

Test Method GA Workpar / SQ Code CPT Code(s)	Specimen Requirements	Reference Ranges	Comments Effective Date
LUPUS COMPREHENSIVE PANEL ANALZ2 / ANALZ2		dsDNA (native) Ab, ELISA LT 30 IU/mL Negative 30-75 Equivocal	All other components remain unchanged. Effective 9-10-01.
COMPLEMENT AH50 TOTAL FUNCTIONAL ACTIVITY CAH50 / CAH50		Complement AH50 Total Functional Activity Alternate Pathway GT 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.	Effective immediately.
FTA (IDAHO) FTAID / FTAID	This workpar is being discontinued. Use the workpar IDAUSR to order this test.		Effective immediately.
GABAPENTIN GABAPENTIN / GABA	This workpar is being discontinued. Use the workpar GABAP to order this test.		Effective 9-24-01.
GABAPENTIN HPLC GABAP / GABAP 80299 (Specialty)	2 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated or frozen. Draw 1 hour (trough value) prior to next dose.	2.0-10.0 mcg/mL	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: serum separator tubes and gels. Effective 9-24-01.
HCV RNA BDNA WITH REFLEX TO PCR Signal Amp by bDNA, PCR if reflexed HCVQTR / HCVQTR 87522	2 mL frozen serum (red top tube). Separate serum from cells within 4-6 hours of collection and put in sterile plastic tube and freeze. Store and transport frozen.  <b>This test will reflex to HCV by PCR, Qualitative if the bDNA result is "not detected."</b> 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.  This assay is FOR RESEARCH USE ONLY.  HCV by PCR Qualitative Interpretation Comment Comment	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, 1 month frozen at -20°C, indefinitely frozen at -70°C. Effective TBA.
HCV RNA QUANT BY BDNA WITH REFLEX TO HCV QUAL BY PCR HCVQT / HCVQT	This workpar is being discontinued. Use the workpar HCVQTR to order this test.		Effective TBA.
HCV RNA, QUANT RT PCR [ARUP] HEPCQT / HEPCQT	This workpar is being discontinued. Use the workpar HCVTPC to order this test.		Effective 9-24-01.
HEPATITIS B VIRAL DNA QUANTITATION HBVBDQ / HBVBDQ	This workpar is being discontinued. Use the workpar HBVDQ to order this test.		Effective immediately.

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HEPATITIS B VIRAL DNA, QUANT Digene HBV using Hybrid Capture II HBVDQ / HBVDQ 87517 (Focus)	3 mL serum (red top tube). Separate serum from cells, put in separate plastic tube and freeze. Store and transport frozen.	Hepatitis B Viral DNA, Quant LT 141.5 × 1000 copies/mL  Hepatitis B Viral DNA, Quant LT 5.2 Log 10  This assay is performed using a kit labeled "For Research Use Only" by the kit manufacturer. The kit's performance characteristics have been established and validated by Focus Technologies for in-vitro diagnostic use.	NEW PROCEDURE Min. amt: 1 mL. Effective immediately.
IMMUNOGLOBULIN E FEIA IGEB / IGEB 82785	1 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated.	0-11 mo 1.4-52.3 IU/mL 1-4 yrs 0.4-351.6 5-10 yrs 0.5-393.0 11-15 yrs 1.9-170.0 16+ yrs 0.0-158.0  Minimum detectable concentration is 2.0 IU/mL.	NEW PROCEDURE Min. amt: 0.5 mL. Unacceptable conditions: urine or other body fluids. Avoid repeated freeze/thaw cycles. Stability: 8 hours at room temperature, 7 days refrigerated, 6 months frozen. Effective 9-24-01.
IMMUNOGLOBULIN E IGEA / IGEA	This workpar is being discontinued. Use the workpar IGEB to order this test.		Effective 9-24-01.
MYCOPHENOLIC ACID HPLC MYCOPA / MYCOPA 82491 (Specialty)	4 mL EDTA plasma (lavender top tube). Separate plasma from cells and put in separate plastic tube. Store and transport refrigerated. For peak concentration, draw specimen within 1 hour of administration of last dose. For trough level, draw specimen just before administration of the next dose.	1.0-5.0 mg/L  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 U.S. FDA. The FDA has determined that such clearance or approval is not necessary.	NEW PROCEDURE Min. amt: 2 mL. Unacceptable conditions: whole blood. Effective 9-24-01.
MYCOPHENOLIC ACID MYCOP / MYCOP	This workpar is being discontinued. Use the workpar MYCOPA to order this test.		Effective 9-24-01.
SIROLIMUS (RAPAMYCIN) LS/MS, MS RAPAMY / RAPAMY 80299 (Specialty)	4 mL EDTA whole blood (lavender top tube). Store and transport refrigerated.	3.0-18.0 ng/mL	NEW PROCEDURE Min. amt: 3 mL. Effective 9-24-01.
RAPAMYCIN RAPAM / RAPAM	This workpar is being discontinued. Use the workpar RAPAMY to order this test.		Effective 9-24-01.

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TESTOSTERONE WEAKLY BINDING CL/RIA/ASP TEFTFW / TEFTFW 84402, 844403 (Specialty)	4 mL serum (red top tube). Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen.	<p>Testosterone Free</p> <table border="0"> <tr> <td>M 20-50 yrs</td> <td>0.95-4.30</td> <td>ng/dL</td> </tr> <tr> <td>GT 50 yrs</td> <td>0.80-3.50</td> <td></td> </tr> <tr> <td>F Ovulating</td> <td>Up to 0.38</td> <td></td> </tr> <tr> <td>Postmenopausal</td> <td>Up to 0.18</td> <td></td> </tr> </table> <p>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.</p> <p>Testosterone Bioavailable</p> <table border="0"> <tr> <td>M</td> <td>62-512</td> <td>ng/dL</td> </tr> <tr> <td>F</td> <td>1-37</td> <td></td> </tr> </table> <p>Testosterone Total</p> <table border="0"> <tr> <td>M 0-11 mo</td> <td>LT 6</td> <td>ng/dL</td> </tr> <tr> <td>1-5 yrs</td> <td>2-25</td> <td></td> </tr> <tr> <td>6-9 yrs</td> <td>3-30</td> <td></td> </tr> <tr> <td>10-11 yrs</td> <td>5-50</td> <td></td> </tr> <tr> <td>12-14 yrs</td> <td>10-572</td> <td></td> </tr> <tr> <td>15-17 yrs</td> <td>220-800</td> <td></td> </tr> <tr> <td>GT 17 yrs</td> <td>241-827</td> <td></td> </tr> <tr> <td>F 0-11 mo</td> <td>LT 5</td> <td></td> </tr> <tr> <td>1-5 yrs</td> <td>2-10</td> <td></td> </tr> <tr> <td>6-9 yrs</td> <td>2-20</td> <td></td> </tr> <tr> <td>10-11 yrs</td> <td>5-25</td> <td></td> </tr> <tr> <td>12-14 yrs</td> <td>10-40</td> <td></td> </tr> <tr> <td>15-17 yrs</td> <td>5-40</td> <td></td> </tr> <tr> <td>GT 17 yrs</td> <td>14-76</td> <td></td> </tr> </table>	M 20-50 yrs	0.95-4.30	ng/dL	GT 50 yrs	0.80-3.50		F Ovulating	Up to 0.38		Postmenopausal	Up to 0.18		M	62-512	ng/dL	F	1-37		M 0-11 mo	LT 6	ng/dL	1-5 yrs	2-25		6-9 yrs	3-30		10-11 yrs	5-50		12-14 yrs	10-572		15-17 yrs	220-800		GT 17 yrs	241-827		F 0-11 mo	LT 5		1-5 yrs	2-10		6-9 yrs	2-20		10-11 yrs	5-25		12-14 yrs	10-40		15-17 yrs	5-40		GT 17 yrs	14-76		NEW PROCEDURE Min. amt: 2 mL. Other acceptable specimens: heparinized plasma. Stability: 48 hours refrigerated, 2 months frozen. Effective 9-24-01.
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TESTOSTERONE, FREE & WEAKLY BOUND TES.FR.WEAK / TESFWT	This workpar is being discontinued. Use the workpar TEFTFW to order this test.		Effective 9-24-01.																																																												
TRIMIPRAMINE TRIMI / TRIMI	2 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. Store and transport at room temperature or refrigerated.		Unacceptable conditions: SST or gel-type tubes. Effective 9-24-01.																																																												
USR (IDAHO) IDAUSR / IDAUSR 86592 (Bureau of Idaho Laboratories)		USR Test for Syphilis TPPA	Nonreactive Nonreactive																																																												
ANTI-THYROID ANTIBODIES TAB / TAB		Thyroglobulin Auto Ab Thyroid Peroxidase Auto Ab	LT 2.1 IU/mL LT 2.1 IU/mL																																																												
THYROGLOBULIN AUTOANTIBODIES TG.AB / TG		Thyroglobulin Auto Ab	LT 2.1 IU/mL																																																												
THYROGLOBULIN BY RIA THYRO / THYRO		Thyroglobulin Auto Ab Thyroglobulin by RIA Detection limit is 1.0 ng/mL. Test is pending FDA approval for diagnostic purposes.	LT 2.1 IU/mL LT 52 ng/mL																																																												
THYROID PEROXIDASE AUTO AB TPO.AB / TPO		Thyroid Peroxidase Auto Ab	LT 2.1 IU/mL																																																												

**BILL ONLY Codes**

HCVLPC BILL ONLY BHCVR / BHCVR 87521			To bill HCVLPC when HCVBDNA is "not detected" for workpar HCVQTR. Effective TBA.
REPTILASE PAT/MIX BILL ONLY BRLMX / BRLMX 85635			To reflex from workpar REPTLS. Effective immediately.