Separate serum from cells, put in separate plastic tube, and freeze. Store and transport frozen.	Not detected <i>This assay is for research use only.</i>	NEW PROCEDURE Min. amt: 0.3 mL. Other acceptable specimens: ACD or EDTA plasma. Unacceptable conditions: heparinized plasma. Stable 1 week frozen. Effective 7-30-01.
HEPATITIS B DNA BY PCR, QUAL HBDPCR / HBDPCR	This workpar is being discontinued. Use the workpar HBDQ to order this test.		Effective 7-30-01.

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INSULIN ASSAY RIA INS / INS Also: INS.S1, INS.S2, INS.S3, INS.S4, INS.S5, and INS.S6, INS.S7			Method change only. Effective immediately.
LAMOTRIGINE [ARUP] HPLC LAMTRI / LAMTRI 80299		($\mu\text{g/mL}$) No therapeutic or toxic range has been established. A suggested therapeutic range, based on current literature, is 3-11 $\mu\text{g/mL}$ to maximize efficacy and minimize toxicity.	Effective 7-30-01.
MEPHENYTOIN AND METABOLITE HPLC MEPHE / MEPHE 82492 (NMS)	2 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated or at room temperature.	Mephenytoin (mcg/mL) No reference range established. Normephenytoin (mcg/mL) No reference range established.	NEW PROCEDURE Unacceptable conditions: specimens drawn on SST or gel tubes. Effective 7-30-01.
MEPHENYTOIN AND METABOLITE MEPH / MEPH	This workpar is being discontinued. Use the workpar MEPHE to order this test.		Effective 7-30-01.
METHYLMALONIC ACID HPLC MMA / MMA			Method change only. Effective 7-30-01.
PHENYLALANINE, QUANT PHEN-Q / PHEN 84030			CPT code change only. Effective 7-30-01.
PNEUMOCOCCAL AB, IGG PNEUAB / PNEUAB		Pneumococcal Serotype 1, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 3, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 4, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 5, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 6B, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 7F, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 8, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 9N, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 9V, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 12F, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 14, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 18C, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 19F, IgG $\mu\text{g/mL}$ Pneumococcal Serotype 23F, IgG $\mu\text{g/mL}$ Pneumococcal Serotype Interpretation All serotypes tested are present in the 23-valent pure polysaccharide pneumococcal vaccine. Serotypes 4, 6B, 9V, 14, 18C, 19F, and 23F are contained in the heptavalent conjugated pneumococcal vaccine. Long-term protection is associated with a post-booster response of 1 $\mu\text{g/mL}$ of pneumococcal antibody. Clinical efficacy of GT or equal to 90% for conjugated vaccine serotypes is associated with single antibody concentrations of 0.15 $\mu\text{g/mL}$ in children LT 2 years of age. Responder status is determined according to the ratio of post-vaccination to pre-vaccination concentration of Pneumo-Serotype IgG antibody as follows: A ratio of LT two-fold is considered a non-responder. A ratio of two- to four-fold is a weak responder. A ratio of GT or equal to four-fold is a good responder.	Effective 7-30-01.

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POLYCHLORINATED BIPHENYLS PCB / PCB	4 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport at room temperature or refrigerated.		Min. amt: 1 mL. Other acceptable specimens: plasma or whole blood. Unacceptable conditions: SST tubes or gels and frozen specimens. Effective 7-30-01.
REPTILASE Electromechanical REPTLS / REPTLS 85635	1 mL sodium citrated plasma (liquid blue top tube). Separate plasma from cells, centrifuge again, and put plasma in separate plastic tube. Transport on ice within 48 hours of collection or freeze. Store and transport frozen. This test may reflex to additional tests depending on the results of this test. An additional fee may be added.	Reptilase, Patient 14.8-21.2 sec Reptilase, Control 14.8-21.2 sec Reptilase, Pat/Ctl Mix (sec)	NEW IN-HOUSE PROCEDURE Min. amt: 0.5 mL. Effective 8-9-01.
REPTILASE REPTILASE / REPTIL	This workpar is being discontinued. Use the workpar REPTLS to order this test.		Test now in house. Effective 8-9-01.
RUBELOA, IGM RUBEOLA.IGM / RUBEOM 86765		LT 0.90 AU Negative - No significant level of Ab to measles (rubeola) virus detected. 0.90-1.10 AU Equivocal - Repeat testing in 10-14 days may be helpful. GT 1.10 AU Positive - IgM Ab to measles (rubeola) virus detected. Suggests current or recent infection or immunization. This test uses a commercial kit or reagent that has not been approved or cleared by the FDA. Its performance characteristics were determined by ARUP Laboratories.	Effective 7-30-01.
STONE ANALYSIS FTIR/Polar & Infrared Mic/Tot Reflect STONEB / STONEB			Method change only. Effective 7-30-01.
STREP PNEUMONIAE IGG AB, PRE/POST IAA SPABG2 / SPABG2		"See separate report."	Method change only. Effective 7-31-01.
TOCAINIDE GC TOC / TOC 82491 (NMS)	2 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport at room temperature or refrigerated.	4-10 mcg/mL: Reported antiarrhythmic concentration	NEW PROCEDURE Unacceptable conditions: Specimens collected in SST or gel-type tubes. Effective 7-30-01.
TOCAINIDE TOCAINIDE / TOCAIN	This workpar is being discontinued. Use the workpar TOC to order this test.		Effective 7-30-01.
TRIMIPRAMINE GC TRIMI / TRIMI 82492 (NMS)	2 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport at room temperature or refrigerated.	10-240 ng/mL: Observed levels during chronic oral antidepressant doses of 75-150 mg/day.	NEW PROCEDURE Unacceptable conditions: Specimens collected in SST or gel-type tubes. Protect from light. Effective 7-30-01.
TRIMIPRAMINE TRIM / TRIM	This workpar is being discontinued. Use the workpar TRIMI to order this test.		Effective 7-30-01.
CHLAMYDIA ANTIGEN CHLAMYDIAZYME / CZYME	Adult male urethral or female endocervical specimens collected with a Biorad or Sanofi chlamydia swab or brush collection kit. Store and transport refrigerated.	Negative	Effective 8-13-01.

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STREP PNEUMONIAE IGG AB SPABG / SPABG IAA		<i>S. pneumoniae</i> Type 1 IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 3 IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 4 IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 6B IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 7F IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 8 IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 9N IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 12F IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 14 IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 18C IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 19F IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0 <i>S. pneumoniae</i> Type 23F IgG Nonimmunized LT 0.5 µg/mL Immunized GT 1.0	Effective 7-31-01.