



110 West Cliff Avenue
Spokane, WA 99204

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TEST CHANGE ALERT #362

July 19, 2010

Summary Of Changes

TestCode(s)	Test Description
ANCAME	ANCA PANEL (REFLEXIVE) (Reference Ranges)
ANCAPR	ANCA PANEL-NO ANA (Reference Ranges)
APP1	ANTIPHOSPHOLIPID PANEL 1 (REFLEX) (Reference Range)
APP2	ANTIPHOSPHOLIPID PANEL 2 (REFLEX) (Reference Range)
APP3	ANTIPHOSPHOLIPID PANEL 3 (REFLEX) (Reference Range)
B2GP1A	BETA-2 GLYCOPROTEIN 1, IGA (Reference Range)
B2GP1G	BETA-2 GLYCOPROTEIN 1, IGG (Reference Range)
B2GP1M	BETA-2 GLYCOPROTEIN 1, IGM (Reference Range)
B2GPGM	BETA-2 GLYPROTEIN 1, IGG & IGM (Reference Range)
BILFL	BILIRUBIN, FLUID (Reference Range Note, Specimen Requirements)
CBC (CBCP2)	CBC WITH AUTO DIFFERENTIAL (Description Only Change)
CBCMDI (CBCPM2)	CBC WITH MANUAL DIFFERENTIAL (Description Only Change)
CELPEX	CELIAC PANEL EXTENDED (Reference Range)
CELPRO	CELIAC PROFILE, PEDIATRIC EXTENDED (Reference Range)
CYC	CYCLOSPORINE A (Reference Range and Note)
FTUABT	FRANCISELLA TULARENSIS ABS, TOTAL (New)
FTULAB	FRANCISELLA TULARENSIS ANTIBODY (Delete)
GLIGA	ANTI-GLIADIN ABS, IGA & IGG (Reference Range)
HCVBGT	HCV RNA QUAN BY BDNA REFLEX TO GENOTYPING (Reference Range Note)
HCVPGT	HCV RNA QUANT BY PCR RELFEX TO GENOTYPING (Reference Range Note)
HCVRQT	HEPATITIS C VIRUS RNA QUANT BY PCR (Reference Range Note)
HEPCQB	HEPATITIS C VIRAL RNA QUANT BY BDNA (Reference Range Note)
HSV RTP	HSV DETECTION BY REAL TIME PCR (Delete)
METMB	METHADONE & METABOLITES, SERUM (Stability)
MPO	MYELOPEROXIDASE ANTIBODY (Reference Range)
PR3AB	PROTEINASE 3 ANTIBODY (Reference Range)
RPRC	RPR CONFIRMATION PROFILE (New)
TPAB	TREPONEMA PALLIDUM ANTIBODY, IGG BY IFA (CSF) (Description, Min Amt)
TPALAB	TREPONEMA PALLIDUM AB BY TP-PA (Delete)
TREPC	TREPONEMAL CONFIRMATION PROFILE (REFLEXIVE) (New)
TRHA	THYROTROPIN RELEASING HORMONE (Delete)
VAN	VANCOMYCIN (Reference Range)



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TEST CHANGE ALERT #362

July 19, 2010

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

ANCAME

order code

ANCAME

flexilab code

ANCA PANEL (REFLEXIVE) (Reference Ranges)

Effective	08/17/10			
Reference Ranges	ANA		<p>Negative</p> <p>A multiplex screen for 11 auto-antibodies (dsDNA, Sm, Ribosomal P, Chromatin, RNP, Sm RNP, Scl-70, Centromere B, SSA, SSB and Jo-1) was performed and no autoantibodies were detected.</p> <p>A negative multiplex ANA does not rule out all possibility of a connective tissue or autoimmune disease, and further studies should be considered if clinical suspicion is high.</p>	
	DSDNA Auto-Antibody	Negative Indeterminate Positive	LT 5 5-9 10 or more	IU/mL
	SM Auto-antibody	Negative Positive	LT 1.0 1.0 or more	AI
	Ribosomal P Autoantibody	Negative Positive	LT 1.0 1.0 or more	AI
	Chromatin Auto-antibodies	Negative Positive	LT 1.0 1.0 or more	AI
	RNP Auto-antibody	Negative Positive	LT 1.0 1.0 or more	AI
	SMRNP Auto-antibody	Negative Positive	LT 1.0 1.0 or more	AI
	SCL-70 Autoantibody	Negative Positive	LT 1.0 1.0 or more	AI
	Centromere B Autoantibody	Negative Positive	LT 1.0 1.0 or more	AI
	SSA (R0) Autoantibody	Negative Positive	LT 1.0 1.0 or more	AI
	SSB (LA) Autoantibody	Negative Positive	LT 1.0 1.0 or more	AI
	JO-1 Auto-antibody	Negative Positive	LT 1.0 1.0 or more	AI

ANCA TITER, IFA		LT 1:20	Negative	
ANCA PATTERN <i>PROTEINASE 3 ANTIBODY</i>	<i>Negative</i>	<i>LT 20</i>		<i>Units</i>
	<i>Weak to Mod Pos</i>	<i>20-30</i>		
	<i>Positive</i>	<i>GT 30</i>		
<i>MYELOPER- OXIDASE AB</i>	<i>Negative</i>	<i>LT 20</i>		<i>Units</i>
	<i>Weak to Mod Pos</i>	<i>20-30</i>		
	<i>Positive</i>	<i>GT 30</i>		

ANCAPR
order code

ANCAPR
flexilab code

ANCA PANEL-NO ANA (Reference Ranges)

Effective	08/17/10			
Reference Ranges				
	ANCA TITER, IFA		LT 1:20	Negative
	ANCA PATTERN <i>MYELOPER- OXIDASE AB</i>	<i>Negative</i>	<i>LT 20</i>	<i>Units</i>
		<i>Weak to Mod Pos</i>	<i>20-30</i>	
		<i>Positive</i>	<i>GT 30</i>	
	<i>PROTEINASE 3 ANTIBODY</i>	<i>Negative</i>	<i>LT 20</i>	<i>Units</i>
		<i>Weak to Mod Pos</i>	<i>20-30</i>	
		<i>Positive</i>	<i>GT 30</i>	

APP1
order code

APP1
flexilab code

ANTIPHOSPHOLIPID PANEL 1 (REFLEX)
(Reference Range)

Effective	08/17/10			
Reference Ranges				
	<i>Cardiolipin Ab IgG</i>	<i>Negative</i>	<i>0-14</i>	<i>GPL</i>
		<i>Indeterminate</i>	<i>15-20</i>	
		<i>Positive</i>	<i>GT 20</i>	
	<i>Cardiolipin Ab IgM</i>	<i>Negative</i>	<i>0-12</i>	<i>MPL</i>
		<i>Indeterminate</i>	<i>13-20</i>	
		<i>Positive</i>	<i>GT 20</i>	
	<i>Beta-2 Glyco- protein 1 Ab, IgG</i>	<i>Negative</i>	<i>0-20</i>	<i>SGU</i>
		<i>Positive</i>	<i>GT 20</i>	
	<i>Beta-2 Glyco- protein 1 Ab, IgM</i>	<i>Negative</i>	<i>0-20</i>	<i>SMU</i>
		<i>Positive</i>	<i>GT 20</i>	
	PT, Patient	0-1 mon	13.0-20.0	sec
		2+ mon	10.9-14.8	sec
	PT, PT/NL Mix Thrombin T, Pt TT, Pt/Ps mix		15.6-20.0	sec sec

aPTT, Patient	0-1 mon 2 mon - 4 yrs 5+ yrs	40-50 25-40 26-36	sec
aPTT, Control aPTT,PT/CT Mix PNP dRVVT dRVVT mx ratio dRVVT confirm ratio dRVVT confirm mix ratio		0.0-7.0 31.8-45.7 0.0-1.2 LT 1.2 LT 1.2	sec

APP2

APP2

ANTIPHOSPHOLIPID PANEL 2 (REFLEX) (Reference Range)

order code

flexilab code

Effective	08/17/10		
Reference Ranges			
Antiphosphatidylserine, IgA	Negative Positive	LT 20 APS U/mL 20 or more The presence of phosphatidylserine Abs may be associated with antiphospholipid syndrome characterized by recurrent fetal loss, thrombosis and thrombocytopenia.	
Antiphosphatidylserine, IgG	Negative Positive	LT 11 GPS U/mL 11 or more The presence of phosphatidylserine antibodies may be associated with phospholipid syndrome characterized by recurrent fetal loss, thrombosis and thrombocytopenia.	
Antiphosphatidylserine, IgM	Negative Positive	LT 25 MPS U/mL 25 or more The presence of phosphatidylserine Abs may be associated with antiphospholipid syndrome characterized by recurrent fetal loss, thrombosis and thrombocytopenia.	
<i>Cardiolipin Ab IgA</i>	<i>Negative Indeterminate Positive</i>	<i>0-11 12-20 GT 20</i>	<i>APL</i>
<i>Cardiolipin Ab IgG</i>	<i>Negative Indeterminate Positive</i>	<i>0-14 15-20 GT 20</i>	<i>GPL</i>
<i>Cardiolipin Ab IgM</i>	<i>Negative Indeterminate Positive</i>	<i>0-12 13-20 GT 20</i>	<i>MPL</i>
DRVVT DRVVT MIX RATIO		31.8-45.7 0.0-1.2 Negative for Lupus Inhibitor screen.	sec

DRVVT CONFIRM RATIO		LT 1.2 Negative for Lupus Inhibitor screen.
DRVVT CONFIRM MIX RATIO		LT 1.2 Negative for Lupus Inhibitor screen. Prolonged dRVVT results require a mixing study with normal pooled plasma. dRVVT mix ratios greater than 1.2 require confirmatory testing.

APP3

APP3

ANTIPHOSPHOLIPID PANEL 3 (REFLEX) (Reference Range)

order code

flexilab code

Effective	08/17/10		
Reference Ranges			
Antiphosphatidylserine, IgA	Negative Positive	LT 20 APS U/mL 20 or more The presence of phosphatidylserine Abs may be associated with antiphospholipid syndrome characterized by recurrent fetal loss, thrombosis and thrombocytopenia.	
Antiphosphatidylserine, IgG	Negative Positive	LT 11 GPS U/mL 11 or more The presence of phosphatidylserine antibodies may be associated with phospholipid syndrome characterized by recurrent fetal loss, thrombosis and thrombocytopenia.	
Antiphosphatidylserine, IgM	Negative Positive	LT 25 MPS U/mL 25 or more The presence of phosphatidylserine Abs may be associated with antiphospholipid syndrome characterized by recurrent fetal loss, thrombosis and thrombocytopenia.	
<i>Cardiolipin Ab IgA</i>	<i>Negative Indeterminate Positive</i>	<i>0-11 12-20 GT 20</i>	<i>APL</i>
<i>Cardiolipin Ab IgG</i>	<i>Negative Indeterminate Positive</i>	<i>0-14 15-20 GT 20</i>	<i>GPL</i>
<i>Cardiolipin Ab IgM</i>	<i>Negative Indeterminate Positive</i>	<i>0-12 13-20 GT 20</i>	<i>MPL</i>
<i>Beta-2 Glycoprotein 1 Ab, IgA</i>	<i>Negative Positive</i>	<i>0-20 GT 20</i>	<i>SAU</i>
<i>Beta-2 Glycoprotein 1 Ab, IgG</i>	<i>Negative Positive</i>	<i>0-20 GT 20</i>	<i>SGU</i>

<i>Beta-2 Glyco- protein 1 Ab, IgM</i>	<i>Negative Positive</i>	<i>0-20 GT 20</i>	<i>SMU</i>
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. Prolonged dRVVT results require a mixing study with normal pooled plasma. dRVVT mix ratios greater than 1.2 require confirmatory testing.	sec

B2GP1A
order code

B2GP1A
flexilab code

BETA-2 GLYCOPROTEIN 1, IGA (Reference Range)

Effective	08/17/10		
Reference Ranges	<i>Beta-2 Glyco- protein 1 Ab, IgA</i>	<i>Negative Positive</i>	<i>0-20 GT 20</i>
			<i>SAU</i>

B2GP1G
order code

B2GP1G
flexilab code

BETA-2 GLYCOPROTEIN 1, IGG (Reference Range)

Effective	08/17/10		
Reference Ranges	<i>Beta-2 Glyco- protein 1 Ab, IgG</i>	<i>Negative Positive</i>	<i>0-20 GT 20</i>
			<i>SGU</i>

B2GP1M
order code

B2GP1M
flexilab code

BETA-2 GLYCOPROTEIN 1, IGM (Reference Range)

Effective	08/17/10		
Reference Ranges	<i>Beta-2 Glyco- protein 1 Ab, IgM</i>	<i>Negative Positive</i>	<i>0-20 GT 20</i>
			<i>SMU</i>

B2GPGM

B2GPGM

BETA-2 GLYPROTEIN 1, IGG & IGM (Reference Range)

order code

flexilab code

Effective	08/17/10			
Reference Ranges	<i>Beta-2 Glyco-protein 1 Ab, IgG</i>	<i>Negative</i> <i>Positive</i>	<i>0-20</i> <i>GT 20</i>	<i>SGU</i>
	<i>Beta-2 Glyco-protein 1 Ab, IgM</i>	<i>Negative</i> <i>Positive</i>	<i>0-20</i> <i>GT 20</i>	<i>SMU</i>

BILFL

BILFL

BILIRUBIN, FLUID (Reference Range Note, Specimen Requirements)

order code

flexilab code

Effective	08/17/10			
Comments	1) Min Amt: 0.2 mL. 2) Unacceptable conditions: Any more than slight hemolysis & <i>clotted samples</i> . Lipemia may interfere with test. 3) Other acceptable specimens: Serum (red top tube). 4) Stability: RT-4 hrs, Refrigerated-1 week, Frozen-6 months. 5) PSHMC-Chemistry Department.			
Reference Ranges	Bilirubin, Fld		No reference range established. <i>Method not validated for this fluid. Clinical correlation necessary.</i>	mg/dL

CBC

CBCP2

CBC WITH AUTO DIFFERENTIAL (Description Only Change)

order code

flexilab code

Effective	08/17/10
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CBCMDI

CBCPM2

CBC WITH MANUAL DIFFERENTIAL (Description Only Change)

order code

flexilab code

Effective	08/17/10
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Effective	08/17/10		
Reference Ranges			
Tissue Trans-glutaminase Ab, IgA	Negative Equivocal Positive	LT 4.0 4.0-10.0 GT 10.0 tTG antibody, especially IgA, is sensitive and specific for untreated Celiac Disease. Levels can decrease significantly in response to a gluten-free diet. The IgG assay is used mainly to detect celiac patients who are IgA deficient.	U/mL
Tissue Trans-glutaminase Ab, IgG	Negative Equivocal Positive	LT 6.0 6.0-9.0 GT 9.0 tTG antibody, especially IgA, is sensitive and specific for untreated Celiac Disease. Levels can decrease significantly in response to a gluten-free diet. The IgG assay is used mainly to detect celiac patients who are IgA deficient.	U/mL
<i>Anti-Gliadin Ab, IgA</i>	<i>Negative Weak to Mod Pos Positive</i>	<i>LT 20 20-30 GT 30</i>	<i>Units</i>
<i>Anti-Gliadin Ab, IgG</i>	<i>Negative Weak to Mod Pos Positive</i>	<i>LT 20 20-30 GT 30</i>	<i>Units</i>
IGA	0-4 months 5-9 months 10-11 months 1 yr 2 yrs 3 yrs 4 yrs 5 yrs 6 yrs 7 yrs 8 yrs 9 yrs 10+ yrs	No normals established 14-77 16-90 21-113 27-153 31-176 34-194 40-225 54-297 66-374 68-387 71-387 80-450	mg/dL

CELPRO

CELPRO

CELIAC PROFILE, PEDIATRIC EXTENDED (Reference Range)

order code

flexilab code

Effective	08/17/10			
Reference Ranges	IgA	0-4 months 5-9 months 10-11 months 1 yr 2 yrs 3 yrs 4 yrs 5 yrs 6 yrs 7 yrs 8 yrs 9 yrs 10+ yrs	No normals established 14-77 16-90 21-113 27-153 31-176 34-194 40-225 54-297 66-374 68-387 71-387 80-450	mg/dL
	Tissue Trans-glutaminase Ab, IgA	Negative Equivocal Positive	LT 4.0 4.0-10.0 GT 10.0	U/mL
	<i>Anti-Gliadin Ab, IgA</i>	<i>Negative Weak to Mod Pos Positive</i>	<i>LT 20 20-30 GT 30</i>	<i>Units</i>
	<i>Anti-Gliadin Ab, IgG</i>	<i>Negative Weak to Mod Pos Positive</i>	<i>LT 20 20-30 GT 30</i>	<i>Units</i>

CYC

order code

CYC

flexilab code

CYCLOSPORINE A (Reference Range and Note)

Effective	Immediately			
Reference Ranges	<i>Cyclosporine A by LC-MS/MS</i>	<i>Therapeutic Therapeutic Toxic</i>	<i>50-200 Renal transplant 150-300 Other transplants GT 600 Cyclosporine-A is performed at PAML utilizing LC-MS/MS technology. This method replaces the HPLC method. Both methods measure the parent compound only. Please note, the lower limit of the therapeutic range has been decreased and this assay has improved sensitivity.</i>	<i>ng/mL</i>

			<p><i>Duplicate testing on both methods to re-baseline patients is available upon request until August 1, 2010.</i></p> <p>This test was developed and its performance characteristics determined by PAML/PSHMC Division of Laboratory Medicine. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. However, FDA approval or clearance is currently not required for clinical use of this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. PAML/PSHMC is authorized under Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.</p>	
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FTUABT
order code

FTUABT
flexilab code

FRANCISELLA TULARENSIS ABS, TOTAL (New)

Effective	08/17/10		
Method	<i>Agglutination</i>		
CPT4	<i>86668</i>		
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from cells and put in separate plastic tube ASAP. Store and transport refrigerated.</i>		
Comments	<i>1) Min Amt: 0.15 mL. 2) Unacceptable conditions: heat inactivated, lipemic, turbid, or contaminated specimens. 3) Stability: RT-2 days, Refrigerated- 2 weeks, Frozen-1 year. 4) ARUP# 0092305.</i>		
Reference Ranges	<i>Francisella tularensis Abs, Total</i>	<i>Negative Equivocal Positive</i>	<i>LT 1:20 1:20 to 1:80 1:160 or more</i> <i>In the presence of compatible symptoms, a Francisella tularensis Ab titer of 1:160 or greater in an acute specimen supports a presumptive diagnosis of tularemia. However, a titer greater than or equal to 1:160 may also reflect past infection. An equivocal titer may be due to crossreactive antibodies (Brucella, Yersinia, or Rickettsia), past infection, or very recent infection. A four-fold rise in titer between acute and convalescent sera is required for definitive serologic diagnosis of</i>

			<i>tularemia.</i>	
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FTULAB
order code

FTULAB
flexilab code

FRANCISELLA TULARENSIS ANTIBODY (Delete)

Effective	08/17/2010
Delete	<i>This test is being discontinued. Use the ordercode FTUABT to order this test.</i>

GLIGA
order code

GLIGA
flexilab code

ANTI-GLIADIN ABS, IGA & IGG (Reference Range)

Effective	08/17/10			
Reference Ranges	<i>Anti-Gliadin Ab, IgA</i>	<i>Negative</i>	<i>LT 20</i>	<i>Units</i>
		<i>Weak to Mod Pos</i>	<i>20-30</i>	
		<i>Positive</i>	<i>GT 30</i>	
	<i>Anti-Gliadin Ab, IgG</i>	<i>Negative</i>	<i>LT 20</i>	<i>Units</i>
		<i>Weak to Mod Pos</i>	<i>20-30</i>	
		<i>Positive</i>	<i>GT 30</i>	

HCVBGT
order code

HCVBGT
flexilab code

HCV RNA QUAN BY BDNA REFLEX TO GENOTYPING (Reference Range Note)

Effective	08/17/10			
Reference Ranges	Hepatitis C RNA Quant by bDNA 3.0		Not Detected Reportable range for Hepatitis C RNA Quantitation by bDNA is 615-7,700,000 IU/mL	IU/mL
	Hepatitis C RNA Quant by bDNA 3.0		Not Detected Reportable range for Hepatitis C RNA Quantitation by bDNA is 2.8-6.9 log10 A patient value of Not Detected indicates that the patient viral load is below the quantitative limit of the assay. <i>This test is useful to establish baseline viral load, predict therapeutic response, and guide duration of therapy. A negative result does not exclude low-level viremia.</i>	Log10
	HCV Genotype by PCR & Line Probe Assay		Specimen HCV RNA level is below the limit of detection of this assay. Analyte Specific Reagents (ASR) are	

			used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food & Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/ PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food & Drug Administration. This test should not be regarded as investigational or for research use.	
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HCVPGT

HCVPGT

HCV RNA QUANT BY PCR RELFEX TO GENOTYPING (Reference Range Note)

order code

flexilab code

Effective	08/17/10			
Reference Ranges	<p><i>HCV RNA Viral Load Result</i></p> <p><i>HCV RNA Viral Load Result</i></p>		<p><i>Not detected LogIU/mL</i></p> <p><i>Not detected</i></p> <p><i>Reportable range HCV RNA 1.6 to 7.8 Log IU/mL (43-69,000,000 IU/mL).</i></p> <p><i>This test is intended for use as an aid in management of HCV-infected individuals undergoing anti-viral therapy. The COBAS Ampliprep/COBAS TaqMan HCV Test is not intended for use as a screening test for the presence of HCV in blood or blood products.</i></p>	<p><i>IU/mL</i></p>
	<p>HCV Genotype by PCR & Line Probe Assay</p>		<p>Specimen HCV RNA level is below the limit of detection of this assay. Analyte Specific Reagents (ASR) are used in many laboratory tests necessary for standard medical care and generally do not require U.S. Food & Drug Administration (FDA) approval or clearance. This test was developed and its performance characteristics determined by PAML/ PSHMC Division of Laboratory Medicine. It has not been approved or cleared by the U.S. Food & Drug Administration. This test should not be regarded as investigational or for research use.</p>	

HCVRQT

HCVRQT

HEPATITIS C VIRUS RNA QUANT BY PCR (Reference Range Note)

order code

flexilab code

Effective	08/17/10			
Reference Ranges	<p><i>HCV RNA Viral Load Result</i></p> <p><i>HCV RNA Viral Load Result</i></p>		<p><i>Not detected LogIU/mL</i></p> <p><i>Not detected</i></p> <p><i>Reportable range HCV RNA 1.6 to 7.8 Log IU/mL (43-69,000,000 IU/mL).</i></p> <p><i>This test is intended for use as an aid in management of HCV-infected individuals undergoing anti-viral therapy. The COBAS Ampliprep/COBAS TaqMan HCV Test is not intended for use as a screening test for the presence of HCV in blood or blood products.</i></p>	<p><i>IU/mL</i></p>

HEPCQB

HEPCQB

HEPATITIS C VIRAL RNA QUANT BY BDNA (Reference Range Note)

order code

flexilab code

Reference Ranges	<p>Hepatitis C RNA Quant by bDNA 3.0</p> <p>Hepatitis C RNA Quant by bDNA 3.0</p>		<p>Not Detected</p> <p>Reportable range for Hepatitis C RNA Quantitation by bDNA is 615-7,700,000 IU/mL</p> <p>Not Detected</p> <p>Reportable range for Hepatitis C RNA Quantitation by bDNA is 2.8-6.9 log10</p> <p>A patient value of Not Detected indicates that the patient viral load is below the quantitative limit of the assay.</p> <p><i>This test is useful to establish baseline viral load, predict therapeutic response, and guide duration of therapy. A negative result does not exclude low-level viremia.</i></p>	<p>IU/mL</p> <p>Log10</p>
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HSVRTP
order code**HSVRTP**
flexilab code

HSV DETECTION BY REAL TIME PCR (Delete)

Effective	08/17/10
Delete	<i>This test is being discontinued. Use the order code HSVRTD to order this test.</i>

METMB
order code**METMB**
flexilab code

METHADONE & METABOLITES, SERUM (Stability)

Effective	Immediately
Comments	1) Min Amt: 1.5 mL. 2) Other acceptable specimens: potassium oxalate/ sodium fluoride plasma (grey top tube). 3) Unacceptable conditions: serum separator tubes and gels. 4) <i>Stability: RT-1 week, Refrigerated-2 weeks, Frozen-3 years.</i> 5) ARUP#90699.

MPO
order code**MPO**
flexilab code

MYELOPEROXIDASE ANTIBODY (Reference Range)

Effective	08/17/10			
Reference Ranges	<i>MYELOPER- OXIDASE AB</i>	<i>Negative Weak to Mod Pos Positive</i>	<i>LT 20 20-30 GT 30</i>	<i>Units</i>

PR3AB
order code**PR3AB**
flexilab code

PROTEINASE 3 ANTIBODY (Reference Range)

Effective	08/17/10			
Reference Ranges	<i>PROTEINASE 3 ANTIBODY</i>	<i>Negative Weak to Mod Pos Positive</i>	<i>LT 20 20-30 GT 30</i>	<i>Units</i>

RPRC
order code**RPRC**
flexilab code

RPR CONFIRMATION PROFILE (New)

Effective	08/17/10
Method	<i>Flocculation, EIA</i>
CPT4	<i>86593, 86780</i>
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. Stability: RT-2 days, Refrigerated-2 weeks, Frozen-1 month.</i>
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: EDTA plasma (lavender top tube) as long as testing is completed before the specimen is 48 hours old & provided it has been collected with adequate volume to provide the appropriate proportions of specimen to anticoagulant. 3) Unacceptable conditions: samples should be free of bacterial contamination, lipemia, or hemolysis. CSF and other body fluids are not acceptable.</i>

Reference Ranges	<i>RPR Titer Treponema pallidum AB by EIA</i>		<i>LT 1:2 Negative</i>	
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TPAB

TPAB

TREPONEMA PALLIDUM ANTIBODY, IGG BY IFA (CSF) (Description, Min Amt)

order code

flexilab code

Effective	Immediately
Comments	1) Min Amt: <i>0.2 mL</i> . 2) Unacceptable conditions: Serum, heat inactivated, hemolyzed, or contaminated specimens. 3) Stability: RT-2 days, Refrigerated- 5 days, Frozen- 1 year. 4) ARUP#: 0055273.

TPALAB

TPALAB

TREPONEMA PALLIDUM AB BY TP-PA (Delete)

order code

flexilab code

Effective	08/17/2010
Delete	<i>This test is being discontinued. Use the ordercode TPPAP to order this test.</i>

TREPC

TREPC

TREPONEMAL CONFIRMATION PROFILE (REFLEXIVE) (New)

order code

flexilab code

Effective	08/17/10				
Method	<i>Flocculation</i>				
CPT4	<i>86592</i>				
Specimen Requirements	<i>1 mL serum (SST tube). Separate serum from cells and put in separate plastic tube. Store and transport refrigerated. This test may reflex to additional tests depending upon the results of this test. An additional fee may be added. Stability: RT-2 days, Refrigerated-2 weeks, Frozen-1 month.</i>				
Comments	<i>1) Min Amt: 0.5 mL. 2) Other acceptable specimens: EDTA plasma (lavender top tube) as long as testing is completed before the specimen is 48 hours old and provided it has been collected with adequate volume to provide the appropriate proportions of specimen to anticoagulant. 3) Unacceptable conditions: samples should be free of bacterial contamination, lipemia, or hemolysis. CSF & other body fluids are not acceptable.</i>				
Reference Ranges	<table border="1"> <tr> <td><i>RPR RPR Titer Treponema pallidum AB by TP-PA</i></td> <td></td> <td><i>Non reactive LT 1:2 Non reactive</i></td> <td></td> </tr> </table>	<i>RPR RPR Titer Treponema pallidum AB by TP-PA</i>		<i>Non reactive LT 1:2 Non reactive</i>	
<i>RPR RPR Titer Treponema pallidum AB by TP-PA</i>		<i>Non reactive LT 1:2 Non reactive</i>			

TRHA
order code

TRHA
flexilab code

THYROTROPIN RELEASING HORMONE (Delete)

Effective	Immediately
Delete	<i>This test is being discontinued.</i>

VAN
order code

VAN
flexilab code

VANCOMYCIN (Reference Range)

Effective	08/17/10			
Reference Ranges	<i>Vancomycin</i>	<i>Trough</i> Peak	<i>10.0-20.0 Toxic GT 25.0</i> 25.0-40.0 Toxic GT 50.0	<i>ug/mL</i>

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