



110 West Cliff Avenue
Spokane, WA 99204

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TEST CHANGE ALERT #359

May 10, 2010

Summary Of Changes

TestCode(s)	Test Description
17HPRG	17-HYDROXYPROGESTERONE (Reference Range)
ADRVVT	DILUTE RUSSELL VIPER VENOM (DRVVT), REFLEX (Reference Range)
ALB-C (ALBSF)	ALBUMIN, CSF (Unacceptable conditions, specimen processing)
AMY.PANCR (AMYU12)	AMYLASE, URINE (PANCREATIC TRANS) (Unacceptable conditions)
AMY.R (AMYUR)	AMYLASE, URINE (RANDOM) (Unacceptable conditions, volumes)
AMYLASE-URINE (AMYU2H)	AMYLASE-UR(2 HR) (Unacceptable conditions)
BCL1F	BCL-1/JH,T(11;14) TRANSLOCATION,FLD (Reference Range, CPT Codes)
CUIIBT	CHRONIC URTICARIA INDEX [IBT] (CPT Code Change)
DLDL LDL CHOLESTEROL, DIRECT	(specimen requirements, unacceptable conditions)
DUL	DULOXETINE (Specimen Requirement, Stability)
FD2IBT	FOOD PANEL II IGG [IBT] (Reference Ranges)
HCVFS	HCV FIBROSURE (Reference Range, Minimum Volume)
HLADQ	HLA-DQ OLIGOTYPING (REFLEXIVE) (Delete)
HLADQB	HLA-DQB GENOTYPING (New)
MSINT1	MATERNAL SERUM SCREEN INTEGRATED #1 (New)
MSSEQ1	MATERNAL SERUM SCREEN SEQUENTIAL #1 (New)
MSSFT	MATERNAL SCREEN, FIRST TRIMESTER (Method, Stability)
MSSIS1	MATERNAL SCRIN, INTEGRATED, SPEC #1 (Delete)
MSSS1	MATERNAL SCRIN, SEQUENTIAL, SPEC #1 (Delete)
NIACI	NIACIN (VITAMIN B3) (Compliance Statement)
NMRLP	NMR LIPOPROFILE (Minimum volume, Unacceptable conditions)
PCBS	POLYCHLORINATED BIPHENYLS (Shipping requirement)
PMLR	PML-RARA T(15;17) TRANS RTPCR QUANT (New)
PMLRPC	PML/RARA T(15;17) BY RT-PCR (Delete)
POLIOA	POLIOVIRUS ANTIBODIES (Reference Range)
PORS	PORPHYRINS, SERUM TOTAL (Specimen Processing)
PRASCR	PRENATAL RISK ASSESSMENT (New)
PRS	PRENATAL RISK ASSESSMENT PROFILE (Delete)
PRS4	PRENATAL RISK QUAD SCREEN (Delete)
QDSCR	PRENATAL RISK QUAD SCREEN (New)
TESBFC	TESTOSTERONE, BIO&TOT+SHBG,CHILD+FE (Reference Range)
TSTFED	TESTOSTERONE TOTAL+FREE SERUM MAYO (New)
VAN.TR (VANCTR)	VANCOMYCIN, TROUGH (Reference Range)
VAN2 (VANIN)	VANCOMYCIN (PEAK & TROUGH) (Reference Range)
VIA	VITAMIN A (New)
VIE	VITAMIN E (New)
VIT A (VITA)	VITAMIN A (Delete)

VITAEVITAMIN E (Delete)
VWMULVON WILLEBRAND MULTIMERIC PANEL (Reference Ranges)
ZIPRAZIPRASIDONE, SERUM OR PLASMA (Specimen Requirements, Stability)
ZNRBCZINC, RBC (Reference Range, Units)



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May 10, 2010

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

17HPRG
order code

17HPRG
flexilab code

17-HYDROXYPROGESTERONE (Reference Range)

Effective	7/13/2010		
Reference Ranges	17-Hydroxy-progesterone		
			ng/dL
F	Premie 26-28 wks	124-841	
	Premie 29-35 wks	26-568	
	Full term-day 3	7-77	
	<i>4-29 days</i>	<i>7-106</i>	
	<i>1-5 months</i>	<i>13-106</i>	
	<i>6-35 months</i>	<i>211 or less</i>	
	<i>3-6 years</i>	<i>278 or less</i>	
	7-9 yrs	71 or less	
	10-12 yrs	129 or less	
	13-15 yrs	9-208	
	16-17 yrs	178 or less	
	18+ yrs	LT 207	
	Follicular	15-70	
	Luteal	35-290	
	Tanner Stage I	74 or less	
	Tanner Stage II	164 or less	
	Tanner Stage III	13-209	
	Tanner Stage IV-V	7-170	
M	Premie 26-28 wks	124-841	
	Premie 29-35 wks	26-568	
	Full term day 3	7-77	
	<i>4-29 days</i>	<i>LT 200</i>	
	<i>1-5 month</i>	<i>90 or less</i>	
	<i>6-35 months</i>	<i>181 or less</i>	
	<i>3-6 years</i>	<i>205 or less</i>	
	7-9 yrs	63 or less	
	10-12 yrs	79 or less	
	13-15 yrs	9-140	
	16-17 yrs	24-192	
	18+ yrs	LT 139	
	Tanner Stage I	62 or less	
	Tanner Stage II	104 or less	
	Tanner Stage III	151 or less	
	Tanner Stage IV-V	20-173	

ADRVVT

ADRVVT

DILUTE RUSSELL VIPER VENOM
(DRVVT), REFLEX (Reference Range)

order code

flexilab code

Reference Ranges	DRVVT DRVVT MIX RATIO DRVVT CONFIRM RATIO DRVVT CONFIRM MIX RATIO	31.8-45.7 0.0-1.2 Negative for Lupus Inhibitor screen. LT 1.2 Negative for Lupus Inhibitor screen. LT 1.2 Negative for Lupus Inhibitor screen. <i>Prolonged dRVVT results require a mixing study with normal pooled plasma. dRVVT mix ratios greater than 1.2 require confirmatory testing.</i>	sec
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ALB-C

ALBSF

ALBUMIN, CSF (Unacceptable conditions, specimen processing)

order code

flexilab code

Effective	Immediately
Specimen Requirements	0.5 mL spinal fluid in a sterile container. <i>Separate fluid from cells ASAP and put in a separate plastic tube. Store and transport refrigerated.</i>
Comments	1) Min Amt: 0.3 mL. 2) Stability: Refrigerated-72 hours, Frozen-3 months. <i>3) Unacceptable conditions: RBC contamination.</i> 4) PSHMC-Chemistry.

AMY.PANCR

AMYU12

AMYLASE, URINE (PANCREATIC TRANS)
(Unacceptable conditions)

order code

flexilab code

Effective	Immediately
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AMY.R

AMYUR

AMYLASE, URINE (RANDOM) (Unacceptable conditions, volumes)

order code

flexilab code

Effective	Immediately
Specimen Requirements	<i>3 mL</i> urine, random collection, no added preservative. Prefer specimen be stored and transported refrigerated. Frozen specimens are also acceptable.
Comments	<i>1) Min Amt: 1 mL.</i> 2) Stability: Refrigerated-2 weeks. <i>3) Unacceptable conditions: Urines that have been acidified.</i> 4) PSHMC- Chemistry.

AMYLASE- URINE

order code

AMYU2H

flexilab code

AMYLASE-UR(2 HR) (Unacceptable conditions)

Effective	Immediately
Comments	1) Min Amt: 1 mL. 2) Must have 2 hour volume recorded. 3) Stability: Refrigerated-2 weeks. 4) <i>Unacceptable conditions: Urines that have been acidified.</i> 5) PSHMC-Chemistry.

BCL1F

order code

BCL1F

flexilab code

BCL-1/JH,T(11;14) TRANSLOCATION,FLD
(Reference Range, CPT Codes)

Effective	05/17/2010		
CPT4	83891, 83898 <i>x 3</i> , 83894 <i>x 2</i> , 83912		
Reference Ranges	bcl-1/JH, t(11;14) by PCR, Fluid		<p>Negative: bcl-1/JH gene rearrangement is not detected. Positive: bcl-1/JH gene rearrangement is detected.</p> <p>A positive result indicates the presence of a bcl-1/JH t(11;14) chromosomal translocation. A negative result does not entirely exclude the presence of a bcl-1/JH chromosomal t(11;14) translocation.</p> <p><i>Results of this test must always be interpreted in the context of morphologic and other relevant data, and should not be used alone for a diagnosis of malignancy. This test is not intended to detect minimal residual disease.</i></p> <p>This test was developed and its performance characteristics determined by ARUP Lab. The U.S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.</p>

CUIIBT

CUIIBT

CHRONIC URTICARIA INDEX [IBT] (CPT Code Change)

order code

flexilab code

Effective	06/08/2010
CPT4	86352

DLDL

DLDL

LDL CHOLESTEROL, DIRECT (specimen requirements, unacceptable conditions)

order code

flexilab code

Effective	Immediately
Comments	1) Min Amt: 0.3 mL. 2) Other acceptable specimens: <i>lithium heparin (green top tube)</i> . 3) Unacceptable conditions: grossly hemolyzed, icteric samples. <i>EDTA plasma</i> . 4) Stability: Refrigerated-14 days. 5) DO NOT Freeze.

DUL

DUL

DULOXETINE (Specimen Requirement, Stability)

order code

flexilab code

Effective	05/18/2010
Specimen Requirements	<i>1 mL serum (plain red top tube). Separate serum from cells and put in a separate preservative-free plastic tube. Protect from light during collection, storage, and transport. Store and transport refrigerated.</i>
Comments	<i>1) Min Amt: 0.4 mL. 2) Other acceptable conditions: Plasma collected in EDTA or K2EDTA (lavender or pink top tube). 3) Unacceptable conditions: Polymer gel separation tube (SST or PST), Samples not protected from light. 4) Stability: RT-1 month, Refrigerated-1 month, Frozen-1 month. 5) NMS#4666SP.</i>

FD2IBT

FD2IBT

FOOD PANEL II IGG [IBT] (Reference Ranges)

order code

flexilab code

Effective	Immediately			
Reference Ranges	<i>Barley IgG</i>		<i>LT 6.1</i>	<i>mcg/mL</i>
	<i>Barley IgG Class</i>			
	<i>Beef IgG</i>		<i>LT 3.4</i>	<i>mcg/mL</i>
	<i>Beef IgG Class</i>			
	<i>Casein IgG</i>		<i>LT 5.7</i>	<i>mcg/mL</i>
	<i>Casein IgG Class</i>			
	<i>Chicken IgG</i>		<i>LT 1.9</i>	<i>mcg/mL</i>
	<i>Chicken IgG Class</i>			
	<i>Chocolate/Cacao IgG</i>		<i>LT 26.6</i>	<i>mcg/mL</i>
	<i>Chocolate/Cacao IgG Class</i>			
	<i>Codfish/Scrod IgG</i>		<i>LT 2.4</i>	<i>mcg/mL</i>
	<i>Codfish/Scrod IgG Class</i>			

Corn IgG	LT 2.7	mcg/mL
Corn IgG Class		
Egg White IgG	LT 41.6	mcg/mL
Egg White IgG Class		
Malt IgG	LT 8.6	mcg/mL
Malt IgG Class		
Oat IgG	LT 2.3	mcg/mL
Oat IgG Class		
Orange IgG	LT 4.2	mcg/mL
Orange IgG Class		
Peanut IgG	LT 7.6	mcg/mL
Peanut IgG Class		
Pork IgG	LT 5.0	mcg/mL
Pork IgG Class		
Potato White IgG	LT 3.0	mcg/mL
Potato White IgG Class		
Rye Food IgG	LT 5.7	mcg/mL
Rye Food IgG Class		
Soybean IgG	LT 3.8	mcg/mL
Soybean IgG Class		
Tomato IgG	LT 3.9	mcg/mL
Tomato IgG Class		
Wheat IgG	LT 15.1	mcg/mL
Wheat IgG Class		
Yeast (<i>Saccharomyces cerevisiae</i>) IgG	LT 5.5	mcg/mL
Yeast (<i>Saccharomyces cerevisiae</i>) IgG Class		
	<p><i>The reference range reported is the 2 standard deviation upper limit for a population of normal healthy individuals. Values above this threshold indicate that the patient's antibody response is high relative to a reference population. Since elevated values may be observed in asymptomatic individuals, the clinical significance of these values should be interpreted with caution.</i></p> <p>This test was developed and its performance characteristics determined by IBT Reference Lab. It has not been cleared or approved by the FDA.</p>	

HCVFS

HCVFS

HCV FIBROSURE (Reference Range, Minimum Volume)

order code

flexilab code

Effective	04/26/2010		
Comments	1) <i>Min Amt: 3 mL</i> . 2) Unacceptable conditions: gross hemolysis/lipemia. Specimens not protected from light. Specimens older than 72 or not frozen. 3) LABCORP#550123.		
Reference Ranges			
Fibrosure Score			0.00-0.21
Fibrosure Stage			
Necroinflammat Activity Score			0.00-0.17
Necroinflammat Activity Grade			
Alpha 2-Macroglobulins, QN			110-276 mg/dL
Haptoglobin			34-200 mg/dL
Apolipo-protein A-1	M		110-180 mg/dL
<i>Bilirubin, Tot</i>		<i>24 hours old</i>	<i>0.0-8.0 mg/dL</i>
		<i>48 hours old</i>	<i>0.0-13.2</i>
		<i>72 hours old</i>	<i>0.0-15.6</i>
		<i>96 hr to 1 mo</i>	<i>0.0-16.6</i>
		<i>GT 1 month old</i>	<i>0.0-1.2</i>
GGT	M		0-65 IU/L
	F		0-60
ALT (SGPT)	M		0-55 IU/L
	F		0-40
Interpretation			
Limitations			
Comment	The performance characteristics of this test have been determined by LabCorp. This test has not been cleared or approved by the U.S. Food & Drug Administration. The FDA has determined that such clearance or approval is not currently required. LabCorp is regulated under the Clinical Lab Improvement Amendments of 1988 (CLIA) and is certified to perform high complexity testing.		

HLADQ
order code

HLADQ
flexilab code

HLA-DQ OLIGOTYPING (REFLEXIVE) (Delete)

Effective	05/17/2010
Delete	<i>This test is being deleted. Please replace with code HLADQB.</i>

HLADQB
order code

HLADQB
flexilab code

HLA-DQB GENOTYPING (New)

Effective	05/17/2010		
Method	<i>PCR/Sequence Specific Oligo Probe</i>		
CPT4	<i>83891, 83900, 83896 x 10, 88384, 83912</i>		
Specimen Requirements	<i>5 mL whole blood EDTA or K2EDTA (lavender or pink top tube). Store and transport refrigerated. HLA Request Form and Consent Form are both recommended. This test may reflex to additional tests depending upon the results of this test. Additional fees will be added.</i>		
Comments	<i>1) Other acceptable specimens: 10 mL whole blood ACD A or B (yellow top tube). 2) Unacceptable conditions: Sodium or Lithium Heparin (green top tube). 3) Stability: RT-3 days, Refrigerated-1 week, Frozen-unacceptable. 4) ARUP#2002812.</i>		
Reference Ranges	<i>Class II, Locus DQB, Allele 1</i>		<i>Class II, Locus DQB, Allele 2</i>
	<i>HLA-DQ oligotyping Interp</i>		<i>The presence of a disease associated HLA combination does not establish a diagnosis. If less than 2 alleles are reported for a locus, the patient is likely homozygous. Rare diagnostic errors can occur due to primer or probe site mutations. This test is not sufficient for comprehensive HLA evaluation for clinical hematopoietic stem cell transplantation. Counseling and informed consent are recommended for genetic testing. Consent forms are available online at www.aruplab.com.</i>

MSINT1

MSINT1

MATERNAL SERUM SCREEN INTEGRATED #1
(New)

order code

flexilab code

Effective	05/17/2010		
Method	<i>Chemiluminescent Immunoassay</i>		
CPT4	<i>84163</i>		
Specimen Requirements	<i>3 mL serum (red top tube) drawn between 10 week/3 days and 13 weeks/6 days. Crown Rump Length (CRL) must be between 3.6-7.9 cm. Separate serum from cells ASAP and put in a separate plastic tube. Store and transport refrigerated. Include CRL, Ultrastenographer's name and certification #, date of ultrasound, DOB, weight, due date, # of fetuses, race, diabetic status, family history of neural tube defects or chromosome abnormalities, Valproic acid/Carbamazepine use status, Dr. name and phone #, and (if IVF) age of egg donor. Submit info with requisition.</i>		
Comments	<i>1) Min Amt: 1 mL. 2) Unacceptable conditions: repeated freeze/thaw cycles. Heparin, EDTA, or citrate plasma. Hemolyzed specimens. A CRL greater than 7.9 cm. 3) Stability: RT-8 hours, Refrigerated-2 weeks, Frozen-2 months. 4) ARUP#0081062.</i>		
Compliance(RUO)	<i>The PAPP-A test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>		
Reference Ranges	<i>Patient's PAPP-A</i>		<i>mIU/L</i>
	<i>MoM for PAPP-A</i>		
	<i>Nuchal Translucency</i>		<i>mm</i>
	<i>MoM for NT</i>		
	<i>Maternal Screen Interp</i>		
	<i>Previous Downs</i>		
	<i>Maternal Age at delivery</i>		<i>yr</i>
	<i>Estimated Due Date</i>		
	<i>Gestational Age (exact)</i>		<i>weeks</i>
	<i>Maternal Weight</i>		<i>lbs</i>
	<i>Maternal Race</i>		
	<i>Number of Fetuses</i>		
	<i>Crown Rump Length</i>		<i>cm</i>
	<i>Sonographer Certification Number</i>		
	<i>Sonographer Name</i>		
	<i>Ultrasound Date</i>		
	<i>Best date to draw sample</i>		
	<i>#2 by</i>		
	<i>External Desc.</i>		

	<i>Except Test</i>		<p><i>The PAPP-A test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i></p>
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MSSEQ1

MSSEQ1

**MATERNAL SERUM SCREEN SEQUENTIAL #1
(New)**

order code

flexilab code

Effective	05/17/2010		
Method	<i>Chemiluminescent Immunoassay</i>		
CPT4	<i>84702, 84163</i>		
Specimen Requirements	<p><i>3 mL serum (red top tube) drawn between 10 week/3 days and 13 weeks/6 days. Crown Rump Length (CRL) must be between 3.6-7.9 cm. Separate serum from cells ASAP and put in a separate plastic tube. Store and transport refrigerated. Include CRL, Ultrastenographer's name and certification #, date of ultrasound, DOB, maternal weight, due date, # of fetuses, maternal race, diabetic status, family history of neural tube defects or chromosome abnormalities, Valproic acid/Carbamazepine use status, Dr. name and phone #, and (if IVF) age of egg donor. Submit info with requisition.</i></p>		
Comments	<p><i>1) Min Amt: 1 mL. 2) Unacceptable conditions: repeated freeze/thaw cycles. Heparin, EDTA, or citrate plasma. Hemolyzed specimens. A CRL greater than 1.9 cm. 3) Stability: RT-8 hours, Refrigerated-2 weeks, Frozen-2 months. 4) ARUP#0081293.</i></p>		
Compliance(IUO)	<p><i>The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Admendments (CLIA) and by all states to perform high-complexity testing.</i></p>		
Reference Ranges	<p><i>Patient's HCG</i> <i>MoM for HCG</i> <i>Patient's PAPP-A</i> <i>MoM for PAPP-A</i> <i>Nuchal Translucency</i> <i>MoM for NT</i> <i>Maternal Screen Interp</i> <i>Previous Downs</i> <i>Maternal Age</i></p>		<p><i>IU/L</i> <i>mIU/L</i> <i>mm</i> <i>year</i></p>

<i>at Delivery Estimated Due Date Gestational Age (exact) Maternal Weight Maternal Race Number of Fetuses Crown Rump Length Sonographer Certification Number Sonographer Name Ultrasound Date Best Date to Draw Sample #2 by EER Maternal Screening, Sequential, Specimen 1</i>		<p><i>The PAPP-A test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i></p>	<i>weeks lbs cm</i>
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MSSFT

MSSFT

MATERNAL SCREEN, FIRST TRIMESTER (Method, Stability)

order code

flexilab code

Effective	05/17/2010
Method	<i>Chemiluminescent Immunoassay</i>
Comments	1) Min Amt: 1 mL. 2) Unacceptable conditions: repeat freeze/thaw cycles, hemolyzed specimens, heparin, EDTA or citrated plasma & CRL GT 7.9 cm. 3) <i>Stability: RT-8 hrs, Refrigerated- 2 wks, Frozen-1 mo.</i> 4) This test is used to screen for fetal risk of Down Syndrome and Trisomy 18. 5) ARUP# 0081150.

MSSIS1

MSSIS1

MATERNAL SCRIN, INTEGRATED, SPEC #1
(Delete)

order code

flexilab code

Effective	05/17/2010
Delete	<i>This test is being deleted. Please replace with code MSINT1.</i>

MSSS1

MSSS1

MATERNAL SCRIN, SEQUENTIAL, SPEC #1
(Delete)

order code

flexilab code

Effective	05/17/2010
Delete	<i>This test is being deleted. Please replace with test code MSSEQ1.</i>

NIACI

NIACI

NIACIN (VITAMIN B3) (Compliance Statement)

order code

flexilab code

Effective	Immediately				
Compliance(LD TB) PAML/SHMC	<i>The performance characteristics of the listed assay was validated by Cambridge Biomedical Inc. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The results of these assay can be used for clinical diagnosis without FDA approval. Cambridge Biomedical is a CLIA certified, CAP accredited laboratory for performing high-complexity assays such as this one.</i>				
Reference Ranges	Niacin	10 yrs and more	Normal	0.50-8.45	ug/mL
			Low	LT 0.50	
			High	GT 8.45	
		LT 10 yrs	Normal	0.50-8.91	
			Low	LT 0.50	
			High	GT 8.91	
	<i>The performance characteristics of the listed assay was validated by Cambridge Biomedical Inc. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The results of this assay can be used for clinical diagnosis without FDA approval. Cambridge Biomedical is a CLIA certified, CAP Accredited laboratory for performing high-complexity assays such as this one.</i>				

NMRLP

NMRLP

NMR LIPOPROFILE (Minimum volume, Unacceptable conditions)

order code

flexilab code

Effective	Immediately
Comments	<i>1) Min Amt: 1.1 mL-ABSOLUTE MINIMUM 2) Other accept. specimens: NMR Lipo- tube (Invert tube to mix contents and allow to clot at RT for 30 minutes). Centrifuge for 15 minutes at 3,000 rpm within 4 hours of collection. 3) Unacceptable conditions: frozen samples or SST or PST tubes. 4) Stability: RT-unacceptable, Refrigerated-10 days, Frozen-unacceptable. 5)Liposcience 620.</i>

PCBS

PCBS

POLYCHLORINATED BIPHENYLS (Shipping requirement)

order code

flexilab code

Effective	Immediately
Specimen Requirements	4 mL serum (red top tube). Separate serum from cells and put in separate plastic tube. <i>Store and transport refrigerated.</i>

PMLR

PMLR

PML-RARA T(15;17) TRANS RTPCR QUANT (New)

order code

flexilab code

Effective	05/17/2010		
Method	<i>RT-PCR</i>		
CPT4	<i>83891, 83902, 83898 x 3, 83896 x 3, 83912</i>		
Specimen Requirements	<i>5 mL whole blood OR 3 mL bone marrow in EDTA (lavender top tube). Store and transport refrigerated. Samples must be received at ARUP within 48 hours of collection due to the lability of RNA.</i>		
Comments	<i>1) Min Amt: 1 mL. 2) Unacceptable conditions: Specimens older than 48 hours from collection. 3) Stability: RT-1 hour, Refrigerated-2 days, Frozen -Unacceptable. 4) ARUP#2002871.</i>		
Compliance(RUO)	<i>This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i>		
Reference Ranges	<i>PML Result</i>		
	<i>PML</i>		
	<i>Quantitative Result</i>		
			<i>This assay detects and quantifies PML-RARa transcript level resulting from a t(15;17) fusion mutation in acute promyelocytic leukemia (APL). This assay detects all three gene fusion patterns: type A (short, S-form, bcr-3), Type B (long, L-form, bcr-1), and Type B variant (variable, V-form, bcr-2). Limit of detection: 1 in 10,000 cells. Results of this test must always be interpreted in the context of morphologic and other relevant</i>

			<p><i>data, and should not be used alone for a diagnosis of malignancy. This test uses a kit designated by the manufacturer as "for research use, not for clinical use." The performance characteristics of this test were validated by ARUP Laboratories. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP is authorized under Clinical Laboratory Improvement Amendments (CLIA) and by all states to perform high-complexity testing.</i></p>	
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PMLRPC
order code

PMLRPC
flexilab code

PML/RARA T(15;17) BY RT-PCR (Delete)

Effective	05/17/2010
Delete	<i>This test is being deleted by ARUP. Please replace with test code PMLR.</i>

POLIOA
order code

POLIOA
flexilab code

POLIOVIRUS ANTIBODIES (Reference Range)

Effective	05/17/2010			
Reference Ranges	<p>Poliovirus Ab Type 1</p> <p>Poliovirus Ab Type 2</p> <p>Poliovirus Ab Type 3</p>			<p><i>LT 1:10 - No significant level of detectable poliovirus antibodies. 1:10 or Greater - Antibody to poliovirus detected, which may represent prior immunization or current or past infection.</i></p> <p>The presence of poliovirus antibodies may represent prior immunization or acute infection. The clinical significance of & the criteria for interpretation of results may require consultation with an Infectious Disease Specialist.</p> <p>In immunized individuals, the significance of a low antibody titer to poliovirus 3 (the least</p>

			immunogenic vaccine serotype) is unclear.	
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PORS

PORS

PORPHYRINS, SERUM TOTAL (Specimen Processing)

order code

flexilab code

Effective	05/17/2010
Specimen Requirements	<i>2 mL serum, frozen (red top tube). Separate serum from cells and put in a separate amber plastic tube and freeze. CRITICAL- Protect from light during collection, storage, and shipment. Store and transport Frozen.</i>

PRASCR

PRASCR

PRENATAL RISK ASSESSMENT (New)

order code

flexilab code

Effective	06/22/2010			
Method	<i>Immunometric/ELISA</i>			
CPT4	<i>82105, 82677, 84702</i>			
Specimen Requirements	<i>2 mL frozen serum (SST Tube). Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen. The optimum gestational age for prenatal screening is 16 weeks. Include the following information with order: Gestational Age (weeks), Gestational Age (0-6 days) Gestational Method, Ultrasound Date, Diabetic Status, Maternal Weight (lbs), Race, Date of LMP, Previous Down Syndrome (Y/N), Previous Neural Tube Defects (NTD) (Y/N), Gestation:Twins (Y/N), Initial Screen (Y/N).</i>			
Comments	<i>1) Min Amt: 1 mL. 2) Other Acceptable specimens: 2 mL frozen serum drawn at 14-22 weeks gestation. 3) Unacceptable conditions: grossly hemolyzed or lipemic specimens. 4) Stability: Refrigerated-3 days, Frozen-30 days. 5) PSHMC-Immunology Department.</i>			
Reference Ranges	<i>Gestational Age</i>			
	<i>Maternal Age at term</i>			
	<i>Maternal Weight</i>			
	<i>Race</i>			
	<i>Diabetic</i>			
	<i>IVF Donor birthdate</i>			
	<i>Gestation Screening Status</i>			
	<i>DS Screen Result</i>			
	<i>DS Risk (at mid-trimester</i>			
	<i>DS Risk for Maternal Age</i>			
	<i>DS Risk as Equivalent Age</i>			
	<i>DS Risk Interp OSB Screen</i>			

<i>Result OSB Patient Risk OSB Popula- tion Risk OSB Risk Interp Trisomy 18 Screen Result Trisomy 18 Patient Risk Trisomy 18 Risk Interp Interpretation note AFP MoM Unconjugated Estriol MoM HCG MoM AFP Estriol, Unconjugated HCG</i>				<i>ng/mL ng/mL IU/mL</i>
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PRS

order code

PRS

flexilab code

PRENATAL RISK ASSESSMENT PROFILE (Delete)

Effective	06/22/2010
Delete	<i>This test is being deleted. Please replace with test code PRASCR.</i>

PRS4

order code

PRS4

flexilab code

PRENATAL RISK QUAD SCREEN (Delete)

Effective	06/22/2010
Delete	<i>This test is being deleted. Please replace with test code QDSCR.</i>

QDSCR

order code

QDSCR

flexilab code

PRENATAL RISK QUAD SCREEN (New)

Effective	06/22/2010
Method	<i>Immunometric/ ELISA</i>
CPT4	<i>82105, 82677, 84702, 86336</i>
Specimen Requirements	<i>2 mL frozen serum (SST Tube). Separate serum from cells and put in separate plastic tube and freeze. Store and transport frozen. The optimum gestational age for prenatal screening is 16 weeks. Include the following information with order: Gestational Age (weeks), Gestational Age (0-6 days) Gestational Method, Ultrasound Date, Diabetic Status, Maternal Weight (lbs) Race, Date of LMP, Previous Down Syndrome (Y/N), Previous Neural Tube Defects (NTD) (Y/N), Gestation:Twins (Y/N), Initial Screen (Y/N).</i>
Comments	<i>1) Min Amt: 1 mL. 2) Other Acceptable Specimens: 2 mL frozen serum drawn at 14-22 weeks gestation. 3) Unacceptable Conditions: grossly hemolyzed or lipemic specimens. 4) Stability: Refrigerated-3 days,</i>

TESBFC

TESBFC

TESTOSTERONE, BIO&TOT+SHBG,CHILD+FE (Reference Range)

order code

flexilab code

Effective	05/17/2010				
Reference Ranges	Testosterone, LC-MS, Bioavailable	F	1-6 yrs 7-9 yrs 10-11 yrs 12-13 yrs 14-15 yrs 16-17 yrs 18-30 yrs 31-40 yrs 41-51 yrs Postmenopausal Tanner Stage I Tanner StageII Tanner Stage III Tanner Stage IV Tanner Stage V	LT 1.3 0.3-5.0 0.4-9.6 1.7-18.8 3.0-22.6 3.3-28.6 2.2-20.6 4.1-25.5 2.8-16.5 1.5-9.4 0.3-5.5 1.2-15.0 3.8-28.0 2.8-39.0 2.5-23.0	ng/dL
		M	1-6 yrs 7-9 yrs 10-11 yrs 12-13 yrs 14-15 yrs 16-17 yrs 18 yrs + Tanner Stage I Tanner Stage II Tanner Stage III Tanner Stage IV Tanner Stage V	LT 1.3 0.3-2.8 0.1-17.9 1.4-288.0 9.5-337.0 35.0-509.0 130-680 0.3-13.0 0.3-59.0 1.9-296.0 40.0-485.0 124.0-596.0	
	Testosterone, Free	F	1-6 yrs 7-9 yrs 10-11 yrs 12-13 yrs 14-15 yrs 16-17 yrs 18-30 yrs 31-40 yrs 41-51 yrs Postmenopausal Tanner Stage I Tanner Stage II Tanner Stage III Tanner Stage IV Tanner Stage V	LT 0.6 0.6-1.8 0.1-3.5 0.9-6.8 1.2-7.5 1.2-9.9 0.8-7.4 1.3-9.2 1.1-5.8 0.6-3.8 LT 2.2 0.4-4.5 1.3-7.5 1.1-15.5 0.8-9.2	pg/mL
		M	1-6 yrs 7-9 yrs 10-11 yrs 12-13 yrs 14-15 yrs 16-17 yrs	LT 0.6 0.1-0.9 0.1-6.3 0.5-98.0 3-138.0 38.0-173.0	pg/mL

Testosterone, Total	F	18 yrs +	47-244	ng/dL
		Tanner Stage I	3.7 or less	
		Tanner Stage II	0.3-21	
		Tanner Stage III	1.0-98.0	
		Tanner Stage IV	35.0-169.0	
		Tanner Stage V	41.0-239.0	
		Premature		
		(26-28 weeks)	5-16	
		(31-35 weeks)	5-22	
		Newborn	20-64	
			1-7 months: Levels decrease during the first month to LT 10 ng/dL & remain at this level until puberty.	
		7-9 yrs	LT 15	
		10-11 yrs	2-42	
		12-13 yrs	6-64	
		14-15 yrs	9-49	
		16-17 yrs	8-63	
		18-30 yrs	11-59	
		31-40 yrs	11-56	
		41-51 yrs	9-55	
		Postmenopausal	6-25	
		Tanner Stage I	LT 17	ng/dL
		Tanner Stage II	4-39	
		Tanner Stage III	10-60	
		Tanner Stage IV	8-63	
		Tanner Stage V	10-60	
	M	Premature26-28w	59-125	
		Premature32-35w	37-198	
		Newborn	75-400	
		1-7 mo	Levels decrease rapidly the first week to 20-50, and then increase to 60-400 between 20-60 days. Levels then decline to prepubertal range levels of 3-10 by seven months.	
		7-9 yrs	LT 9	
		10-11 yrs	2-57	
		12-13 yrs	7-747	
		14-15 yrs	33-585	
		16-17 yrs	185-886	
		18-39 yrs	300-1080	
		40-59 yrs	300-890	
		60 yrs +	300-720	
		Tanner Stage 1	LT 20	
		Tanner Stage II	2-149	
		Tanner Stage III	7-762	
		<i>Tanner Stage IV</i>	<i>165-854</i>	
		Tanner Stage V	194-783	
Sex Hormone Binding Globulin	F	1-30 days	14-60	nmol/L
		31-364 days	60-215	
		1-3 yrs	60-190	
		4-6 yrs	55-170	
		7-9 yrs	35-170	
		10-12 yrs	17-155	
		13-15 yrs	11-120	
		16-17 yrs	19-145	
		18 yrs+	30-135	

		Tanner Stage I	30-173	nmol/L
		Tanner Stage II	16-127	
		Tanner Stage III	12-98	
		Tanner Stage IV	14-151	
		Tanner Stage V	23-165	
	M	1-30 days	13-85	
		31-364 days	70-250	
		1-3 yrs	50-180	
		4-6 yrs	45-175	
		7-9 yrs	28-190	
		10-12 yrs	23-160	
		13-15 yrs	13-140	
		16-17 yrs	10-60	
		18 yrs +	11-80	
		Tanner Stage I	26-286	
		Tanner Stage II	22-169	
		Tanner Stage III	13-104	
		Tanner Stage IV	11-60	
		Tanner Stage V	11-71	

TSTFED

TSTFED

TESTOSTERONE TOTAL+FREE SERUM MAYO
(New)

order code

flexilab code

Effective	06/08/2010		
Method	<i>Equilibrium Dialysis/LC/MS/MS</i>		
CPT4	<i>84402, 84403</i>		
Specimen Requirements	<i>2.5 mL serum (plain red top tube). Separate serum from cells and put in a separate plastic tube. Serum separator gels are not acceptable. Include the Age and Gender with sample request. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 2 mL. 2) Unacceptable Conditions: Hemolysis, Lipemia, Icteric samples. Samples collected in Serum Gel tubes. 3) Stability: RT-Unacceptable, Refrigerated-14 days, Frozen-14 days. 4) Mayo#8508.</i>		
Reference Ranges	<i>Testosterone</i>		<i>ng/dL</i>
	<i>Free</i>		<i>ng/dL</i>
	<i>Testosterone</i>		<i>ng/dL</i>
	<i>Free, S</i>		
	<i>M 16+ years old</i>	<i>9-30</i>	
	<i>F 16+ years old</i>	<i>0.3-1.9</i>	
	<i>Free</i>		<i>ng/dL</i>
	<i>Testosterone</i>		
	<i>Testosterone</i>		
	<i>Total, S</i>		<i>ng/dL</i>
	<i>M 0-5 mo</i>	<i>75-400</i>	
	<i>M 6 mo - 9 years</i>	<i>LT 7-20</i>	
	<i>M 10-11 years</i>	<i>LT 7-130</i>	
	<i>M 12-13 years</i>	<i>LT 7-800</i>	
	<i>M 14 years</i>	<i>LT 7-1200</i>	
	<i>M 15-16 years</i>	<i>100-1200</i>	
	<i>M 17-18 years</i>	<i>300-1200</i>	
	<i>M 19+ years</i>	<i>240-950</i>	
		<i>Tanner Stages</i>	

		<i>M Stage I</i>	<i>LT 7-20</i>	<i>ng/dL</i>
		<i>M Stage II</i>	<i>8-66</i>	
		<i>M Stage III</i>	<i>26-800</i>	
		<i>M Stage IV</i>	<i>85-1200</i>	
		<i>M Stage V</i>	<i>300-950</i>	
		<i>F 0-5 month</i>	<i>20-80</i>	<i>ng/dL</i>
		<i>F 6 mon - 9 years</i>	<i>LT 7-20</i>	
		<i>F 10-11 years</i>	<i>LT 7-44</i>	
		<i>F 12-16 years</i>	<i>LT 7-75</i>	
		<i>F 17-18 years</i>	<i>20-75</i>	
		<i>F 19+ years</i>	<i>8-60</i>	
			<i>Tanner Stages</i>	
		<i>F Stage I</i>	<i>LT 7-20</i>	<i>ng/dL</i>
		<i>F Stage II</i>	<i>LT 7-47</i>	
		<i>F Stage III</i>	<i>17-75</i>	
		<i>F Stage IV</i>	<i>20-75</i>	
		<i>F Stage V</i>	<i>12-60</i>	

VAN.TR
order code

VANCTR
flexilab code

VANCOMYCIN, TROUGH (Reference Range)

Effective	06/08/2010			
Reference Ranges	<i>Vancomycin Trough</i>		<i>10.0-20.0, Toxic: GT 25.0</i>	<i>ug/mL</i>

VAN2
order code

VANIN
flexilab code

VANCOMYCIN (PEAK & TROUGH) (Reference Range)

Effective	06/08/2010			
Reference Ranges	<i>Vancomycin, Trough</i>		<i>10.0-20.0, Toxic: GT 25.0</i>	<i>ug/mL</i>
	Time, Trough Vancomycin, Peak Time, Peak		25.0-40.0 Toxic GT 50.0	<i>ug/mL</i>

VIA
order code

VIA
flexilab code

VITAMIN A (New)

Effective	06/08/2010			
Method	<i>HPLC</i>			
CPT4	<i>84590</i>			
Specimen Requirements	<i>1 mL serum, SST (gold, brick, SST or Corvac). Allow serum to completely clot at room temperature.</i>			

VITAE
order code

VITAE
flexilab code

VITAMIN E (Delete)

Effective	06/08/2010
Delete	<i>This test is being deleted. Please replace with test code VIE.</i>

VWMUL

VWMUL

VON WILLEBRAND MULTIMERIC PANEL
(Reference Ranges)

order code

flexilab code

Effective	Immediately			
Reference Ranges	Normal			
von Willebrand Multimeric Factor VIII, Activity	0-6 yrs	56-191		%
	7-9 yrs	76-199		
	10-11 yrs	80-209		
	12-13 yrs	72-198		
	14-15 yrs	69-237		
	16-17 yrs	63-221		
	18 yrs +	56-191		
von Willebrand Factor Ag	0-6 yrs	52-214		%
	7-9 yrs	62-180		
	10-11 yrs	63-189		
	12-13 yrs	60-189		
	14-15 yrs	57-199		
	16-17 yrs	50-205		
	18 yrs +	52-214		
von Willebrand Factor Act (Ristocetin Cofactor)	0-6 yrs	51-215		%
	7-9 yrs	52-176		
	10-11 yrs	60-195		
	12-13 yrs	50-184		
	14-15 yrs	50-203		
	16-17 yrs	49-204		
	18 yrs +	51-215		

ZIPRA

ZIPRA

ZIPRASIDONE, SERUM OR PLASMA (Specimen Requirements, Stability)

order code

flexilab code

Effective	05/18/2010
Specimen Requirements	<i>1 mL serum or plasma in EDTA or plain red top tube. Separate the serum or plasma from the cells ASAP and put in a separate plastic tube. Store and transport refrigerated.</i>
Comments	1) Min Amt: 0.4 mL. 2) Unacceptable conditions: polymer gel separation tubes (SST or PST). 3) Stability: <i>RT-2 wks</i> , Refrigerated- 2 wks, Frozen- 1 month. 4) NMS#4860SP.

ZNRBC
order code

ZNRBC
flexilab code

ZINC, RBC (Reference Range, Units)

Effective	05/18/2010			
Reference				
Ranges	<i>Zinc, RBC</i>		<i>9.0-14.7</i>	<i>mg/L</i>

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