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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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Summary of Test Changes

Test Name	Test Code(s)	Test Code	Test Name	CPT Codes	Specimen Requirements	Rejection Criteria	Transport Temperature	Specimen Stability	Set-Up/Analytic Time	Reference Range	Units of Measure	Methodology	Assay Category	Performing Site	Other (see listing)
Hepatitis C Virus RNA, Qualitative PCR	34024				x	x									
Hepatitis C Viral RNA, Qualitative PCR, w/Reflex to Quantitative	36559				x	x									
Hepatitis C Viral RNA, Qualitative PCR with Reflex to Genotype, LiPA	14892				x	x		x							
SureSwab® Trichomonas vaginalis RNA, Qualitative TMA	19550				x	x	x	x					x		
Vitamin D, 25-Hydroxy, LC/MS/MS	17306				x										
Calcium	303									x					
Creatinine	375									x					
HIV-1 Coreceptor Tropism	16710														x
HIV-1 Genotype and HIV-1 Coreceptor Tropism	16430														x
HIV-1 Virtual Phenotype and HIV-1 Coreceptor Tropism	16431														x
Organic Acids, Full Panel, Quantitative, Urine	90561 90564	x	x	x	x			x							x
Amylase Isoenzymes	845						x			x					
ERCC1, IHC with Interpretation	16979														x
Protein Total and Protein Electrophoresis, CSF	749		x												

New Test Offerings

The following tests will be available through Quest Diagnostics on the dates indicated below.

BRAF Mutation Analysis, Papillary Thyroid Cancer	
Clinical Significance:	BRAF V600E mutations are found in 40-50% of papillary thyroid carcinoma (PTC), and much less commonly in anaplastic thyroid carcinoma or poorly differentiated carcinomas involving the thyroid. Correlation with morphologic and clinical findings is thus required. Cases of PTC with BRAF V600E mutation may be associated with more aggressive tumor characteristics and higher rates of recurrence and treatment failure. The assay tests for codons 600 and 601 BRAF mutations using a DNA-based mutation-specific PCR method, with an approximate sensitivity of 0.1% mutation-bearing cells in a mixed sample. BRAF mutations outside of these codons will not be detected.
Effective Date:	December 5, 2011
Test Code:	90477
CPT Code(s):	83891, 83898 (x3), 83892, 83896 (x2), 83912
Specimen Requirements:	Needle washings in alcohol based fixative (e.g. cytolyt), 4 slides, or Formalin fixed, paraffin embedded tissue block FNA or FFPE specimens are acceptable for the assay. All specimens must be accompanied with Pathology report. Specimens will be examined by a pathologist for confirmation and microdissection if warranted. A minimum of 4 FNA slides should be submitted and three should be without coverslips. Coverslipped slides will delay reporting of results.
Rejection Criteria:	Sample received frozen
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Do Not Freeze
Reference Ranges:	Accompanies report
Methodology:	Real-Time Polymerase Chain Reaction
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

FISH, ALL, TCF3/PBX1, t(1;19)(q23.3;p13.3)	
Clinical Significance:	FISH testing with the TCF3-PBX1 dual fusion dual color probe allows detection of balanced and unbalanced translocations involving 1q23.3 (PBX1) and 19p13.3 (TCF3). This translocation has been observed in acute lymphoblastic leukemia with a precursor-B immunophenotype. Furthermore, a variant translocation, involving 17q22 (HLF) and 19p13.3 (TCF3) can be detected with this probe.
Effective Date:	December 5, 2011
Test Code:	90511
CPT Code(s):	88271 (x2), 88275, 88291
Specimen Requirements:	3 mL bone marrow submitted in Transport Medium Clinical history/reason for referral is required with test order. Prior therapy and transplant history should be provided with test order.
Transport Temperature:	Room temperature
Specimen Stability:	Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject.
Reference Ranges:	Interpretive report
Methodology:	Fluorescence In Situ Hybridization
Performing Site:	This test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

FISH, FGFR1, 8p11-12	
Clinical Significance:	FISH testing with the FGFR1 probe allows detection of translocations involving FGFR1 and another chromosome region (usually a tyrosine kinase coding gene). Fusion of FGFR1 with a tyrosine kinase coding gene leads to kinase activation.
Effective Date:	December 5, 2011
Test Code:	90517
CPT Code(s):	88271 (x2), 88275, 88291
Specimen Requirements:	3 mL bone marrow submitted in Transport Medium Clinical history/reason for referral is required with test order. Prior therapy and transplant history should be provided with test order.
Transport Temperature:	Room temperature
Specimen Stability:	Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject.
Reference Ranges:	Interpretive report
Methodology:	Fluorescence In Situ Hybridization
Performing Site:	This test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

FISH, Myeloproliferative Neoplasms (Eosinophilia)	
Clinical Significance:	<p>This FISH panel includes probes that target the PDGFRA (4q12), PDGFRB (5q33.1) and FGFR1 (8p11-12) loci. The probes included in this panel are constructed using the breakapart strategy (fusion signal indicates an intact locus). This allows detection of rearrangements of PDGFRA, PDGFRB, and FGFR1 that result from translocations involving various chromosome regions (usually tyrosine kinase coding genes). Fusion of these receptors with a tyrosine kinase coding gene leads to kinase activation.</p> <p>Rearrangements of PDGFRA, PDGFRB, and FGFR1 are found in a rare group of stem cell myeloid and lymphoid neoplasms that have in common the presence of eosinophilia and the involvement of genes that code for a tyrosine kinase. As such, detection of these rearrangements will help to properly diagnose and follow up of these patients. Furthermore, patients with activated tyrosine kinases are good candidates for tyrosine kinase inhibitors.</p>
Effective Date:	December 5, 2011
Test Code:	90665
CPT Code(s):	88271 (x7), 88275 (x3), 88291 (x3)
Specimen Requirements:	3 mL bone marrow submitted in Transport Medium Clinical history/reason for referral is required with test order. Prior therapy and transplant history should be provided with test order.
Transport Temperature:	Room temperature
Specimen Stability:	Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject.
Reference Ranges:	Interpretive report
Methodology:	Fluorescence In Situ Hybridization
Performing Site:	This test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

FISH, PDGFRB, 5q33.1	
Clinical Significance:	FISH testing with the PDGFRB probe allows detection of translocations involving PDGFRB and another chromosome region (usually a tyrosine kinase coding gene). Fusion of PDGFRB with a tyrosine kinase coding gene leads to kinase activation.
Effective Date:	December 5, 2011
Test Code:	90510
CPT Code(s):	88271 (x2), 88275, 88291
Specimen Requirements:	3 mL bone marrow submitted in Transport Medium Clinical history/reason for referral is required with test order. Prior therapy and transplant history should be provided with test order.
Transport Temperature:	Room temperature
Specimen Stability:	Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject.
Reference Ranges:	Interpretive report
Methodology:	Fluorescence In Situ Hybridization
Performing Site:	This test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

FISH, T Cell Receptor alpha/delta, 14q11.2	
Clinical Significance:	Rearrangements of the T-cell receptor alpha/delta TRA/D are recurrent in both mature and immature T-cell neoplasms. Many of these TRA/D rearrangements are cryptic at the conventional cytogenetic level and therefore are detected mainly by molecular testing and FISH. The majority of these rearrangements are translocations that juxtapose a transcription factor gene to the TRA/D locus leading to its aberrant expression in developing thymocytes.
Effective Date:	December 5, 2011
Test Code:	90513
CPT Code(s):	88271 (x2), 88275, 88291
Specimen Requirements:	3 mL bone marrow submitted in Transport Medium Clinical history/reason for referral is required with test order. Prior therapy and transplant history should be provided with test order.
Transport Temperature:	Room temperature
Specimen Stability:	Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject.
Reference Ranges:	Interpretive report
Methodology:	Fluorescence In Situ Hybridization
Performing Site:	This test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

FISH, TCL1, 14q32.1	
Clinical Significance:	The proto-oncogene TCL1 located at 14q32.1 is overexpressed in a variety of lymphoid neoplasms, including T-cell prolymphocytic leukemia (T-PLL), T-cell acute lymphoblastic leukemia/lymphoma (T-ALL/LBL), Epstein-Barr virus (EBV)-infected B-cell lymphomas and AIDS-related lymphomas. The overexpression of TCL1 usually results from juxtaposition to a T-cell receptor locus via a translocation or inversion.
Effective Date:	December 5, 2011
Test Code:	90512
CPT Code(s):	88271 (x2), 88275, 88291
Specimen Requirements:	3 mL bone marrow submitted in Transport Medium Clinical history/reason for referral is required with test order. Prior therapy and transplant history should be provided with test order.
Transport Temperature:	Room temperature
Specimen Stability:	Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject.
Reference Ranges:	Interpretive report
Methodology:	Fluorescence In Situ Hybridization
Performing Site:	This test performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

OraRisk® HPV with Reflex	
Clinical Significance:	Identifies presence of HPV and HPV type (high or low risk) to enable clinicians to determine and initiate appropriate monitoring or referral for patients who have positive results
Effective Date:	December 5, 2011
Test Code:	90562
CPT Code(s):	87621
Specimen Requirements:	5 mL oral rinse using special OraRisk® HPV kit (stock order #160878) (1) Print patient name and Date of Birth on Collection Tube label – place lengthwise on tube. (2) Ask patient to vigorously swish and gargle for 30 seconds with provided saline. (3) Ask patient to spit into labeled collection tube. Tightly seal with green screw cap and place in transport bag.
Rejection Criteria:	<1 mL oral rinse in collection tube
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature, Refrigerated or Frozen: 14 days
Reference Ranges:	Not Detected
Methodology:	Polymerase Chain Reaction
Performing Site:	OraIDNA (UYD)
Additional Information:	If the OraRisk® HPV result is Detected, then Genotyping will be performed at an additional charge (CPT code: 87999)

PAX8/PPAR[gamma] Translocation, Thyroid Cancer	
Clinical Significance:	PAX8/PPARG translocation is associated with 25-50% of follicular thyroid carcinoma but has also been reported at low frequency in follicular adenomas. Correlation with morphologic and clinical findings is thus required. This assay detects elevated levels of PPARG transcripts, compared to a control gene, associated with PAX8/PPARG translocations by an RNA-based real-time quantitative reverse transcription PCR-based method. The lower limit of sensitivity is approximately 2.5% mutation-bearing cells in a mixed sample, but can vary due to RNA preservation and differing PPARG expression levels in any given neoplasm.
Effective Date:	December 5, 2011
Test Code:	90474
CPT Code(s):	83891, 83898 (x2), 83896 (x2), 83902, 83912
Specimen Requirements:	Needle washings in alcohol based fixative (e.g. cytolyt), 4 slides, or Formalin fixed, paraffin embedded tissue block FNA or FFPE specimens are acceptable for the assay. All specimens must be accompanied with Pathology report. Specimens will be examined by a pathologist for confirmation and microdissection if warranted. A minimum of 4 FNA slides should be submitted and three should be without coverslips. Coverslipped slides will delay reporting of results.
Rejection Criteria:	Baked slides
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Do Not Freeze
Reference Ranges:	Accompanies report
Methodology:	Real-Time Polymerase Chain Reaction
Performing Site:	Quest Diagnostics Nichols Intitute, San Juan Capistrano

RAS Mutation Analysis, Thyroid Cancer	
Clinical Significance:	Activating mutations in the RAS genes, particularly NRAS, have been detected in follicular thyroid carcinomas (up to 40%) and papillary thyroid carcinomas (up to 10%), but are also seen commonly in follicular adenomas. Correlation with morphologic and clinical findings is thus required. Follicular thyroid neoplasms with RAS mutations may behave more aggressively than those without. The assay tests for mutations in codon 12 and 13 (exon 1) and codon 61 (exon 2) in HRAS, KRAS and NRAS by a DNA-based sequencing method, with an approximate sensitivity of 1 to 5% mutation-bearing cells in a mixed sample. This assay will not detect RAS mutations outside the codons listed above.
Effective Date:	December 5, 2011
Test Code:	90479
CPT Code(s):	83891, 83894, 83898 (x6), 83904 (x6), 83912
Specimen Requirements:	Needle washings in alcohol based fixative (e.g. cytolyt), 4 slides, or Formalin fixed, paraffin embedded tissue block FNA or FFPE specimens are acceptable for the assay. All specimens must be accompanied with Pathology report. Specimens will be examined by a pathologist for confirmation and microdissection if warranted. A minimum of 4 FNA slides should be submitted and three should be without coverslips. Coverslipped slides will delay reporting of results.
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Do Not Freeze
Reference Ranges:	Accompanies report
Methodology:	Pyrosequencing
Performing Site:	Quest Diagnostics Nichols Intitute, San Juan Capistrano

RET/PTC Rearrangement, Thyroid Cancer	
Clinical Significance:	RET/PTC gene fusion is detected in 5-40% of papillary thyroid carcinomas, but has been reported at low frequency in other types of thyroid lesions. Correlation with morphologic and clinical findings is thus required. The assay tests for both RET/PTC1 and RET/PTC3 rearrangements using a reverse transcription PCR assay. The lower limit of sensitivity is approximately 2.5% mutation-bearing cells in a mixed sample, but can vary due to RNA preservation.
Effective Date:	December 5, 2011
Test Code:	90473
CPT Code(s):	83891, 83902, 83898 (x3), 83896 (x3), 83912
Specimen Requirements:	Needle washings in alcohol based fixative (e.g. cytolyt), 4 slides, or Formalin fixed, paraffin embedded tissue block FNA or FFPE specimens are acceptable for the assay. All specimens must be accompanied with Pathology report. Specimens will be examined by a pathologist for confirmation and microdissection if warranted. A minimum of 4 FNA slides should be submitted and three should be without coverslips. Coverslipped slides will delay reporting of results.
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Do Not Freeze
Reference Ranges:	Accompanies report
Methodology:	Real-Time Polymerase Chain Reaction
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

Thyroid Cancer Mutation Panel (BRAF, RAS, RET/PTC, PAX8/PPAR) <i>*Includes: BRAF Mutation Analysis, Papillary Thyroid Cancer * RAS Mutation Analysis, Thyroid Cancer * RET/PTC Rearrangement, Thyroid Cancer * PAX8/PPAR[gamma] Translocation, Thyroid Cancer</i>	
Clinical Significance:	<p>The thyroid mutation panel assesses for all 8 of the most common mutations or rearrangements associated with thyroid neoplasia.</p> <p>The BRAF codon 600 mutation, and RET/PTC1 and RET/PTC3 rearrangements are highly associated with papillary thyroid cancer, the PAX8-PPAR{gamma} with follicular carcinomas and Ras mutations (in either HRAS, KRAS and NRAS) usually with follicular neoplasms.</p> <p>See test codes 90477 (BRAF), 90473 (RET-PTC), 90474 (PPAR{gamma}), and 90479 (Ras panel) for individual components.</p> <p>A thyroid cytology diagnosis code with reflex to molecular, as appropriate, is also available.</p>
Effective Date:	December 5, 2011
Test Code:	90469
CPT Code(s):	83891, 83898 (x3), 83892, 83896 (x2), 83912, 83894, 83898 (x6), 83904 (x6), 83912, 83902, 83898 (x3), 83896 (x3), 83912, 83898 (x2), 83896 (x2), 83902, 83912
Specimen Requirements:	Needle washings in alcohol based fixative (e.g. cytolyt), 4 slides, or Formalin fixed, paraffin embedded tissue block FNA or FFPE specimens are acceptable for the assay. All specimens must be accompanied with Pathology report. Specimens will be examined by a pathologist for confirmation and microdissection if warranted. A minimum of 4 FNA slides should be submitted and three should be without coverslips. Coverslipped slides will delay reporting of results.
Rejection Criteria:	Sample received frozen; Baked slides
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Do Not Freeze
Reference Ranges:	See individual assays
Methodology:	See individual assays
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

Caspase-3 IHC with Interpretation	
Clinical Significance:	Cysteine protease protein 32 (CPP32) is a member of the interleukin-1 beta-converting enzyme (ICE) family of mammalian proteases which specifically cleaves substrates at the C-terminal side of aspartic acid residues. Members of this family have been implicated in apoptosis and CPP32 (caspase-3) is thought to act as a control mediator of programmed cell death in mammalian cells. CPP32 is synthesized as an inactive 32 kD proenzyme and is processed during apoptosis to its active form which is responsible for the cleavage of poly (ADP-ribose) polymerase (PARP), actin and sterol regulatory element binding protein (SREBP).
Effective Date:	December 12, 2011
Test Code:	90411
CPT Code(s):	88342
Specimen Requirements:	Formalin fixed paraffin embedded tissue in IHC specimen transport kit Please include surgical pathology report.
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Unacceptable
Reference Ranges:	Accompanies report
Methodology:	Immunohistochemistry
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

Caspase-3 IHC without Interpretation	
Effective Date:	December 12, 2011
Test Code:	90409
CPT Code(s):	88342
Specimen Requirements:	Formalin fixed paraffin embedded tissue in IHC specimen transport kit
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Unacceptable
Reference Ranges:	Accompanies report
Methodology:	Immunohistochemistry
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

CDX2, IHC with Interpretation	
Clinical Significance:	CDX-2, a nuclear transcription factor that is expressed in colonic epithelium, is useful in distinguishing metastatic carcinoma of colorectal origin from other tumors. However, its expression may be lost in advanced colorectal tumors and is also expressed by some mucinous tumors of other sites.
Effective Date:	December 12, 2011
Test Code:	90153
CPT Code(s):	88342
Specimen Requirements:	Formalin fixed paraffin embedded tissue in IHC specimen transport kit Please include surgical pathology report.
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Unacceptable
Reference Ranges:	Accompanies report
Methodology:	Immunohistochemistry
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

CDX2, IHC without Interpretation	
Effective Date:	December 12, 2011
Test Code:	90203
CPT Code(s):	88342
Specimen Requirements:	Formalin fixed paraffin embedded tissue in IHC specimen transport kit
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: Indefinite Frozen: Unacceptable
Reference Ranges:	Accompanies report
Methodology:	Immunohistochemistry
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

Cortisol, Free, LC/MS/MS, Second Void Urine				
Clinical Significance:	Urinary Free Cortisol is useful in the detection of patients with Cushing's syndrome for whom Free Cortisol concentrations are elevated.			
Effective Date:	January 9, 2012			
Test Code:	90582			
Specimen Requirements:	2 mL random urine no preservative in standard urine transport container Second a.m. urine			
Transport Temperature:	Refrigerated			
Specimen Stability:	Room temperature: 48 hours Refrigerated: 7 days Frozen: 28 days			
Reference Ranges:	Cortisol,Free,2nd Void U: 3.5-87.1 mcg/g creat			
	Creatinine, Random Urine:	0-6 months	2-32	mg/dL
		7-11 months	2-36	mg/dL
		1-2 years	2-128	mg/dL
		3-8 years	2-149	mg/dL
		9-12 years	2-183	mg/dL
		>12 years	Male: 20-370 Female: 20-320	mg/dL mg/dL
Methodology:	Liquid Chromatography, Tandem Mass Spectrometry, Colorimetric, Kinetic			
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano			

Thyroid Cancer Monitoring <i>Thyroglobulin Antibody, Electrochemiluminescence *Thyroglobulin, Second Generation (Beckman Coulter)* Thyroglobulin, LC/MS/MS</i>	
Clinical Significance:	Measurement of thyroglobulin (Tg) is useful in the detection of residual or recurrent thyroid cancer. Many individuals develop auto-antibodies to Tg (Tg Ab) and the presence of Tg Ab interferes with the measurement of immunoassay Tg. It is therefore necessary to identify the presence/absence of Tg Ab before measuring Tg. The panel will first measure Tg Ab (Roche E170) an electrochemiluminescent assay and a highly sensitive test for the detection of endogenous anti-Tg antibodies. If the patient is Tg Ab negative, Tg will be measured using an immunoassay (Second Generation, Beckman Coulter) - also a highly sensitive assay with increased low-level sensitivity to 0.05 ng/mL. If the Tg Ab is positive, Tg will be measured by tandem mass spectrometry. The LC/MS/MS assay will provide quantitative measurement of Tg in the presence of Tg Ab.
Effective Date:	January 9, 2012
Test Code:	90814
CPT Code(s):	86800
Specimen Requirements:	2.5 mL serum
Rejection Criteria:	Plasma; hemolyzed, icteric, or lipemic specimens
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature: 6 days Refrigerated: 7 days Frozen: 28 days
Reference Ranges:	Thyroglobulin Ab, ECL: <10 IU/mL Thyroglobulin, Second Gen <0.05 ng/mL Thyroglobulin, LC/MS/MS: Adults: <0.4 ng/mL Reference range applies to differentiated thyroid cancer patients following treatment.
Methodology:	See individual assays
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	If Thyroglobulin Ab, ECL result is <10, then Thyroglobulin, Second Generation (Beckman Coulter) will be performed at an additional charge (CPT: 84432) If Thyroglobulin Ab, ECL result is > or = 10, then Thyroglobulin, LC/MS/MS will be performed at an additional charge (CPT: 84432).

Trichomonas vaginalis RNA, Qualitative TMA, Males

Clinical Significance:	This test is used to detect Trichomonas vaginalis in clinical specimens. The test has greater analytical sensitivity than culture methods.		
Effective Date:	January 9, 2012		
Test Code:	90801		
CPT Code(s):	87798		
Specimen Requirements:	<p>Male urethral swab in APTIMA® Unisex Swab Specimen Collection Kit or random urine (male) in APTIMA® Urine Specimen Collection Kit</p> <p>1. Male Urine: The patient should not have urinated for at least one hour prior to specimen collection. Patient to provide a first-catch urine (approximately 20-30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. 2 mL of urine specimen MUST be transferred into the Gen-Probe Aptima® Urine transport ASAP or within 24 hours of collection and before being assayed. Urine specimens must be refrigerated pending transfer into Aptima transport medium.</p> <p>2. Urethral Swabs: Follow instructions in the Aptima® Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens package insert.</p>		
Rejection Criteria:	Vaginal swabs; Female urine		
Transport Temperature:	Room temperature		
Specimen Stability:		Urine	Swab
	Room temperature: Refrigerated: Frozen:	30 days 30 days 6 months	60 days 60 days 6 months
Reference Ranges:	Not Detected		
Methodology:	Transcription Mediated Amplification		
Performing Site:	Quest Diagnostics Nichols Institute		

Comprehensive Metabolic Panel, Plasma		
<i>Includes: Albumin, Albumin/Globulin Ratio (calculated), Alkaline Phosphatase, ALT, AST, BUN/Creatinine Ratio (calculated), Calcium, Carbon Dioxide, Chloride, Creatinine with GFR Estimated, Globulin (calculated), Glucose, Potassium, Sodium, Total Bilirubin, Total Protein, Urea Nitrogen.</i>		
Clinical Significance:	See individual analytes	
Effective Date:	January 16, 2012	
Test Code:	90839	
CPT Code(s):	80053	
Specimen Requirements:	2 mL plasma collected in a lithium heparin (green-top) tube Separate plasma from cells promptly. Fasting specimen is preferred.	
Rejection Criteria:	Moderate to gross hemolysis; serum or any anticoagulant other than lithium or sodium heparin	
Transport Temperature:	Room temperature	
Specimen Stability:	Room temperature: 48 hours Refrigerated: 72 hours Frozen: Unacceptable	
Reference Ranges:	See individual analytes. All reference ranges are equivalent between serum and heparinized plasma except:	
	Males	Females
Potassium	3.4-4.8 mmol/L	3.4-4.8 mmol/L
Protein, Total		
<1 month	4.4-6.6 g/dL	4.5-6.5 g/dL
1-5 months	5.0-7.0 g/dL	4.7-6.9 g/dL
6-11 months	5.8-7.3 g/dL	5.9-8.2 g/dL
1-19 years	6.6-8.5 g/dL	6.6-8.5 g/dL
>19 years	6.5-8.6 g/dL	6.5-8.6 g/dL
Globulin (calc)		
<6 months	1.6-2.7 g/dL	1.6-2.4 g/dL
6-11 months	2.0-3.3 g/dL	1.5-2.7 g/dL
1-19 years	2.4-3.8 g/dL	2.3-4.1 g/dL
>19 years	2.4-4.0 g/dL	2.5-4.2 g/dL
Albumin/Globulin Ratio (calc)	0.9-1.9	0.9-1.9
Methodology:	See individual analytes	

Comprehensive Metabolic Panel with Adjusted Calcium, Plasma		
<i>Includes: Albumin, Albumin/Globulin Ratio (calculated), Alkaline Phosphatase, ALT, AST, BUN/Creatinine Ratio (calculated), Calcium, Calcium (adjusted for albumin), Carbon Dioxide, Chloride, Creatinine with GFR Estimated, Globulin (calculated), Glucose, Potassium, Sodium, Total Bilirubin, Total Protein, Urea Nitrogen.</i>		
Clinical Significance:	See individual analytes	
Effective Date:	January 16, 2012	
Test Code:	90840	
CPT Code(s):	80053	
Specimen Requirements:	2 mL plasma collected in a lithium heparin (green-top) tube Separate plasma from cells promptly. Fasting specimen is preferred	
Rejection Criteria:	Moderate to gross hemolysis; serum or any anticoagulant other than lithium or sodium heparin	
Transport Temperature:	Room temperature	
Specimen Stability:	Room temperature: 48 hours Refrigerated: 72 hours Frozen: Unacceptable	
Reference Ranges:	See individual analytes. All reference ranges are equivalent between serum and heparinized plasma except:	
	Males	Females
Potassium	3.4-4.8 mmol/L	3.4-4.8 mmol/L
Protein, Total		
<1 month	4.4-6.6 g/dL	4.5-6.5 g/dL
1-5 months	5.0-7.0 g/dL	4.7-6.9 g/dL
6-11 months	5.8-7.3 g/dL	5.9-8.2 g/dL
1-19 years	6.6-8.5 g/dL	6.6-8.5 g/dL
>19 years	6.5-8.6 g/dL	6.5-8.6 g/dL
Globulin (calc)		
<6 months	1.6-2.7 g/dL	1.6-2.4 g/dL
6-11 months	2.0-3.3 g/dL	1.5-2.7 g/dL
1-19 years	2.4-3.8 g/dL	2.3-4.1 g/dL
>19 years	2.4-4.0 g/dL	2.5-4.2 g/dL
Albumin/Globulin Ratio (calc)	0.9-1.9	0.9-1.9
Methodology:	See individual analytes	

Basic Metabolic Panel, Plasma <i>Includes: BUN/Creatinine Ratio (calculated), Calcium, Carbon Dioxide, Chloride, Creatinine with GFR Estimated, Glucose, Potassium, Sodium, Urea Nitrogen (BUN)</i>			
Clinical Significance:	See individual analytes		
Effective Date:	January 16, 2012		
Test Code:	90841		
CPT Code(s):	80048		
Specimen Requirements:	2 mL plasma collected in a lithium heparin (green-top) tube Separate plasma from cells promptly. Fasting specimen is preferred		
Rejection Criteria:	Moderate to gross hemolysis; serum or any anticoagulant other than lithium or sodium heparin		
Transport Temperature:	Room temperature		
Specimen Stability:	Room temperature: 48 hours Refrigerated: 72 hours Frozen: 28 days		
Reference Ranges:	See individual analytes. All reference ranges are equivalent between serum and heparinized plasma except:		
		Males	Females
	Potassium	3.4-4.8 mmol/L	3.4-4.8 mmol/L
Methodology:	See individual analytes		

Hepatic Function Panel, Plasma <i>Includes: Total Protein, Albumin, Globulin (calculated), Albumin/Globulin Ratio (calculated), Total Bilirubin, Direct Bilirubin, Indirect Bilirubin (calculated), Alkaline Phosphatase, AST, ALT</i>			
Clinical Significance:	See individual analytes		
Effective Date:	January 16, 2012		
Test Code:	90842		
CPT Code(s):	80076		
Specimen Requirements:	2 mL plasma collected in a lithium heparin (green-top) tube Separate plasma from cells promptly.		
Rejection Criteria:	Hemolysis; Received frozen; Serum or any anticoagulant other than lithium or sodium heparin		
Transport Temperature:	Room temperature		
Specimen Stability:	Room temperature: 24 hours Refrigerated: 72 hours Frozen: Unacceptable		
Reference Ranges:	See individual analytes. All reference ranges are equivalent between serum and heparinized plasma except:		
		Males	Females
	Protein, Total		
	<1 month	4.4-6.6 g/dL	4.5-6.5 g/dL
	1-5 months	5.0-7.0 g/dL	4.7-6.9 g/dL
	6-11 months	5.8-7.3 g/dL	5.9-8.2 g/dL
	1-19 years	6.6-8.5 g/dL	6.6-8.5 g/dL
	>19 years	6.5-8.6 g/dL	6.5-8.6 g/dL
	Globulin (calc)		
	<6 months	1.6-2.7 g/dL	1.6-2.4 g/dL
	6-11 months	2.0-3.3 g/dL	1.5-2.7 g/dL
	1-19 years	2.4-3.8 g/dL	2.3-4.1 g/dL
	>19 years	2.4-4.0 g/dL	2.5-4.2 g/dL
Albumin/Globulin Ratio (calc)	0.9-1.9	0.9-1.9	
Methodology:	See individual analytes		

Protein, Total and Albumin, Plasma <i>Includes: Total Protein, Albumin, Globulin (calculated), Albumin/Globulin Ratio (calculated)</i>			
Clinical Significance:	See individual analytes		
Effective Date:	January 16, 2012		
Test Code:	90843		
CPT Code(s):	82040, 84155		
Specimen Requirements:	2 mL plasma collected in a lithium heparin (green-top) tube Separate plasma from cells promptly.		
Rejection Criteria:	Gross hemolysis; serum or any anticoagulant other than lithium or sodium heparin		
Transport Temperature:	Room temperature		
Specimen Stability:	Room temperature: 7 days Refrigerated: 30 days Frozen: 6 months		
Reference Ranges:	See individual analytes. All reference ranges are equivalent between serum and heparinized plasma except:		
		Males	Females
	Protein, Total		
	<1 month	4.4-6.6 g/dL	4.5-6.5 g/dL
	1-5 months	5.0-7.0 g/dL	4.7-6.9 g/dL
	6-11 months	5.8-7.3 g/dL	5.9-8.2 g/dL
	1-19 years	6.6-8.5 g/dL	6.6-8.5 g/dL
	>19 years	6.5-8.6 g/dL	6.5-8.6 g/dL
	Globulin (calc)		
	<6 months	1.6-2.7 g/dL	1.6-2.4 g/dL
	6-11 months	2.0-3.3 g/dL	1.5-2.7 g/dL
	1-19 years	2.4-3.8 g/dL	2.3-4.1 g/dL
	>19 years	2.4-4.0 g/dL	2.5-4.2 g/dL
	Albumin/Globulin Ratio (calc)	0.9-1.9	0.9-1.9
Methodology:	See individual analytes		

Protein, Total, Plasma			
Clinical Significance:	The total plasma protein level is the sum of all circulating proteins, including fibrinogen, that are major components of blood. Total protein measurements are useful in the diagnosis and treatment of a variety of diseases involving the liver, kidney, or bone marrow as well as other metabolic or nutritional disorders.		
Effective Date:	January 16, 2012		
Test Code:	90844		
CPT Code(s):	84155		
Specimen Requirements:	1 mL plasma collected in a lithium heparin (green-top) tube Separate plasma from cells promptly.		
Rejection Criteria:	Gross hemolysis; serum or any anticoagulant other than lithium or sodium heparin		
Transport Temperature:	Room temperature		
Specimen Stability:	Room temperature and Refrigerated: 7 days Frozen: 28 days		
Reference Ranges:		Males	Females
	Protein, Total		
	<1 month	4.4-6.6 g/dL	4.5-6.5 g/dL
	1-5 months	5.0-7.0 g/dL	4.7-6.9 g/dL
	6-11 months	5.8-7.3 g/dL	5.9-8.2 g/dL
	1-19 years	6.6-8.5 g/dL	6.6-8.5 g/dL
	>19 years	6.5-8.6 g/dL	6.5-8.6 g/dL
Methodology:	Spectrophotometry		

Test Changes

The following test changes will be effective on the dates indicated below. Please note that only the information that is changing appears in this update. *Former test codes and test names have been italicized.*

Hepatitis C Virus RNA, Qualitative PCR	
Effective Date:	January 9, 2012
Test Code:	34024
Specimen Requirements:	2 mL frozen plasma collected in a PPT -Potassium EDTA (white-top) tube. Instructions: PPT (white-top) tube: <ul style="list-style-type: none">• Centrifuge within 6 hours of collection.• Freeze PPT Tube.• Avoid repeated freezing and thawing of specimens.• Transport frozen samples overnight express on dry ice. EDTA (lavender-top) tube Serum Separator Tube (SST®) No Additive (red-top) tube <ul style="list-style-type: none">• Centrifuge within 6 hours of collection.• Transfer plasma/serum to a clean plastic screw-cap vial(s).• Avoid freezing and thawing of specimens.• Transport frozen samples overnight express on dry ice.
Rejection Criteria:	Moderate to gross hemolysis, Lipemic

Hepatitis C Viral RNA, Qualitative PCR, w/Reflex to Quantitative	
Effective Date:	January 9, 2012
Test Code:	36559
Specimen Requirements:	<p>5 mL frozen plasma collected in two PPT -Potassium EDTA (white-top) tubes.</p> <p>Instructions:</p> <p>PPT (white-top) tube:</p> <ul style="list-style-type: none"> • Centrifuge within 6 hours of collection. • Freeze PPT Tube. • Avoid repeated freezing and thawing of specimens. • Transport frozen samples overnight express on dry ice. <p>EDTA (lavender-top) tube Serum Separator Tube (SST®) No Additive (red-top) tube</p> <ul style="list-style-type: none"> • Centrifuge within 6 hours of collection. • Transfer plasma/serum to a clean plastic screw-cap vial(s). • Avoid freezing and thawing of specimens. • Transport frozen samples overnight express on dry ice.
Rejection Criteria:	Moderate to gross hemolysis, Lipemic

Hepatitis C Viral RNA, Qualitative PCR with Reflex to Genotype, LiPA	
Effective Date:	January 9, 2012
Test Code:	14892
Specimen Requirements:	<p>3 mL PPT Potassium EDTA (white-top) plasma is preferred EDTA (lavender-top) plasma is acceptable.</p> <p>Lipemic specimens, plasma in ACD solution B (yellow-top) is unacceptable.</p> <p>Centrifuge within 6 hours of collection. Transfer plasma or serum specimens to clean, plastic, screw-cap vial(s). Avoid repeated freezing and thawing of specimens. It is not necessary to transfer PPT plasma. Transport frozen samples overnight express on dry ice. Room temperature specimens are unacceptable.</p>
Rejection Criteria:	Received room temperature; unspun PPT; moderate or gross hemolysis.
Specimen Stability:	Room temperature: Unacceptable
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

SureSwab® Trichomonas vaginalis RNA, Qualitative TMA										
Effective Date:	January 9, 2012									
Test Code:	19550									
Specimen Requirements:	<p>Vaginal swab in Aptima® Vaginal Swab Collection Kit - APTIMA® Combo 2 Transport Media – preferred Endocervical swab is acceptable. Random urine (female) in APTIMA® Urine Specimen Collection Kit is acceptable</p> <p>1. Female Urine: The patient should not have urinated for at least one hour prior to specimen collection. Patient to provide a first-catch urine (approximately 20-30mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Patients should not cleanse the labial area prior to providing the specimen. 2 mL of urine specimens MUST be transferred into the Gen-Probe Aptima® Urine transport tube within 24 hours of collection and before being assayed. Urine specimens must be refrigerated pending transfer into Aptima® transport media.</p> <p>2. Vaginal Swabs (preferred for females): Follow instructions in the Aptima® Vaginal Swab Specimen Collection Kit for clinician-collected vaginal specimens.</p> <p>3. Endocervical Swabs: Follow instructions in the Aptima® Unisex Swab Specimen Collection Kit for clinician-collected endocervical specimens.</p>									
Rejection Criteria:	<p>Male urine, male urethral swab <i>*For male specimens see test code: 90801 Trichomonas vaginalis RNA, Qualitative TMA, Males in the New test Offerings section.</i></p>									
Specimen Stability:	<p>Room temperature: Refrigerated: Frozen:</p>	<table border="1"> <thead> <tr> <th>Swabs</th> <th>Urine</th> </tr> </thead> <tbody> <tr> <td>60 days</td> <td>30 days</td> </tr> <tr> <td>60 days</td> <td>30 days</td> </tr> <tr> <td>6 months</td> <td>6 months</td> </tr> </tbody> </table>	Swabs	Urine	60 days	30 days	60 days	30 days	6 months	6 months
Swabs	Urine									
60 days	30 days									
60 days	30 days									
6 months	6 months									
Transport Temperature:	Room temperature									
Assay category:	FDA Approved/Cleared									
Performing Site:	Quest Diagnostics Nichols Institute									

Vitamin D, 25-Hydroxy, LC/MS/MS	
Effective Date:	January 9, 2012
Test Code:	17306
Specimen Requirements:	0.5 mL serum (minimum: 0.3 mL)
Additional Information:	Please note this test is included in the following group code: 16761- Vitamin D, 25-Hydroxy and 1,25- Dihydroxy, LC/MS/MS

Calcium			
Effective Date:	January 16, 2012		
Test Code:	303		
Reference Ranges:		Males (mg/dL)	Females (mg/dL)
	<1 month	8.4 – 10.6	8.4 – 10.6
	1 – 11 months	8.7 – 10.5	8.7 – 10.5
	1 – 3 years	8.5 – 10.6	8.5 – 10.6
	4 - 19 years	8.9 – 10.4	8.9 – 10.4
	20 - 49 years	8.6 – 10.3	8.6 – 10.2
	> or = 50 years	8.6 – 10.3	8.6 – 10.4
Additional Information:	<p>These changes apply to the following test codes:</p> <ul style="list-style-type: none"> • 10165 - Basic Metabolic Panel • 10231 - Comprehensive Metabolic Panel • 10314 - Renal Function Panel • 90283 - Comprehensive Metabolic Panel w/adjusted Calcium • 8837 - PTH, Intact and Calcium <p>Please note this test is included in numerous other group codes</p>		

Creatinine			
Effective Date:	January 16, 2012		
Test Code:	375		
Reference Range:	Serum Creatinine:		
		Males (mg/dL)	Females (mg/dL)
	0 - 2 days	0.79-1.58	0.79-1.58
	3 - 28 days	0.35-1.23	0.35-1.23
	1 month - 9 years	0.20-0.73	0.20-0.73
	10 - 12 years	0.30-0.78	0.30-0.78
	13 - 15 years	0.40-1.05	0.40-1.00
	16 - 17 years	0.60-1.20	0.50-1.00
	18 - 19 years	0.60-1.26	0.50-1.00
	20 - 49 years	0.60-1.35	0.50-1.10
	50 - 59 years	0.70-1.33	0.50-1.05
	60 - 69 years	0.70-1.25	0.50-0.99
	70 - 79 years	0.70-1.18	0.60-0.93
	> or = 80 years	0.70-1.11	0.60-0.88
	The following message will report for patients > or = 50 years of age: The upper reference limit for Creatinine is approximately 13% higher for people identified as African-American.		
Additional Information:	<p>These changes apply to the following test codes:</p> <ul style="list-style-type: none"> • 10165 - Basic Metabolic Panel • 10231 - Comprehensive Metabolic Panel • 10314 - Renal Function Panel • 7943 - Creatinine Clearance • 90283 - Comprehensive Metabolic Panel w/adjusted Calcium <p>Please note this test is included in numerous other group codes.</p>		

HIV-1 Coreceptor Tropism	
Effective Date:	January 16, 2012
Test Code:	16710
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Adding "MVC Activity Anticipated" reporting analyte.

HIV-1 Genotype and HIV-1 Coreceptor Tropism	
Effective Date:	January 16, 2012
Test Code:	16430
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Adding "MVC Activity Anticipated" reporting analyte.

HIV-1 Virtual Phenotype and HIV-1 Coreceptor Tropism	
Effective Date:	January 16, 2012
Test Code:	16431
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Adding "MVC Activity Anticipated" reporting analyte.

Organic Acids, Full Panel, Quantitative, Urine <i>Includes: Organic Acids, Full Panel, Quantitative, Random Urine *Creatinine, Random Urine</i>	
Effective Date:	January 16, 2012
Test Code:	90561
<i>Former Test Code:</i>	<i>38067</i>
<i>Former Test Name:</i>	<i>Organic Acids, Quantitative, Random Urine, Full Panel</i>
CPT Codes:	83918, 82570
Specimen Requirements:	<p>13 mL random urine, no preservative submitted in each of 2 sterile urine transport containers To prevent delays in testing, the laboratory requests the receipt of two labeled containers: One standard urine transport container (or standard transport tube) containing specimen for organic acid analysis. One standard transport tube labeled for creatinine analysis- used for normalizing urine results. If volume is less than 4 mL- call the Biochemical Genetics Laboratory for instructions. Do not use preservatives. Avoid fecal contamination of urine. Patient age is required for correct reference range.</p>
Specimen Stability:	Room temperature and Refrigerated: Unacceptable Frozen: 28 days
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional information:	Adding Creatinine analyte.

Amylase Isoenzymes			
Effective Date:	January 23, 2012		
Test Code:	845		
Transport temperature:	Room temperature		
Reference Ranges:	Amylase:	21-101	U/L
	Pancreatic Isoenzyme:	16-46	U/L
	Salivary Isoenzymes:	4-61	U/L
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano		
Additional Information:	Please note this reference range change also affects the following test code: 36187 - Amylase Isoenzymes with Reflex to Macroamylase		

ERCC1, IHC with Interpretation	
Effective Date:	January 23, 2012
Test Code:	16979
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Removing reporting analyte "ERCC1, IHC w/ interp", adding 2 new analytes.

Protein Total and Protein Electrophoresis, CSF	
Effective Date:	January 23, 2012
Test Code:	749
<i>Former Test Name:</i>	<i>Electrophoresis, Protein and Total Protein, CSF</i>
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano

Redirects

Effective January 9, 2012 this test previously performed at Mayo Medical Laboratories will now be performed at Quest Diagnostics Nichols Institute, San Juan Capistrano

Very Long Chain Fatty Acids				
Effective Date:	January 9, 2012			
Test Code:	90559			
<i>Former Test Code:</i>	30957			
<i>Former Test Name:</i>	Fatty Acid Profile, Peroxisomal (C22-C-26), Serum			
Specimen Requirements:	0.5 mL red-top (no gel) serum Draw sample in the morning following an overnight fast (12-14 hours). Avoid alcohol for 24 hours prior to collection Plasma is unacceptable.			
Rejection Criteria:	Samples collected in serum separator tubes; lipemic, icteric, and grossly hemolyzed samples.			
Transport Temperature:	Refrigerated			
Specimen Stability:	Room temperature: Unacceptable Refrigerated: 7 days Frozen: 30 days			
Set up/Analytic Time:	Set up: Tues; Report available: 4 days			
Reference Ranges:		5-17 years	>17 years	
	Phytanic Acid	0.37- 3.46	0.48- 3.13	umol/L
	Pristanic Acid	< or = 0.28	< or = 0.35	umol/L
	Docosanoic Acid, C22	32.04- 84.33	39.18-99.20	umol/L
	Tetracosanoic Acid, C24	25.27- 64.05	31.26-84.11	umol/L
	Hexacosanoic Acid, C26	< or = 0.68	< or = 0.94	umol/L
	Ratio C24/C22	0.67- 0.87	0.64- 0.99	
	Ratio C26/C22	0.002-0.010	0.002-0.010	
	Ratio Pristanic/ Phytanic	0.02- 0.15	0.01- 0.16	
	Discriminant Function:	Males: < or = 7.5 Females: < or = 5.0		
Methodology:	Liquid Chromatography, Mass Spectrometry			
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano			

Effective January 16, 2012 this test previously performed at NMS Labs will now be performed at Quest Diagnostics Nichols Institute, Chantilly

Everolimus, Blood	
Effective Date:	January 16, 2012
Test Code:	18883
CPT Code:	80299
Specimen Requirements:	2 mL EDTA (lavender-top tube) whole blood (minimum: 1 mL) Drug regimens are to be noted on requisition: time and date of drug administration. Therapeutic range applies to trough specimens drawn just prior to a.m. dose.
Rejection Criteria:	Gel barrier tubes and clotted specimens are unacceptable
Specimen Stability:	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days
Reference Ranges:	Trough: 3.0 - 8.0 ng/mL for Transplantation Trough: 5.0 - 10.0 ng/mL for Oncology/Neurology Symptoms of toxicity are more likely to occur at trough levels exceeding 12.0 ng/mL.
Methodology:	Liquid Chromatography Tandem Mass Spectrometry
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly

Discontinued Tests

Thyroglobulin, RIA	
Effective Date:	January 9, 2011
Test Code:	18955
Additional Information:	The recommended alternative is: 90814 - Thyroid Cancer Monitoring in the New Test Offerings section.