



TEST UPDATES

Notification Date: March 2020

Test Description	Effective Date	Type of Change	Comments
CORONAVIRUS SARS-CoV-2 BY PCR	3/24/2020	New Test	New Test
CULTURE, RAPID CMV	3/26/2020	Deleted Test	Deleted Test
BLOOD GASES, ARTERIAL	3/27/2020	Minimum Volume Transport Note Reference Range Critical Values	Updated to: 1.0 mL (Pediatric: 0.4 – 0.5 mL) Updated to: Transport immediately, if testing is delayed more than 30 minutes, specimen should be on wet ice. Updated to: Outpatient: Arterial blood gases should be scheduled with the Cardiopulmonary department at each Legacy hospital site. Your patient should go to the hospital Patient Access department to check in. For nonEPIC providers, please complete the referral form for Cardiopulmonary https://www.legacyhealth.org/for-health-professionals/refer-a-patient/referral-forms.aspx Updated to: See specific test. Age adjusted ranges Updated to: See specific test.



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BLOOD GASES, VENOUS	3/27/2020	Minimum Volume Transport Note Reference Range Critical Values	Updated to: 1.0 mL (Pediatric: 0.4 – 0.5 mL) Updated to: Transport immediately, if testing is delayed more than 30 minutes, specimen should be on wet ice. Updated to: Outpatient: Venous blood gases can be collected at a laboratory draw station located on a Legacy hospital campus. Please contact the draw station to see if this service is available. Updated to: See specific test. Age adjusted ranges Updated to: See specific test.
ALBUMIN, BODY FLUID	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days
ALBUMIN, CSF	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days
COMPLEMENT C3	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days
COMPLEMENT C4	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days
COPPER, SERUM AND PLASMA	3/30/2020	Performed Reported	Updated to: Tuesdays Updated to: 1-8 days
ELECTROPHORESIS, SERUM PROTEIN	3/30/2020	Performed Reported	Updated to: Sunday, Tuesday, Thursday Updated to: 2-5 days



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ELECTROPHORESIS, SERUM PROTEIN, WITH REFLEX IMMUNOFIXATION	3/30/2020	Performed	Updated to: Sunday, Tuesday, Thursday
ELECTROPHORESIS, URINE PROTEIN	3/30/2020	Performed Reported	Updated to: Sunday, Tuesday, Thursday Updated to: 2-5 days
ELECTROPHORESIS, URINE PROTEIN, WITH REFLEX IMMUNOFIXATION	3/30/2020	Performed	Updated to: Sunday, Tuesday, Thursday
HAPTOGLOBIN	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days
IMMUNOELECTROPHORESIS, SERUM	3/30/2020	Performed	Updated to: Sunday, Tuesday, Thursday
IMMUNOELECTROPHORESIS, URINE	3/30/2020	Performed	Updated to: Sunday, Tuesday, Thursday
IMMUNOGLOBULIN PANEL	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days
IMMUNOGLOBULIN-A	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days
IMMUNOGLOBULIN-G, CEREBROSPINAL FLUID	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days
IMMUNOGLOBULIN-G, SERUM	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days

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



**LEGACY
LABORATORY
SERVICES**

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IMMUNOGLOBULIN-M	3/30/2020	Performed Reported	Updated to: Monday, Wednesday Updated to: 1-6 days
CHLAMYDIA TRACHOMATIS DIRECT ANTIGEN	3/31/2020	deleted	deleted
CULTURE, CHLAMYDIA TRACHOMATIS	3/31/2020	deleted	deleted
CULTURE, HERPES SIMPLEX	3/31/2020	deleted	deleted
HERPES SIMPLEX VIRUS (HSV) DIRECT ANTIGEN BY DFA	3/31/2020	deleted	deleted
VARICELLA ZOSTER VIRUS ANTIGEN DETECTION	3/31/2020	deleted	deleted
CULTURE, HERPES SIMPLEX VIRUS/VARICELLA ZOSTER	3/31/2020	deleted	deleted

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