



LEGACY
LABORATORY
SERVICES

TEST UPDATES

Notification Date: September 2016

Test Description	Effective Date	Type of Change	Comments
<u>CULTURE, ACID FAST BACILLI</u>	9/13/16	Guidelines, Handling, Note	Added additional gastric instructions
<u>ERYTHROPOIETIN</u>	9/14/16	Handling, Transport	Updated to include both SST and Red top tubes
<u>ESTRADIOL</u>	9/14/16	Handling	Updated to include both SST and Red top tubes
<u>FECAL CALPROTECTIN ELISA</u>	9/14/16	Reference Range	
<u>FERRITIN</u>	9/14/16	Handling	Updated to include both SST and Red top tubes
<u>FOLATE, SERUM</u>	9/14/16	Handling	Updated to include both SST and Red top tubes
<u>HELICOBACTER PYLORI STOOL ANTIGEN</u>	9/7/16	Stability	Updated stability requirements
<u>HEPARIN ASSAY</u>	9/16/16	Transport, Stability	Updated requirements
<u>HEPATITIS A VIRUS ANTIBODY, IqM</u>	9/14/16	Handling	Updated to include both SST and Red top tubes
<u>HEPATITIS A VIRUS ANTIBODY, TOTAL</u>	9/14/16	Handling	Updated to include both SST and Red top tubes
<u>HEPATITIS B CORE ANTIBODY, IqM</u>	9/14/16	Handling	Updated to include both SST and Red top tubes
<u>METHYLMALONIC ACID, QUANTITATIVE, BLOOD</u>	9/16/16	Reference Ranges	Added interpretation table



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<u>ROTEM</u>	9/19/16	Collect	NOTE: If other coagulation tests are ordered, separate blue top tube(s) must be submitted.
<u>THYROGLOBULIN ANTIBODY</u>	9/14/16	Handling	Updated to include both SST and Red top tubes
<u>THYROID ANTIBODIES GROUP</u>	9/14/16	Handling	Updated to include both SST and Red top tubes
<u>THYROID PEROXIDASE ANTIBODY</u>	9/14/16	Handling	Updated to include both SST and Red top tubes