



TEST UPDATES

Notification Date: November 2020

Test Description	Effective Date	Type of Change	Comments
<u>UREAPLASMA SPECIES AND MYCOPLASMA HOMINIS CULTURE</u>	11/09/2020	Transport	Updated to: Preferred: Frozen Also acceptable: Refrigerated if received within 24 hours of collection in correct transport media. <i>Note: Ideally, if specimen cannot be frozen at the collection site, collect specimen Monday – Thursday and send to Legacy Laboratory Services (LLS) immediately. LLS will stabilize the specimen prior to shipping to referral laboratory.</i>
<u>UROGENITAL UREAPLASMA AND MYCOPLASMA SPECIES BY PCR</u>	11/09/2020	Handling	Updated to: Transfer genital swab or 1 mL urine to viral transport media (UTM). ThinPrep: Vortex ThinPrep PreservCyt solution and transfer 1 mL to a sterile container (min: 0.5 mL).
<u>CORONAVIRUS SARS-COV-2 WITH INFLUENZA AB RSV</u>	11/09/2020	New Test	New Test
<u>QUANTIFERON-TB GOLD PLUS</u>	11/09/2020	Includes Performed Method	Updated to: NIL, TB1 Minus NIL, TB2 minus NIL, Mitogen minus NIL, Qualitative Result Updated to: Monday – Saturday Updated to: Chemiluminescent Immunoassay (CIA)



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<u>CULTURE, BLOOD</u>	11/13/2020	Handling	<p>Updated to: Wipe bottle septum with alcohol before inserting blood. Indicate the draw site (e.g. A line, left antecubital, etc.) on the bottles, order, or requisition.</p> <p>Please call Microbiology at (503) 413-4084 for any nonroutine requests or if any potential bioterrorism agents are suspected (examples: Francisella, Brucella)</p> <p>Cultures for HACEK organisms do not need to be held longer than the standard 5 days.</p> <p>Please see <u>Blood Culture Bottle Labeling</u></p>
<u>COMPLEMENT C3</u>	11/14/2020	Performed	Updated to: Monday - Friday
		Reported	Updated to: 24-72 hours
<u>COMPLEMENT C4</u>	11/14/2020	Performed	Updated to: Monday - Friday
		Reported	Updated to: 24-72 hours
<u>HAPTOGLOBIN</u>	11/14/2020	Performed	Updated to: Monday - Friday
		Reported	Updated to: 24-72 hours
<u>TRANSFERRIN</u>	11/14/2020	Performed	Updated to: Monday - Friday
		Reported	Updated to: 24-72 hours



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<u>ADENOSINE DEAMINASE, CSF</u>	11/17/2020	Test Mnemonic	Updated to: CSFADA
		Handling	Updated to: Centrifuge specimen at room temperature. Transfer 0.5 mL fluid to an aliquot tube. Specimen source required.
		Preferred Volume	Updated to: 0.5 mL
		Minimum Volume	Updated to: 0.2 mL
		Stability	Updated to: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month
		Referral Lab	Updated to: ARUP (3002982)
		Reference Range	Updated to: 0 - 9 U/L



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<u>ADENOSINE DEAMINASE, PERITONEAL FLUID</u>	11/17/2020	Test Mnemonic	Updated to: BFADA PERI
		Handling	Updated to: Centrifuge specimen at room temperature. Transfer 0.5 mL fluid to an aliquot tube. Specimen source required.
		Preferred Volume	Updated to: 0.5 mL
		Minimum Volume	Updated to: 0.2 mL
		Stability	Updated to: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month
		Referral Lab	Updated to: ARUP (3002980)
		Reference Range	Updated to: 0 - 9 U/L



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<u>ADENOSINE DEAMINASE, PLEURAL FLUID</u>	11/17/2020	Test Mnemonic	Updated to: BFADA PLEU
		Handling	Updated to: Centrifuge specimen at room temperature. Transfer 0.5 mL fluid to an aliquot tube. Specimen source required.
		Preferred Volume	Updated to: 0.5 mL
		Minimum Volume	Updated to: 0.2 mL
		Stability	Updated to: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month
		Referral Lab	Updated to: ARUP (3002978)
		Reference Range	Updated to: 0 - 30 U/L



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<u>BUPROPION AND METABOLITE, SERUM OR PLASMA</u>	11/17/2020	Test Name	Updated to : Bupropion and Metabolite, Serum or Plasma
		Test Mnemonic	Updated to: BUPMET
		Includes	Updated to : Bupropion, Hydroxybupropion
		Collect	Updated to: Serum, one 5.0 mL plain red top tube. Also acceptable: Plasma, lavender (K₂ or K₃EDTA), pink (K₂EDTA), green (Heparin) or gray (Potassium Oxalate or Sodium Fluoride).
		Handling	Updated to: Centrifuge specimen at room temperature. Transfer 0.5 mL fluid to an aliquot tube. Specimen source required.
		Preferred Volume	Updated to: 2.0 mL Serum or Plasma
		Minimum Volume	Updated to: 0.5 mL Serum or Plasma
		Stability	Updated to: AFTER SEPARATION FROM CELLS: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 14 days
		Performed	Updated to: Monday
		Reported	Updated to: 9-10 days
		Referral Lab	Updated to: ARUP (3003034)
		Reference Range	Updated to: 0 - 9 U/L
CPT Codes	Updated to: 80338 (Alt code: G0480)		

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



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Test Description	Effective Date	Type of Change	Comments
<u>MYOSITIS EXTENDED PANEL</u>	11/17/2020	Test Mnemonic	Updated to: MYOS PAN EXT
		Handling	Updated to: Separate from cells ASAP or within 2 hours of collection. Transfer three 1 mL serum aliquots to aliquot tubes. (Min: 0.5 mL/aliquot)
		Performed	Updated to: 7 days/week
		Reported	Updated to: 9-10 days
		Referral Lab	Updated to: ARUP (3001781)
		CPT Codes	Updated to: 83516 x 8; 86235 x 6; 84182 x 4



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ALBUMIN, CSF	11/17/2020	Test Mnemonic	Updated to: CSFALB ARUP
		Synonyms	Updated to: CSF ALB, CSF Albumin
		Guidelines	Updated to: Aids in the diagnosis of multiple sclerosis.
		Handling	Updated to: Centrifuge and separate to remove cellular material. Transfer 1.0 mL CSF to an ARUP Standard Transport Tube.
		Preferred Volume	Updated to: 1.0 mL CSF
		Minimum Volume	Updated to: 0.4 mL CSF
		Rejection Criteria	Updated to: Grossly bloody or hemolyzed specimens.
		Stability	Updated to: Room Temperature (18-26 °C): 8 hours; Refrigerated (2-8 °C): 8 days; Frozen (\leq -20 °C): 1 year
		Performed	Updated to: Sunday - Saturday
		Reported	Updated to: 48-72 hours
		Method	Updated to: Quantitative Nephelometry
		Referral Lab	Updated to: ARUP (0050200)
		Reference Range	Updated to: 0-35 mg/dL

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<u>IMMUNOGLOBULIN-G, CEREBROSPINAL FLUID</u>	11/17/2020	Test Mnemonic	Updated to: CSFIGG ARUP
		Synonyms	Updated to: Cerebrospinal Fluid, IgG - CSF IgG – IgG - IgG CSF
		Guidelines	Updated to: Aids in the diagnosis of multiple sclerosis.
		Handling	Updated to: Centrifuge and separate to remove cellular material. Transfer 1.0 mL CSF to an ARUP Standard Transport Tube.
		Preferred Volume	Updated to: 1.0 mL CSF
		Minimum Volume	Updated to: 0.4 mL CSF
		Rejection Criteria	Updated to: Grossly bloody or hemolyzed specimens.
		Stability	Updated to: Room Temperature (18-26 °C): 8 hours; Refrigerated (2-8 °C): 8 days; Frozen (≤ -20 °C): 1 year
		Performed	Updated to: Sunday - Saturday
		Reported	Updated to: 48-72 hours
		Method	Updated to: Quantitative Nephelometry
		Referral Lab	Updated to: ARUP (0050670)
		Reference Range	Updated to: 0-6.0 mg/dL

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Test Description	Effective Date	Type of Change	Comments
<u>ELECTROPHORESIS, SERUM PROTEIN</u>	11/17/2020	Test Mnemonic	Updated to: PELP S
		Synonyms	Updated to: Serum Protein Electrophoresis, Serum Protein Electrophoresis with Reflex, PELP, PELP R, SPEP
		Includes	Updated to: Total Protein, Protein Electrophoresis, Pathologist Interpretation If indicated: Specific Protein Identification by Immunofixation
		Guidelines	Updated to: Please indicate when ordering if Reflex to Immunofixation is required. If indicated, Immunofixation will be reflexed for any pattern with a monoclonal spike, regardless of patient history. If no indication is made, Immunofixation will not be reflexed.
		Preferred Volume	Updated to: 3.0 mL
		Minimum Volume	Updated to: 1.0 mL (2.5 mL minimum whole blood draw)
		Performed	Updated to: Monday - Saturday
		Reported	Updated to: 2-5 days
		Method	Updated to: Helena SPIFE 3000 Protein Electrophoresis and Immunofixation (if indicated), Beckman AU Colorimetry
		CPT Codes	Updated to: 84155: Total Protein, Serum; 84165: Protein Electrophoresis, Serum; 86334: Immunofixation, Serum (if indicated)

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<u>ELECTROPHORESIS, IMMUNOFIXATION, URINE</u>	11/17/2020	Test Name	Updated to: ELECTROPHORESIS, IMMUNOFIXATION, URINE
		Test Mnemonic	Updated to: IFE U TM, IFE U R
		Synonyms	Updated to: Urine Immunoelectrophoresis - Urine Immunofixation - Urine Bence Jones Protein – U IEP R - U IEP T – U IFE – U IFIX – U IEP
		Includes	Updated to: Total Protein, Protein Electrophoresis, Specific Protein Identification by Immunofixation, Pathologist Interpretation Updated to: Centrifuge and separate to remove cellular material. Transfer 1.0 mL CSF to an ARUP Standard Transport Tube.
		Performed	Updated to: Monday - Saturday
		Reported	Updated to: 2-5 days
		Method	Updated to: Helena SPIFE 3000 Protein Electrophoresis and Immunofixation, Beckman AU Colorimetry
		CPT Codes	Updated to: 84156: Total Protein, Urine; 86335: Immunofixation, Urine; 84166: Protein Electrophoresis, Urine



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<u>ELECTROPHORESIS, IMMUNOFIXATION, SERUM</u>	11/17/2020	Test Name	Updated to: ELECTROPHORESIS, IMMUNOFIXATION, SERUM
		Test Mnemonic	Updated to: IFE S
		Synonyms	Updated to: Serum Immunoelectrophoresis - Serum immunofixation - IFIX - IEP
		Includes	Updated to: Total Protein, Protein Electrophoresis, Specific Protein Identification by Immunofixation, Pathologist Interpretation Updated to: Centrifuge and separate to remove cellular material. Transfer 1.0 mL CSF to an ARUP Standard Transport Tube.
		Preferred Volume	Updated to: 3.0 mL
		Minimum Volume	Updated to: 1.0 mL (2.5 mL minimum whole blood draw)
		Performed	Updated to: Monday - Saturday
		Reported	Updated to: 2-5 days
		Method	Updated to: Helena SPIFE 3000 Protein Electrophoresis and Immunofixation, Beckman AU Colorimetry
		CPT Codes	Updated to: 84155: Total Protein, Serum; 86334: Immunofixation, Serum; 84165: Protein Electrophoresis, Serum



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<u>IMMUNOGLOBULINS (IGG, IGA, IGM), QUANTITATIVE</u>	11/17/2020	Test Name	Updated to: IMMUNOGLOBULINS (IGG, IGA, IGM), QUANTITATIVE
		Test Mnemonic	Updated to: IG GAM
		Synonyms	Updated to: IGG, IGA, IGM
		Includes	Updated to: Immunoglobulin G, Immunoglobulin A, Immunoglobulin M
		Preferred Volume	Updated to: 1.5 mL
		Minimum Volume	Updated to: 1.0 mL (2.5 mL minimum whole blood draw)
		Performed	Updated to: Monday - Friday
		Reported	Updated to: 24-72 hours
		Reference Range	Updated to: Age adjusted ranges available. Refer to specific tests in test table for more information.
		CPT Codes	Updated to: IGG: 82784, IGA: 82784, IGM: 82484
<u>IMMUNOGLOBULIN-A</u>	11/17/2020	Performed	Updated to: Monday - Friday
		Reported	Updated to: 24-72 hours



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<u>IMMUNOGLOBULIN-G, SERUM</u>	11/17/2020	Performed Reported	Updated to: Monday - Friday Updated to: 24-72 hours
<u>IMMUNOGLOBULIN-M</u>	11/17/2020	Performed Reported	Updated to: Monday - Friday Updated to: 24-72 hours
<u>ELECTROPHORESIS, SERUM PROTEIN, WITH REFLEX IMMUNOFIXATION</u>	11/17/2020	Deleted test information	Updated to: Order <u>ELECTROPHORESIS, SERUM PROTEIN</u>

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<u>ELECTROPHORESIS, URINE PROTEIN</u>	11/17/2020	Test Mnemonic	Updated to: PELP U R, PELP U TM
		Synonyms	Updated to: Urine Protein Electrophoresis, Urine Protein Electrophoresis with Reflex, U PELP R, U PELP RR, U PELP T, U PELP TR, UPEP
		Includes	Updated to: Total Protein, Protein Electrophoresis, Pathologist Interpretation If indicated: Specific Protein Identification by Immunofixation
		Guidelines	Updated to: Please indicate when ordering if Reflex to Immunofixation is required. If indicated, Immunofixation will be reflexed for any pattern with a monoclonal spike, regardless of patient history. If no indication is made, Immunofixation will not be reflexed.
		Performed	Updated to: Monday - Saturday
		Reported	Updated to: 2 – 5 days
		Method	Updated to: Helena SPIFE 3000 Protein Electrophoresis and Immunofixation (if indicated), Beckman AU Colorimetry
		CPT Codes	Updated to: 84156: Total Protein, Urine; 84166: Protein Electrophoresis, Urine; 86335: Immunofixation, Urine (if indicated)
<u>ELECTROPHORESIS, URINE PROTEIN, WITH REFLEX IMMUNOFIXATION</u>	11/17/2020	Deleted test information	Updated to: Order <u>ELECTROPHORESIS, URINE PROTEIN</u>

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Test Description	Effective Date	Type of Change	Comments
<u>ANGIOTENSIN CONVERTING ENZYME, CSF</u>	11/19/2020	Preferred Volume Minimum Volume Rejection Criteria Reported Method	Updated to: 1.0 mL Updated to: 0.5 mL Updated to: CSF containing gadolinium-based contrast agents. Hemolyzed or xanthochromic specimens. Updated to: 2-6 days Updated to: Quantitative Spectrophotometry
<u>HERPES SIMPLEX VIRUS (HSV) CSF/BAL BY PCR</u>	11/19/2020	Method	Updated to: Qualitative Polymerase Chain Reaction
<u>JC VIRUS, MOLECULAR DETECTION, PCR, CSF</u>	11/19/2020	Reported	Updated to: 3-6 days
<u>WEST NILE VIRUS ANTIBODIES, IgG & IgM, CSF</u>	11/19/2020	Reported CPT Codes	Updated to: 2-7 days Updated to: 86788, 86789
<u>CONGENITAL ADRENAL HYPERPLASIA (CAH), PEDIATRIC PROFILE 4</u>	11/26/2020	New Test	New Test



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Test Description	Effective Date	Type of Change	Comments
<u>LIVER FIBROSIS, FIBRO TEST - ACTITEST PANEL</u>	11/26/2020	Collect	Updated to: Serum, one 5.0 mL gold (SST) or 7.0 mL red top tube Supply Item Number - 101235 or 101192
		Handling	Updated to: Allow serum tubes to clot completely at room temperature (minimum - SST: 30 minutes, red top tubes: 60 minutes). Centrifuge and separate serum from cells within 2 hours of collection. Protect from light (preferred is use of amber vial).
		Transport	Updated to: Refrigerated
		Rejection Criteria	Updated to: Grossly hemolyzed, lipemic or icteric specimens. Specimens from patients younger than 2 years of age.
		Reported	Updated to: 2-4 days