



TEST UPDATES

Notification Date: April 2019

Test Description	Effective Date	Type of Change	Comments
Annual Fecal Occult Blood	04/02/19	Discontinued	Discontinued – please see FECAL OCCULT BLOOD
ZIKA VIRUS by PCR BLOOD	04/08/2019	New Test	Please see test table entry
ZIKA VIRUS by PCR URINE	04/08/2019	New Test	Please see test table entry
ZIKA VIRUS IgM ANTIBODY CAPTURE (MAC), BY ELISA	04/08/2019	New Test	Please see test table entry
BILIRUBIN, TOTAL, BODY FLUIDS	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
CALCIUM, BODY FLUIDS	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
CALCIUM, BODY FLUIDS	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
CHOLESTEROL, TOTAL, BODY FLUIDS	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.



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<u>CREATININE, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
<u>GLUCOSE, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
<u>LACTATE DEHYDROGENASE, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
<u>LIPASE, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
<u>POTASSIUM, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
<u>PROTEIN, TOTAL, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
<u>RHEUMATOID FACTOR, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
<u>SODIUM, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.

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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<u>TRIGLYCERIDE, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
<u>UREA NITROGEN, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.
<u>URIC ACID, BODY FLUIDS</u>	04/10/2019	Rejection Criteria	Gastric fluids, fluids collected with anti-coagulant, fluids from sources outside the body, and intraosseous specimens will not be accepted.

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<u>CYTOMEGALOVIRUS QUANTITATION BY PCR</u>	04/10/2019	Method	<p>Method: Quantitative Polymerase Chain Reaction</p> <p>Clinical Specificity: 100% with a confidence limit of 98.3% (A total of 227 samples were tested)</p> <p>Analytical Specificity: No cross reactivity was observed in samples spiked with other common pathogenic viruses, bacteria, or yeast</p> <p>Limit of Detection: 91 IU/mL</p> <p>Quantitative Range: 137 – 9,100,000 IU/mL (2.1 – 7.0 Log IU/mL)</p> <p>1 IU/mL of CMV DNA is approximately 1.1 copies/mL</p> <p>A negative result (“Not Detected”) does not rule out the presence of CMV below the limit of detection of the assay or the presence of inhibitory substances. CMV viral loads detected at less than 137 IU/mL are not quantitated. Assay is the FDA approved Roche AmpliPrep/COBAS®TaqMan® CMV Test.</p>
<u>PROTHROMBIN GENE MUTATION</u>	04/10/2019	Reported/Method	<p>6-8 Days and Real-time PCR/LightCycler</p> <p>Analytical Sensitivity/Specificity: 100%/100% (n=29)</p>
<u>FACTOR V MUTATION (LEIDEN)</u>	04/10/2019	Reported/Method	<p>6-8 Days and Real-time PCR/LightCycler</p> <p>Analytical Sensitivity/Specificity: 100%/100% (n=29)</p>



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<u>BK VIRUS QUANTITATION BY PCR</u>	04/10/2019	Method	Method: Real-Time Polymerase Chain Reaction (PCR) Limit of Detection: 2.8 log copies/mL (576 copies/mL) Quantitative Range: 3.0 – 7.8 log copies/mL (1,000 - 62,800,000 copies/mL)
<u>BK VIRUS QUANTITATION BY PCR, URINE</u>	04/10/2019	Method	Method: Real-Time Polymerase Chain Reaction (PCR) Limit of Detection: 2.8 log copies/mL (576 copies/mL) Quantitative Range: 3.0 – 7.8 log copies/mL (1,000 - 62,800,000 copies/mL)
CSF 14 3 3 Protein	04/22/19	REMOVED	