



LABORATORY UPDATE

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The CPT Codes provided in this document are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed. Any Profile/panel component may be ordered separately. Reflex tests are performed at an additional charge.

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DLO is pleased to inform you of the following new and updated laboratory testing information:

New Tests

16316 Annexin-1, IHC with Interpretation 16317 Annexin-1, IHC without Interpretation	
Clinical Significance:	Annexin-1 is a molecule specific to hairy cell leukemia that can be used to differentiate this disease from other B-cell lymphomas.
Effective Date:	Now Available
CPT Code(s):	88342
Specimen Requirements:	Formalin fixed paraffin embedded tissue in IHC specimen transport kit
Rejection Criteria:	Sample other than paraffin block; Sample other than unstained slides
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Do Not Freeze
Reference Ranges:	Accompanies report
Methodology:	Immunohistochemistry
Assay Category:	FDA Approved/Cleared
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

16938 MSH6, IHC with Interpretation 16252 MSH6, IHC without Interpretation	
Clinical Significance:	MSH6 is a mismatch repair gene which is deficient in a high proportion of patients with microsatellite instability (MSI-H). This finding is associated with the autosomal dominant condition known as hereditary non-polyposis colon cancer (HNPCC). This assay is useful in screening patients and families for this condition. Colon cancers that are microsatellite unstable have a better prognosis than their microsatellite stable counterparts.
Effective Date:	Now Available
CPT Code(s):	88342
Specimen Requirements:	Formalin fixed paraffin embedded tissue in IHC specimen transport kit
Rejection Criteria:	Specimen other than paraffin block or slide
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Do Not Freeze
Reference Ranges:	Accompanies report
Methodology:	Immunohistochemical Stain
Assay Category:	FDA Approved/Cleared
Performing Site:	Quest Diagnostics Nichols Institute

MUM1, IHC without Interpretation

Clinical Significance:	Multiple myeloma oncogene-1 (MUM1) is a 50 kDa protein encoded by the MUM1 gene. IRF4/MUM-1 is expressed in the nuclei and cytoplasm of plasma cells and a small percentage of germinal center (GC) B cells located in the light zone. This assay identifies MUM1 protein in centrocytes and their progeny, plasma cells, activated T cells, and a wide spectrum of hematolymphoid neoplasms derived from these cells. Therefore, this assay can be used as a powerful tool for the identification and the sub classification of lymphoid malignancies.
Effective Date:	Now Available
Test Code:	16258
CPT Code(s):	88342
Specimen Requirements:	Formalin fixed paraffin embedded tissue in IHC specimen transport kit
Rejection Criteria:	Sample other than paraffin block; Sample other than unstained slides
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Do Not Freeze
Reference Ranges:	Accompanies report
Methodology:	Immunohistochemical Stain
Assay Category:	FDA Approved/Cleared
Performing Site:	Quest Diagnostics Nichols Institute

PMS-2, IHC with Interpretation

Clinical Significance:	Defects in mismatch repair systems cause elevated spontaneous mutation rates and increased instability of DNA microsatellite repetitive sequences expressed.
Effective Date:	Now Available
Test Code:	16997
CPT Code(s):	88342
Specimen Requirements:	Formalin fixed paraffin embedded tissue in IHC specimen transport kit
Rejection Criteria:	Specimen other than block or slides
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Do Not Freeze
Reference Ranges:	Accompanies report
Methodology:	Immunohistochemistry
Assay Category:	FDA Approved/Cleared
Performing Site:	Quest Diagnostics Nichols Institute

<i>Streptococcus pneumoniae</i> IgG Ab (13 serotypes), MAID	
Clinical Significance:	Responses to pneumococcal conjugate vaccines are demonstrated by 2- to 4-fold increases in type-specific IgG levels.
Effective Date:	Now Available
Test Code:	16374
CPT Code(s):	86317 (x13)
Specimen Requirements:	0.5 mL serum
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature: 7 days Refrigerated: 60 days Frozen: 1 year
Reference Ranges:	Not applicable
Methodology:	Multi-Analyte Immunodetection
Assay Category:	Laboratory Developed Test
Performing Site:	Focus Diagnostics, Inc.

HIV-1 Quantitative, with Reflex to HIV-1 Genotype with Virtual Phenotyping	
Clinical Significance:	Measurement of HIV-1 plasma levels (viral load) provides a direct assessment of viremia and should be used in conjunction with CD4+ T-cell counts. HIV-1 RNA, quantitation is useful in patients to assess prognosis, monitor progression of HIV-1 infection, determine when to initiate therapy, and monitor the effectiveness of antiretroviral therapy.
Effective Date:	Now Available
Test Code:	16958
CPT Code:	87536
Specimen Requirements:	4 mL EDTA (lavender-top tube) plasma
Rejection Criteria:	Frozen plasma received in plasma preparation tube (PPT).
Transport Temperature:	Frozen
Specimen Stability:	Room temperature: Unacceptable Refrigerated: 5 days Frozen: 35 days
Reference Ranges:	< 48 copies/mL < 1.68 Log copies/mL
Methodology:	DNA Sequencing, Real-Time Reverse Transcriptase Polymerase Chain Reaction
Assay Category:	FDA Approved/Cleared
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly
Additional Information:	If the results of the HIV-1 RNA Quant are greater than or equal to 2000 copies/mL, then HIV-1 Genotyping with Virtual Phenotyping will be added at an additional charge (CPT: 87900, 87901).

Buprenorphine, Quantitative, Urine	
Clinical Significance:	Buprenorphine is a pain medication, most often used in the treatment of narcotic addiction. This medication has the potential for misuse and/or diversion. Physician's who prescribe medications containing Buprenorphine (Subutex®, Suboxone®) utilize this test to determine patients' compliance with their prescriptions.
Effective Date:	June 7, 2010
Test Code:	16314
CPT Code:	83925
Specimen Requirements:	10 mL random urine (plastic, leakproof container) (5 mL minimum)
Rejection Criteria:	Preserved urine
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature – 5 days Refrigerated – 7 days Frozen: 30 days
Reference Ranges:	Not established (negative for patients not prescribed drug)
Methodology:	Mass Spectrometry
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly.

Buprenorphine, Screen w/Quantitative Confirmation, Urine	
Effective Date:	June 7, 2010
Test Code:	16310
CPT Code:	83925
Specimen Requirements:	10 mL random urine (plastic, leakproof container) (5 mL minimum)
Rejection Criteria:	Preserved urine
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature – 5 days Refrigerated – 7 days Frozen: 30 days
Reference Ranges:	Not established (negative for patients not prescribed drug)
Methodology:	Immunoassay, Mass Spectrometry
Assay Category:	FDA Approved/Cleared (Screen) Laboratory Developed Test (Confirmation)
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly.

IGF-I, Electrochemiluminescence																																																																																																																																					
Clinical Significance:	Insulin-like growth factor I (IGF-I, or somatomedin C), a protein involved in stimulating somatic growth, is regulated principally by growth hormone (GH) and nutritional intake. IGF-I is transported in serum by several proteins; this helps maintain relatively high IGF-I plasma levels and minimizes fluctuations in serum IGF-I concentrations. Measuring IGF-I is useful in several growth-related disorders. Dwarfism caused by deficiency of growth hormone (hypopituitarism) results in decreased serum levels of IGF-I, while acromegaly (growth hormone excess) results in elevated levels of IGF-I. IGF-I measurements are also helpful in assessing nutritional status; levels are reduced in malnutrition and restored with a proper diet.																																																																																																																																				
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Test Code:	16293																																																																																																																																				
CPT Code(s):	84305																																																																																																																																				
Specimen Requirements:	1 mL serum																																																																																																																																				
Transport Temperature:	Refrigerated																																																																																																																																				
Specimen Stability:	Room temperature: 2 Days; Refrigerated: 7 Days; Frozen: 75 Days																																																																																																																																				
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Adult Reference Ranges (Males and Females):	
Age:	(ng/mL)
18-24 Years:	121-423
25-29 Years:	88-374
30-39 Years:	64-334
40-49 Years:	50-303
50-59 Years:	46-284
60-69 Years:	47-264
70-79 Years:	48-230
>80 Years:	47-195
Methodology:	Electrochemiluminescence
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

Test Changes

19865 - HPV (Human papillomavirus) Genotypes 16 and 18*	
Effective Date:	Immediately
Specimen Requirements:	Residual (PreserveCyt®) fluid for ThinPrep® samples or Residual (SurePath®) fluid for SurePath® samples Collect the sample as usual according to the manufacturer's instructions.
Assay Category:	FDA Approved/Cleared
Additional information	Update assay category and specimen requirements

19864 - HPV (Human papillomavirus) Low/High Risk Hybrid Capture II w/rfl to Types 16,18 19863 - HPV (Human papillomavirus) High Risk, Hybrid Capture II w/rfl to Genotypes 16, 18	
Effective Date:	Immediately
Specimen Requirements:	Residual (PreserveCyt®) fluid for ThinPrep® samples or CytoRich cell pellet in 2 mL SurePath® fluid <u>plus</u> 2 mL residual SurePath® fluid for SurePath® samples. Collect the sample as usual according to the manufacturer's instructions.
Assay Category:	FDA Approved/Cleared
Additional information	Update assay category and specimen requirements.

Bacterial Meningitis Antigen Panel, Latex Agglutination

*Includes: Streptococcus Group B Antigen * Haemophilus influenzae Type B *Streptococcus pneumoniae * Neisseria meningitidis Group A/Y *Neisseria meningitidis Group C/W135 * Neisseria meningitidis Group B/E. coli K1*

Clinical Significance:	Meningitis is often caused by <i>Haemophilus influenzae</i> (Type B), <i>Streptococcus agalactiae</i> (Group B), <i>Streptococcus pneumoniae</i> and <i>Neisseria meningitidis</i> (Groups A, B, C, Y and W135) as well as <i>Escherichia coli</i> (K1). Results from bacterial antigen testing should be considered presumptive and culture with Gram stain must also be performed.	
Effective Date:	June 7, 2010	
Test Code:	34084	
Reference Range	<i>H. influenzae</i> Type B	Not Detected
	<i>S. pneumoniae</i>	Not Detected
	<i>Streptococcus group B</i>	Not Detected
	<i>N. meningitidis</i> Grps C/W135	Not Detected
	<i>N. meningitidis</i> Grps A/Y	Not Detected
	<i>N. meningitidis</i> Grp B/E. coli K1	Not Detected
Additional Information:	Update clinical significance, test name, report messages and reference range.	

Complement, Total (CH50)

Clinical Significance:	CH50 is a screening test for the complement system activity as a whole.
Effective Date:	June 7, 2010
Test Code:	618
Reference Range:	31 – 60 U/mL
Additional Information:	Update reference range and test code. Please note, Test code 618 is included in the following test codes: 37859: C3, C4, Complement CH50; 19881: Systemic Lupus Erythematosus (SLE), Comprehensive Diagnostics Panel; 11269 Immune Complex Detection Panel 2

Culture, Stool, (<i>Salmonella</i>/<i>Shigella</i>/<i>Campylobacter</i>/Shiga Toxins w/ Reflex to <i>E. coli</i> O157 Culture)	
Effective Date:	June 7, 2010
Test Code:	10108
CPT Code(s):	87045, 87046, 87427
Stability for Specimens in Cary-Blair:	Room temperature: 4 days Refrigerated: 4 days
Reference Ranges:	Culture Negative for <i>Salmonella</i>, <i>Shigella</i>, <i>Campylobacter</i> and Shiga toxins.
Methodology:	Broth enhanced culture and toxin assay by EIA with reflex to culture for <i>E. coli</i> O157 if toxin is positive.
Additional Temporary Report Comment:	Effective June 7, 2010 order code 10045, Stool culture (<i>Salmonella</i>, <i>Shigella</i>, <i>Campylobacter</i>) will no longer be available. 10045 will be replaced with order code 10108, Stool Culture (<i>Salmonella</i>, <i>Shigella</i>, <i>Campylobacter</i> and Shiga Toxin EIA with reflex to <i>E. coli</i> O157 culture). The CDC recommends that in addition to <i>Salmonella</i>, <i>Shigella</i> and <i>Campylobacter</i>, Shiga toxin and subsequently <i>E. coli</i> O157 culture should be performed on patients with acute community-acquired diarrhea. Orders for 10045 placed after June 7, 2010 will be pointed to test code 10108.
Assay Category	FDA Approved/Cleared
Additional Information:	At the direction of the Centers for Disease Control, this test will be changed to include routine testing for Shiga Toxin and a reflex to culture for <i>E. coli</i> O157 if toxin positive. If Shiga Toxin is positive, then a reflex to culture for <i>E. coli</i> O157 will be performed at an additional charge (CPT 87046).

H. influenzae Type B Antigen, Latex Agglutination	
Clinical Significance:	Meningitis is often caused by <i>Haemophilus influenzae</i> (Type B). Results from bacterial antigen testing should be considered presumptive and culture with Gram stain must also be performed.
Effective Date:	June 7, 2010
Test Code:	4505
Reference Ranges:	H. influenzae type B: Not Detected
Additional Information:	Update clinical significance, test name, report messages and reference range.

N. meningitidis Antigens, Latex Agglutination	
Clinical Significance:	Meningitis is often caused by <i>Neisseria meningitidis</i> (Groups A, B, C, Y And W135) as well as <i>Escherichia coli</i> (K1). Results from bacterial antigen testing should be considered presumptive and culture with Gram stain must also be performed.
Effective Date:	June 7, 2010
Test Code:	16398
<i>Former Test Code</i>	4506
CPT Code(s):	86403 x 3
Reference Ranges:	N. meningitidis Grps C/W135: Not Detected N. meningitidis Grps A/Y: Not Detected N. meningitidis Grp B/ <i>E. coli</i> K1: Not Detected

S. pneumoniae Antigen, Latex Agglutination	
Clinical Significance:	Meningitis is often caused by <i>Streptococcus pneumoniae</i>. Results from bacterial antigen testing should be considered presumptive and culture with Gram stain must also be performed.
Effective Date:	June 7, 2010
Test Code:	4460
Reference Ranges:	S. pneumoniae: Not Detected
Additional Information:	Update clinical significance, test name, report messages and reference range.

Shiga Toxins, EIA with Reflex to <i>E. coli</i> O157 Culture	
Effective Date:	June 7, 2010
Test Code:	30264
CPT Code:	87427
Stability for Specimens in Cary-Blair:	Room temperature: 4 days Refrigerated: 4 days
Reference Ranges:	Not detected
Methodology:	Broth enhanced toxin assay by EIA with reflex to culture for <i>E. coli</i> O157 if toxin detected.
Additional Temporary Report Comment:	Effective June 7, 2010, the Shiga toxin EIA test will now contain an automatic reflex to <i>E. coli</i> O157 culture when Shiga toxin is detected. The CDC recommends that stools in which Shiga toxin has been detected, be cultured for <i>E. coli</i> O157.
Assay Category:	FDA Approved/Cleared
Additional Information:	At the direction of the Centers for Disease Control, this test will be changed to include a reflex to <i>E. coli</i> O157 culture if positive. If Shiga Toxin is positive, then a reflex to culture for <i>E. coli</i> O157 will be performed at an additional charge (CPT 87046).

Streptococcus, Group B Antigen, Latex Agglutination	
Clinical Significance:	Streptococcus, Group B is the most common cause of sepsis and meningitis and a leading cause of pneumonia in newborns. In adults who are not pregnant, Group B Streptococcus can cause infections of blood, skin, soft tissue, and lungs. Approximately 20-25% of pregnant women become infected. Infection is associated with complications of pregnancy and can be transmitted to the newborn. Results from bacterial antigen testing should be considered presumptive and culture with Gram stain must also be performed.
Effective Date:	June 7, 2010
Test Code:	4423
Reference Ranges:	Streptococcus, group B: Not Detected
Additional Information:	Update clinical significance, test code, test name, report messages and reference range.

Effective June 7, 2010, all test requests for Testosterone on female and pediatric (<18 years) patients must use test code 15983 - Testosterone, Total, LC/MS/MS. Specimens must be collected in a red-top tube (no gel). GEL TUBES WILL BE REJECTED.

Testosterone, Total, Males	
Clinical Significance:	This test is useful for evaluating testosterone production in adult males.
Effective Date:	June 7, 2010
Test Code:	873
<i>Former Test Name:</i>	<i>Testosterone, Total</i>
Specimen Requirements:	1 mL serum collected in a red top tube. Note: SST tubes will continue to be acceptable for Testosterone testing in male patients, but in order to easily re-redirect specimens to the LC/MS/MS assay as necessary, submission of serum collected in a red-top tube is the preferred specimen.
Reference Range	<p>Adult Males: 241-827 ng/dL The following message is printed on all reports for male patients with Total Testosterone <350 ng/dL: In hypogonadal males, Testosterone, Total, LC/MS/MS, is the recommended assay. This test code (15983) must be collected in a red-top tube with no gel. Two or three morning (8-10am) samples obtained on different days are recommended for screening for hypogonadism by the Endocrine Society.</p> <p>Please note: no female reference ranges will be reported with this test. All females and children less than 18 years of age will be redirected to test code 15983: Testosterone, Total, LC/MS/MS and must be collected in a red-top tube with no gel.</p>
Additional Information:	Update test name, specimen requirements and removal of female reference ranges.

Vitamin D, 25-Hydroxy, LC/MS/MS	
Clinical Significance:	<p>Measurement of serum 25-OH Vitamin D concentrations provide a good index of circulating Vitamin D activity in patients not suffering from renal disease. Lower than normal 25-OH Vitamin D levels can result from dietary deficiency, poor absorption of the vitamin or impaired metabolism of the sterol in the liver. A 25-OH Vitamin D deficiency can lead to bone diseases such as rickets and osteomalacia. Above normal levels can lead to hypercalcemia.</p> <p>This assay employs liquid chromatography tandem mass spectrometry to independently measure and report the two common forms of 25-Hydroxy Vitamin D: 25-OH D3 and 25-OH D2. The 25-OH D3 is the endogenous form of the vitamin. 25-OH D3 and 25-OH D2 are used to treat Vitamin D deficiency.</p> <p>Current data support a definition of sufficiency in Vitamin D as equal to or greater than 30 ng/mL. This is based predominantly on three criteria:</p> <ul style="list-style-type: none"> a) The point at which an increase in Vitamin D dose no longer suppresses iPTH b) A meta analyses of trials exploring the impact of vitamin D supplementation and fracture risk. The latter clearly shows that the inflexion point at which reduction in fracture risk becomes significant is very close to the same 30 ng/ml cutoff. c) Other epidemiologic data that are less definitive support a trend toward a positive effect of vitamin D values around the same cutoff (25 to 35 ng/mL) on morbidity from other conditions such as cardiovascular, metabolic diseases and cancer. <p>References:</p> <ol style="list-style-type: none"> 1: Holick MF. Vitamin D deficiency. N Engl J Med. 2007 Jul 19;357(3):266-81. 2: Bischoff-Ferrari HA, Willett WC, Wong JB, Stuck AE, Staehelin HB, Orav EJ, Thoma A, Kiel DP, Henschkowski J. Prevention of nonvertebral fractures with oral vitamin D and dose dependency: a meta-analysis of randomized controlled trials. Arch Intern Med. 2009 Mar 23;169(6):551-61. 3: Pittas AG, Chung M, Trikalinos T, Mitri J, Brendel M, Patel K, Lichtenstein AH, Lau J, Balk EM. Systematic review: Vitamin D and cardiometabolic outcomes. Ann Intern Med. 2010 Mar 2;152(5):307-14.
Effective Date:	June 7, 2010
Test Code:	17306
Reference Range:	<p>30-100 ng/mL</p> <p>The following message is printed on all reports: 25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are >=30 ng/mL.</p>
Performing Site	Quest Diagnostics Nichols Institute
Additional Information:	<p>Update reference range</p> <p>The change will also affect test code 16761: Vitamin D, 25 Hydroxy and 1,25 Dihydroxy, LC/MS/MS</p>

Alpha-Fetoprotein, CSF	
Clinical Significance:	Literature indicates that the concentration of AFP is about the same in serum as in body fluid. This indicates that body fluid can be used for the diagnosis of hepatocellular carcinoma.
Effective Date :	June 14, 2010
Test Code :	17409
Reference Range:	<0.9 ng/mL
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Update reference range.

Alpha-Fetoprotein, Pericardial Fluid	
Effective Date :	June 14, 2010
Test Code :	17554
Reference Range:	<0.9 ng/mL
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Update reference range, test code and result code.

Alpha-Fetoprotein, Pleural Fluid	
Effective Date :	June 14, 2010
Test Code :	17555
Reference Range:	<0.9 ng/mL
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Update reference range.

Alpha-Fetoprotein, Peritoneal Fluid	
Effective Date :	June 14, 2010
Test Code :	17410
Reference Range:	<0.9 ng/mL
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Update reference range.

CA 19-9, CSF	
Clinical Significance:	CA 19-9 may be useful in the investigation of malignancy.
Effective Date :	June 14, 2010
Test Code :	17417
Reference Range:	<6 U/mL
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Update reference range.

CA 27.29, CSF	
Clinical Significance:	The measurement of tumor markers in CSF is potentially important in neoplastic meningitis.
Effective Date :	June 14, 2010
Test Code :	17419
Reference Range:	<6 U/mL
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Update reference range.

Metanephrines, Fractionated, Free, LC/MS/MS, Plasma

Clinical Significance:	Normetanephrine (NM) and metanephrine (MN) are the extra-neuronal catechol-o-methyl transferase (COMT) metabolites of the catecholamines orepinephrine and epinephrine, respectively. Measurement of plasma metanephrines is more sensitive (but may be less specific) than measurement of catecholamines for the detection of pheochromocytoma. Proper interpretation of results requires awareness of recent medication/drug history (e.g., antihypertensive agents, alcohol, cocaine) and other pre-analytical factors (e.g., stress, severe congestive heart failure, myocardial infarction) that influence release of catecholamines and metanephrines.
Effective Date:	June 28, 2010
Test Code:	19548
Performing Site:	Quest Diagnostics Nichols Institute
Additional Information:	Update test name.

Discontinued Tests**Bacterial Antigens, Complete**

Effective Date:	June 7, 2010
Test Code:	6741
Additional Information:	This test order code will be inactivated. The recommended alternative test code is 34084.

Culture, Stool, Salmonella/Shigella/Campylobacter

Effective Date:	June 7, 2010
Test Code:	10045
Additional Information:	Effective June 7, 2010 order code 10045, Stool culture (<i>Salmonella</i>, <i>Shigella</i>, <i>Campylobacter</i>) will no longer be available. 10045 will be replaced with order code 10108, Stool Culture (<i>Salmonella</i>, <i>Shigella</i>, <i>Campylobacter</i> and Shiga Toxin EIA with reflex to <i>E. coli</i> O157 culture). The CDC recommends that in addition to <i>Salmonella</i>, <i>Shigella</i> and <i>Campylobacter</i>, Shiga toxin and subsequently <i>E. coli</i> O157 culture should be performed on patients with acute community-acquired diarrhea. Orders for 10045 placed after June 7, 2010 will be pointed to test code 10108.

Insulin-Like Growth Factor I

Clinical Significance:	IGF-I (somatomedin-c) measurements are useful in the evaluation of growth deficiencies and acromegaly.
Effective Date:	June 7, 2010
Test Code:	839
Additional Information:	This test will be discontinued. The recommended alternative test code is 16293 - IGF-I, Electrochemiluminescence.

Neisseria meningitidis Antigen

Effective Date:	June 7, 2010
Test Code:	4506
Additional Information:	This test order code will be inactivated. The recommended alternative test code is 16398.