



LEGACY  
LABORATORY  
SERVICES

## TEST UPDATES

Notification Date: November 2019

Test Description	Effective Date	Type of Change	Comments
<a href="#"><u>C1Q BINDING ASSAY</u></a>	11/4/2019	New Test	New Test
<a href="#"><u>C1-ESTERASE INHIBITOR</u></a>	11/4/2019	New Test	New Test
<a href="#"><u>C1-ESTERASE INHIBITOR FUNCTIONAL</u></a>	11/4/2019	New Test	New Test
<a href="#"><u>PROMETHEUS TPMT GENETICS</u></a>	11/7/2019	Minimum Volume	Updated to: 2.0 mL EDTA whole blood
<a href="#"><u>THYROGLOBULIN, SERUM - ESOTERIX</u></a>		Minimum Volume	Updated to: 1.5 mL Serum ( <b>Note:</b> This volume does NOT allow for repeat testing.)
		Rejection Criteria	Updated to: Plasma, grossly hemolyzed specimens
		Stability	Updated to: AFTER SEPARATION FROM CELLS: Ambient: 3 days; Refrigerated: 14 days; Frozen: 3 years

For questions, please call Laboratory Client Services at 503-413-1234 or Laboratory Outreach Client Support at 503-413-4190.



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<a href="#">CATECHOLAMINES, URINE FRACTIONATED FREE</a>	11/15/2019	Patient Preparation  Rejection Criteria  Stability	Updated to: <b>Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible. Medications which may physiologically interfere with catecholamines and metabolites include amphetamines and amphetamine-like compounds, appetite suppressants, bromocriptine, buspirone, caffeine, carbidopa-levodopa (Sinemet®), clonidine, dexamethasone, diuretics (in doses sufficient to deplete sodium), ethanol, isoproterenol, methyldopa (Aldomet®), MAO inhibitors, nicotine, nose drops, propafenone (Rythmol), reserpine, theophylline, tricyclic antidepressants, and vasodilators. The effects of some drugs on catecholamine results may not be predictable.</b>  Updated to: <b>Specimens preserved with boric acid or acetic acid. Specimens with pH greater than 7.</b>  Updated to: <b>Specimens preserved with boric acid or acetic acid. Specimens with pH greater than 7.</b>
<a href="#">CRYOPRECIPITATE</a>	11/29/2019	Guidelines/Use	Links added: <a href="#">Transfusion Guidelines and Audit Criteria for Infants Less than Four Months of Age</a> <a href="#">Transfusion Guidelines and Audit Criteria for Pediatric Patients Greater than Four Months</a> <a href="#">Transfusion Guidelines for Adults</a>
<a href="#">PLASMA, FROZEN</a>	11/29/2019	Guidelines/Use	Links added: <a href="#">Transfusion Guidelines and Audit Criteria for Infants Less than Four Months of Age</a> <a href="#">Transfusion Guidelines and Audit Criteria for Pediatric Patients Greater than Four Months</a> <a href="#">Transfusion Guidelines for Adults</a>



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<a href="#">PLASMA, THAWED</a>	11/29/2019	Guidelines/Use	Links added: <a href="#">Transfusion Guidelines and Audit Criteria for Infants Less than Four Months of Age</a> <a href="#">Transfusion Guidelines and Audit Criteria for Pediatric Patients Greater than Four Months</a> <a href="#">Transfusion Guidelines for Adults</a>
<a href="#">PLATELETS, PHERESIS</a>	11/29/2019	Guidelines/Use	Links added: <a href="#">Transfusion Guidelines and Audit Criteria for Infants Less than Four Months of Age</a> <a href="#">Transfusion Guidelines and Audit Criteria for Pediatric Patients Greater than Four Months</a> <a href="#">Transfusion Guidelines for Adults</a>
<a href="#">RED BLOOD CELLS</a>	11/29/2019	Guidelines/Use	Links added: <a href="#">Transfusion Guidelines and Audit Criteria for Infants Less than Four Months of Age</a> <a href="#">Transfusion Guidelines and Audit Criteria for Pediatric Patients Greater than Four Months</a> <a href="#">Transfusion Guidelines for Adults</a>