



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.

**Quest Diagnostics Nichols Institute (San Juan Capistrano, Chantilly, and Valencia)
and Focus Diagnostics, Inc.**

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

eGFR Equation Update

Effective April 4, 2011 DLO will be reporting the estimated glomerular filtration rate (eGFR) using the Chronic Kidney Disease Epidemiology Collaboration (CKI-EPI) equation. The glomerular filtration rate (GFR) is the best overall index of the level of kidney function¹ and eGFR reporting is recommended by the National Kidney Foundation (NKF) and by the National Institutes of Health's National Kidney Disease Education Program (NKDEP).

Chronic kidney disease is defined as either: (1) kidney damage, or (2) $GFR < 60 \text{ mL/min/1.73m}^2$, either condition being present for at least 3 months. Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood, urine or imaging studies.

The NKF defines the stages of CKD based on the GFR:

Stages of Chronic Kidney Disease		
Stage	Description	GFR [mL/min/1.73m ²]
1	Kidney damage with normal or increased \uparrow GFR	≥ 90
2	Kidney damage with mildly decreased \downarrow GFR	60-89
3	Moderately decreased \downarrow GFR	30-59
4	Severely decreased \downarrow GFR	15-29
5	Kidney failure	< 15 (or dialysis)

The CKD-EPI equation performed better than the Modification of Diet in Renal Disease Study equation, especially at higher GFR ($P < 0.001$ for all subsequent comparisons), with less bias (median difference between measured and estimated GFR, 2.5 vs. 5.5 mL/min per 1.73 m²), improved precision (interquartile range [IQR] of the differences, 16.6 vs. 18.3 mL/min per 1.73 m²), and greater accuracy (percentage of estimated GFR within 30% of measured GFR, 84.1% vs. 80.6%).² Another advantage of the CKD-EPI equation is that it is recommended by its authors to be used for calculating the full range of eGFR values, not just values $< 60 \text{ mL/min/1.73m}^2$.

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1. National Kidney Foundation. K/DOQI *Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification and Stratification*. Am J Kidney Dis **39**:S1-S262, 2002 (suppl 1)
 2. Levey AS, Stevens LA, Schmid CH, Zhang YL, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med 2009;150:604-12.

New Test Offerings

Effective April 4, 2011 all specimens submitted for Surepath FocalPoint™ automated cervical cytology screening device, will be processed using the BD SurePath FocalPoint™ GS Imaging System

BD FocalPoint™ GS Imaging System															
Clinical Significance:	<p>The new SurePath™FocalPoint-GS Imaging System like the predecessor FocalPoint system ranks slides according to the likelihood of abnormality; however, it additionally provides relocation and visual review of up to 10 fields of view (FOV) most likely to contain abnormal cells (i.e., computer assisted location-guided screening). This ranking of slides and location guidance is intended to assist in screening of SurePath™ Pap slides to detect evidence of squamous cell carcinoma, adenocarcinoma and their precursor conditions, i.e. all Bethesda System (TBS 2001) categories included in Epithelial Cell Abnormalities.</p> <p>The performance characteristics of the SurePath™ FocalPoint-GS Imaging System have not been established for the detection of the following Bethesda System categories:</p> <ul style="list-style-type: none"> ▪ Endometrial cells, cytologically benign, in a post-menopausal woman. ▪ Reactive changes associated with radiation and atrophy with inflammation. ▪ Rare malignant neoplasms, such as extrauterine and metastatic carcinomas, and sarcomas. 														
Effective Date:	04/04/2011														
Tests and Test Codes affected by this Laboratory Update:	<p>The following Order Codes represent the various new SurePath FocalPoint-GS offerings:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">18810</td> <td>SurePath™ FocalPoint-GS Pap</td> </tr> <tr> <td>18811</td> <td>SurePath™ FocalPoint-GS Pap with Reflex to HR HPV DNA</td> </tr> <tr> <td>18813</td> <td>SurePath™ FocalPoint-GS Pap and HR HPV DNA</td> </tr> <tr> <td>18816</td> <td>SurePath™ FocalPoint-GS Pap and C. trachomatis, N. gonorrhoeae</td> </tr> <tr> <td>18817</td> <td>SurePath™ FocalPoint-GS Pap with Reflex to HR HPV DNA and CT/NG</td> </tr> <tr> <td>18828</td> <td>SurePath™ FocalPoint-GS Pap and HR HPV DNA, C. trachomatis, N. gonorrhoeae</td> </tr> <tr> <td>18829</td> <td>SurePath™ FocalPoint-GS Pap and HR HPV DNA with Reflex to Genotypes 16,18</td> </tr> </table> <p>*Quest Diagnostics has validated modifications to FDA cleared / approved assays for the detection of HPV, <i>Chlamydia trachomatis</i>, and <i>Neisseria gonorrhoeae</i> in liquid based cytology fluid in accordance with CLIA regulations. These assay modifications have not been approved or cleared by the Food and Drug Administration, nor is such approval or clearance required.</p>	18810	SurePath™ FocalPoint-GS Pap	18811	SurePath™ FocalPoint-GS Pap with Reflex to HR HPV DNA	18813	SurePath™ FocalPoint-GS Pap and HR HPV DNA	18816	SurePath™ FocalPoint-GS Pap and C. trachomatis, N. gonorrhoeae	18817	SurePath™ FocalPoint-GS Pap with Reflex to HR HPV DNA and CT/NG	18828	SurePath™ FocalPoint-GS Pap and HR HPV DNA, C. trachomatis, N. gonorrhoeae	18829	SurePath™ FocalPoint-GS Pap and HR HPV DNA with Reflex to Genotypes 16,18
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CPT Codes:	Applicable CPT Codes for SurePath™ FocalPoint-GS Pap Offerings For Order Codes 18810, 18811, 18813, 18816, 18817, 18828, 18829:														

	<p>CPT 88175: Liquid Based Cytology with automated screening with manual review;</p> <p>CPT 88142: Alternate CPT code used if automated screening failed and a manual review only is performed</p> <p>CPT 88141: Additional CPT code added to above Order Code for Pap results requiring physician interpretation -- performed at an additional charge.</p> <p>Additionally for Order Code 18811: SurePath™ FocalPoint-GS Pap with Reflex to HR HPV DNA</p> <p>CPT 87621: HPV DNA testing will be performed as ordered for interpretations of Atypical Squamous Cells of undetermined significance, at an additional charge.</p> <p>Additionally for Order Code 18813: SurePath™ FocalPoint-GS Pap and HR HPV DNA</p> <p>CPT 87621: HPV DNA testing will be performed using fluid remaining from the liquid based cytology vial.</p> <p>Additionally for Order Code 18816: SurePath™ FocalPoint-GS Pap and C. trachomatis, N. gonorrhoeae</p> <p>CPT 87491: <i>Chlamydia trachomatis</i>, amplified probe</p> <p>CPT 87591: <i>Neisseria gonorrhoeae</i>, amplified probe</p> <p>Additionally for Order Code 18817: SurePath™ FocalPoint-GS Pap with Reflex to HR HPV DNA and CT/NG</p> <p>CPT 87621: HPV DNA testing will be performed as ordered for interpretations of Atypical Squamous Cells of undetermined significance, at an additional charge</p> <p>CPT 87491: <i>Chlamydia trachomatis</i>, amplified probe</p> <p>CPT 87591: <i>Neisseria gonorrhoeae</i>, amplified probe</p> <p>Additionally for Order Code 18828: SurePath™ FocalPoint-GS Pap and HR HPV DNA, C. trachomatis, N. gonorrhoeae</p> <p>CPT 87621: HPV DNA testing will be performed using fluid remaining from the liquid based cytology vial</p> <p>CPT 87491: <i>Chlamydia trachomatis</i>, amplified probe</p> <p>CPT 87591: <i>Neisseria gonorrhoeae</i>, amplified probe</p> <p>Additionally for Order Code 18829: SurePath™ FocalPoint-GS Pap and HR HPV DNA with Reflex to Genotypes 16,18</p> <p>CPT 87621: HPV DNA testing will be performed using fluid remaining from the liquid based cytology vial</p> <p>CPT 87621x2: HPV Gentyotyping for subtypes 16 and 18 will be performed as ordered only when the Pap test result is normal and HR HPV DNA is detected on the screening assay.</p> <p>NOTE: Quest Diagnostics has validated modifications to FDA cleared / approved assays for the detection of HPV, <i>Chlamydia trachomatis</i>, and <i>Neisseria gonorrhoea</i> in liquid based cytology fluid in accordance with CLIA regulations. These assay modifications have not been approved or cleared by the Food and Drug Administration, nor is such approval or clearance required.</p>
Collection Information:	No change to current specimen requirements.

Test Changes

ANA, IFA Panel Comprehensive		
<i>Includes: ANA, IFA with Reflex to Titer and Pattern, IFA; DNA (ds) Antibodies; Scleroderma Antibodies (SCL-70); Sm and Sm/RNP Antibodies; Sjögren's Antibodies (SSA, SSB)</i>		
Effective Date:	April 4, 2011	
<i>Former Test Name:</i>	<i>ANA Panel Comprehensive</i>	
Test Code:	29839	
Specimen Requirements:	1 mL serum in each of 2 containers (minimum 0.5 mL in each tube)	
Reference Ranges:	ANA, IFA	Negative
	DNA (Ds) Antibody	< or = 4 IU/mL
	Sm Antibody	< 1.0 Negative
	Sm/RNP Antibody	< 1.0 Negative
	Sjögren's Antibody (SS-A)	< 1.0 Negative
	Sjögren's Antibody (SS-B)	< 1.0 Negative
	Scl-70 Antibody	< 1.0 Negative
FDA Status:	FDA Approved/Cleared	
Additional Information:	Replaced ANAchoice [®] with ANA. IFA. Update specimen volume. If the ANA, IFA is positive, titer and pattern (CPT code: 86039) will be performed at an additional charge.	

ANA, IFA Rheumatoid Arthritis Diagnostic Panel with Reflex Titer/Pattern		
<i>Includes: Rheumatoid Factor, ANA, IFA with reflex to Titer and Pattern, IFA and Cyclic Citrullinated Peptide (CCP)</i>		
Effective Date:	April 4, 2011	
<i>Former Test Name:</i>	<i>ANAchoice[®] Rheumatoid Arthritis Panel</i>	
<i>Former Test Code:</i>	<i>19867</i>	
Test Code:	90071	
CPT Codes:	86038, 86431, 86200	
Reference Ranges:	ANA, IFA	Negative
	Rheumatoid Factor	< 14
	CCP	< 20
Additional Information:	Orders for 19867 will be referred to this test code. If the ANA, IFA is positive, titer and pattern will be performed at an additional charge (CPT code: 86039).	

ANA, IFA with Reflex to Titer/Pattern/Lupus/SLE Antibodies		
Effective Date:	April 4, 2011	
<i>Former Test Name:</i>	<i>ANAchoice[®] with Reflex to Lupus/SLE Antibodies</i>	
<i>Former Test Code:</i>	<i>19868</i>	
Test Code:	90072	
CPT Codes:	86038	
Reference Ranges:	ANA, IFA	Negative
	Additional Information:	
Orders for 19868 will be referred to this test code. If the ANA, IFA is positive, an ANA titer and pattern (CPT code: 86039), dsDNA Antibody (CPT code: 86225), Sm Antibody (CPT code: 86235), and Chromatin Antibody (CPT code: 86235) will be performed at an additional charge.		

ANA, IFA with Reflex to Titer/Pattern/Scleroderma Antibodies	
Effective Date:	April 4, 2011
<i>Former Test Name:</i>	<i>ANAchoice[®] with Reflex to Scleroderma Antibodies</i>
<i>Former Test Code:</i>	<i>19870</i>
Test Code:	90073
CPT Code(s):	86038
Reference Ranges:	ANA, IFA Negative
Additional Information:	Orders for 19870 will be referred to this test code. If the ANA is positive, an ANA titer and pattern (CPT code: 86039), Scl-70 Antibody (CPT code: 86235), and Centromere B Antibody (CPT code: 86038) will be performed at an additional charge.

ANA, IFA with Reflex to Titer/Pattern/Mixed Connective Tissue Disease Antibodies	
Effective Date:	April 4, 2011
<i>Former Test Name:</i>	<i>ANAchoice[®] with Reflex to Mixed Connective Tissue Disease Antibody</i>
<i>Former Test Code:</i>	<i>19871</i>
Test Code:	90074
CPT Code(s):	86038
Reference Ranges:	ANA, IFA Negative
Additional Information:	Orders for 19871 will be referred to this test code. If the ANA, IFA is positive, an ANA titer and pattern (CPT code: 86039), RNP Antibody (CPT code: 86235), Scl-70 Antibody (CPT code: 86235) and dsDNA Antibodies (CPT code: 86225) will be performed at an additional charge.

ANA, IFA Sjögren's Panel with Reflex to ANA Titer and Pattern	
<i>Includes: ANA, IFA with reflex to Titer and Pattern IFA, SSA/SSB Antibodies, Rheumatoid Factor</i>	
Effective Date:	April 4, 2011
<i>Former Test Name:</i>	<i>ANAchoice[®], Sjögren's Panel</i>
<i>Former Test Code:</i>	<i>19890</i>
Test Code:	90077
CPT Code(s):	86038, 86235(x2), 86431
Reference Ranges:	ANA, IFA Negative
	Sjögren's Antibody (SS-A) < 1.0 Negative
	Sjögren's Antibody (SS-B) < 1.0 Negative
	Rheumatoid Factor < 14 IU/mL
Additional Information:	Orders for 19890 will be referred to this test code. If the ANA, IFA is positive, an ANA titer and pattern (CPT code: 86039) will be performed at an additional charge.

Lupus Anticoagulant Evaluation with Reflex	
Effective Date:	April 4, 2011
Test Code:	7079
CPT Code(s):	85730, 85613
Reference Range:	PTT-LA: < or = 40 seconds Hexagonal Phase Confirm: Negative dRVVT Screen: < or = 45 seconds dRVVT Confirm: Negative dRVVT 1:1 Mix: Corrected dRVVT 1:1 incubated Mix: < or = 47 seconds (test will be discontinued)
Additional Information:	Update reference ranges for dRVVT Screen and dRVVT 1:1 Mix. The dRVVT 1:1 <u>incubated</u> mix will no longer be performed. If the PTT-LA test is prolonged (>40 seconds), the Hexagonal Phase Confirmation is performed at an additional charge. (CPT: 85597) If the dRVVT Screen is prolonged (> 45 seconds), the dRVVT Confirmation is performed at an additional charge. (CPT: 85597) If the dRVVT Confirm is positive, a dRVVT 1:1 dilution will be performed at an additional charge. (CPT: 85613)

Lupus 12 Panel																									
<i>Includes: ANA, IFA with Reflex to Titer and Pattern, IFA; Complement Component C3c and C4c; DNA (ds) Antibody; Ribosomal P Antibody; Sm Antibody; Sm/RNP Antibody; Sjögren's Antibody (SS-A, SS-B); Thyroid Peroxidase Antibody (TPO); Scleroderma Antibody (Scl-70); Rheumatoid Factor</i>																									
Effective Date:	April 4, 2011																								
Test Code:	10716																								
Specimen Stability:	Room temperature: 72 hours Refrigerated: 7 days Frozen: 30 days																								
Reference Ranges:	<table border="1"> <thead> <tr> <th>ANA, IFA</th> <th>Negative</th> </tr> </thead> <tbody> <tr> <td>Complement Component C3c</td> <td>90 – 180 mg/dL</td> </tr> <tr> <td>Complement Component C4c</td> <td>16 – 47 mg/dL</td> </tr> <tr> <td>DNA (Ds) Antibody</td> <td>< or = 4 IU/mL</td> </tr> <tr> <td>Ribosomal P Antibody</td> <td>< 1.0 Negative</td> </tr> <tr> <td>Sm Antibody</td> <td>< 1.0 Negative</td> </tr> <tr> <td>Sm/RNP Antibody</td> <td>< 1.0 Negative</td> </tr> <tr> <td>Sjögren's Antibody (SS-A)</td> <td>< 1.0 Negative</td> </tr> <tr> <td>Sjogren's Antibody (SS-B)</td> <td>< 1.0 Negative</td> </tr> <tr> <td>Thyroid Peroxidase Antibody</td> <td>< 35 IU/mL</td> </tr> <tr> <td>Scl-70 Antibody</td> <td>< 1.0 Negative</td> </tr> <tr> <td>Rheumatoid Factor</td> <td>< 14 IU/mL</td> </tr> </tbody> </table>	ANA, IFA	Negative	Complement Component C3c	90 – 180 mg/dL	Complement Component C4c	16 – 47 mg/dL	DNA (Ds) Antibody	< or = 4 IU/mL	Ribosomal P Antibody	< 1.0 Negative	Sm Antibody	< 1.0 Negative	Sm/RNP Antibody	< 1.0 Negative	Sjögren's Antibody (SS-A)	< 1.0 Negative	Sjogren's Antibody (SS-B)	< 1.0 Negative	Thyroid Peroxidase Antibody	< 35 IU/mL	Scl-70 Antibody	< 1.0 Negative	Rheumatoid Factor	< 14 IU/mL
ANA, IFA	Negative																								
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Thyroid Peroxidase Antibody	< 35 IU/mL																								
Scl-70 Antibody	< 1.0 Negative																								
Rheumatoid Factor	< 14 IU/mL																								
FDA Status:	FDA Approved/Cleared																								
Additional Information:	Replaced ANAchoice [®] with ANA, IFA If the ANA, IFA is positive, titer and pattern (CPT code: 86039) will be performed at an additional charge.																								

Lupus (SLE) Panel			
Effective Date:	April 4, 2011		
Test Code:	37491		
Reference Ranges:	ANA, IFA	Negative	
	Rheumatoid Factor:	<14	IU/mL
	Sjögren's Antibody (SS-A):	<1.0 Negative	AI
	Sjögren's Antibody (SS-B):	<1.0 Negative	AI
	Sm Antibody:	<1.0 Negative	AI
	Sm/RNP Antibody:	<1.0 Negative	AI
	Scl-70 Antibody:	<1.0 Negative	AI
	Ribosomal P Antibody:	<1.0 Negative	AI
	Reticulin IgA Screen:	Negative	
	Mitochondrial Ab:	Negative	
	Actin Antibody (IgG):	<20 Negative 20-30 Weak Positive >30 High Positive	U
	DNA Ab (ds) Crithidia, IFA:	Negative	
	C3, Serum:	Adults: 90-180	mg/dL
	C4, Serum:	Adults: 16-47	mg/dL
	Thyroid Peroxidase Ab:	Less Than 35	IU/mL
	Striated Muscle Ab:	Negative	
	Myocardial Ab, IF:	Negative	
	Gastric Parietal Cell AB:	<=20.0 Negative 20.1-24.9 Equivocal >=25.0 Positive	U
Additional Information:	<p>Replaced ANAchoice[®] with ANA, IFA.</p> <p>If the ANA, IFA is positive, a titer and pattern will be performed at an additional charge (CPT code: 86039).</p> <p>If the Reticulin IgA Screen is positive, a Titer will be performed at an additional charge (CPT code: 86256).</p> <p>If the Mitochondrial Antibody Screen is positive, a Titer will be performed at an additional charge (CPT code: 86256).</p> <p>If the dsDNA Ab, IFA, Screen is positive, a Titer will be performed at an additional charge (CPT code: 86256).</p> <p>If the Anti-Striated Muscle Ab Screen is positive, a Titer will be performed at an additional charge (CPT code: 86256).</p> <p>If the Antimyocardial Antibody Screen is positive, a Titer will be performed at an additional charge (CPT code: 86256).</p>		

BK Virus DNA, Qualitative Real-Time PCR, CSF	
Clinical Significance:	This test is used to determine the presence of BK Virus DNA in patients' specimens. Detection of the virus in these specimens may be indicative of an active infection, as PCR detects the presence of the virus, and not the host's reaction to the virus.
Effective Date:	April 4, 2011
Test Code:	18889
CPT Code:	87798
Specimen Requirements:	0.7 mL CSF (sterile, leak-proof container)
Transport Temperature:	Frozen
Specimen Stability:	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days
Reference Ranges:	Not detected
Methodology:	Real-Time Polymerase Chain Reaction
Assay Category:	ASR Class 1
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly and Focus Diagnostics, Inc.

BK Virus DNA, Quantitative Real-Time PCR, CSF	
Effective Date:	April 4, 2011
Test Code:	18901
CPT Code:	87799
Specimen Requirements:	0.7 mL CSF (sterile, leak-proof container)
Transport Temperature:	Frozen
Specimen Stability:	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days
Reference Ranges:	<500 copies/mL
Methodology:	Real-Time Polymerase Chain Reaction
Assay Category:	ASR Class 1
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly and Focus Diagnostics, Inc.

JC Polyoma Virus DNA, Qualitative Real-Time PCR, CSF	
Clinical Significance:	JC Polyoma Virus (JCV) is the cause of progressive multifocal leukoencephalopathy (PML), a demyelinating neurologic disease of immunosuppressed patients. This test detects JC Polyoma Virus DNA in CSF. Detection of the virus in specimens from AIDS and other severely immune compromised patients may indicate disease. Serum antibodies are not helpful in diagnosing PML as antibodies are common in the general population. JCV can also be detected in the urine of 3% of pregnant women, but is not associated with proven disease.
Effective Date:	April 4, 2011
Test Code:	16441
CPT Code:	87798
Specimen Requirements:	0.7 mL CSF (sterile, leak-proof container)
Transport Temperature:	Frozen
Specimen Stability:	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days
Reference Ranges:	Not detected
Methodology:	Real-Time Polymerase Chain Reaction
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly

JC Polyoma Virus DNA, Quantitative Real-Time PCR, CSF	
Effective Date:	April 4, 2011
Test Code:	16442
CPT Code:	87799
Specimen Requirements:	0.7 mL CSF (sterile, leak-proof container)
Transport Temperature:	Frozen
Specimen Stability:	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days
Reference Ranges:	< 500 copies/mL
Methodology:	Real-Time Polymerase Chain Reaction
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly

JC Polyoma Virus DNA, Qualitative Real-Time PCR, Urine	
Effective Date:	April 4, 2011
Test Code:	16447
CPT Code:	87798
Specimen Requirements:	0.7 mL urine (sterile, leak-proof container)
Transport Temperature:	Frozen
Specimen Stability:	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days
Reference Ranges:	Not detected
Methodology:	Real-Time Polymerase Chain Reaction
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly

JC Polyoma Virus DNA, Quantitative Real-Time PCR, Urine	
Effective Date:	April 4, 2011
Test Code:	16446
CPT Code:	87799
Specimen Requirements:	0.7 mL random urine (sterile, leak-proof container)
Transport Temperature:	Frozen
Specimen Stability:	Room temperature: 48 hours Refrigerated: 7 days Frozen: 30 days
Reference Ranges:	< 500 copies/mL
Methodology:	Real-Time Polymerase Chain Reaction
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly

Chromosome Analysis, Blood w/rfl to Postnatal ClariSure® Oligo-SNP Array	
Clinical Significance:	Chromosome analysis, blood does not rule out cryptic or submicroscopic chromosome aberrations. These aberrations are a common cause of developmental delay, intellectual disability, multiple congenital abnormalities and autism spectrum disorders. Reflex testing to Genomic Alterations, Postnatal, ClariSure® Oligo-SNP Array will most extensively detect unbalanced submicroscopic genomic rearrangements.
Effective Date:	April 11, 2011
Test Code:	18980
CPT Code(s):	88230, 88262, 88291
Specimen Requirements:	10 mL sodium heparin (green-top) whole blood Whole blood 5-10 mL (5 mL minimum). Green vacutainer (sodium heparin only). Ship at room temperature. Other vacutainer tubes containing sodium heparin are acceptable. Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject.
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: 48 hours Frozen: Do Not Freeze
Reference Ranges:	Chromosome, Blood: Accompanies report Postnatal, Oligo-SNP Array: Accompanies report
Methodology:	Culture, Microscopy, Karyotype (Reflex: Affymetrix 6.0 protocol)
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	If Chromosome Analysis is normal, Genomic Alterations, Postnatal, ClariSure® Oligo-SNP Array will be performed at an additional charge (CPT codes: 88386, 83891, 83892, 83898)

Chromosome Analysis, High Resolution w/rfl Postnatal ClariSure® Oligo-SNP	
Effective Date:	April 11, 2011
Test Code:	18983
CPT Code(s):	88230, 88262, 88289, 88291
Specimen Requirements:	10 mL sodium heparin (green-top) whole blood Whole blood 5-10 mL (5 mL minimum). Green vacutainer (sodium heparin only). Ship at room temperature. Other vacutainer tubes containing sodium heparin are acceptable. Specimen viability decreases during transit. Send specimen to testing lab for viability determination. Do not reject. If sample exceeds stability, please call laboratory at ext. 4307 for instructions.
Rejection Criteria:	Received frozen
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature and Refrigerated: 48 hours Frozen: Do Not Freeze
Reference Ranges:	Chromosome, High Res.: Accompanies report Postnatal, Oligo-SNP Array: Accompanies report
Methodology:	Culture, Microscopy, Karyotype (Reflex: Affymetrix 6.0 protocol)
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	If Chromosome Analysis is normal, Genomic Alterations, Postnatal, ClariSure® Oligo-SNP Array will be performed at an additional charge (CPT codes: 88386, 83891, 83892, 83898)

Flunitrazepam and Metabolites, Quantitative, Serum									
Clinical Significance:	In Latin America and Europe, Rohypnol (Flunitrazepam) is prescribed as a short-term treatment for insomnia, and as preanesthetic medication. Flunitrazepam is considered a drug of abuse when used to enhance the effect of other substances such as marijuana, heroin, and ethanol. The combination of ethanol and flunitrazepam may lead to sedation, loss of motor function, impaired judgment, behavioral changes, and anterograde amnesia.								
Effective Date:	April 11, 2011								
Test Code:	18964								
CPT Code(s):	80100								
Specimen Requirements:	2 mL red-top (no gel) serum Do not use serum separator tubes								
Transport Temperature:	Refrigerated								
Specimen Stability:	Room temperature: Unacceptable Refrigerated: 14 days Frozen: 60 days								
Reference Ranges:	<table border="1"> <thead> <tr> <th colspan="2">Limit of quantitation</th> </tr> </thead> <tbody> <tr> <td>Flunitrazepam</td> <td>3 ng/mL</td> </tr> <tr> <td>7-Aminoflunitrazepam</td> <td>3 ng/mL</td> </tr> <tr> <td>N-Desmethylflunitrazepam</td> <td>3 ng/mL</td> </tr> </tbody> </table> <p>Reference range is equivalent to lower limit of detection for this assay. Flunitrazepam is typically ingested in small doses and is rapidly metabolized; hence it has a relatively short half-life in serum. Flunitrazepam metabolites may be detected in urine 5 days or more post ingestion, however as small doses are typically ingested, detection in urine is typically limited to the first 24-72 hours. This panel includes Flunitrazepam, 7-Aminoflunitrazepam, and N-Desmethylflunitrazepam.</p>	Limit of quantitation		Flunitrazepam	3 ng/mL	7-Aminoflunitrazepam	3 ng/mL	N-Desmethylflunitrazepam	3 ng/mL
Limit of quantitation									
Flunitrazepam	3 ng/mL								
7-Aminoflunitrazepam	3 ng/mL								
N-Desmethylflunitrazepam	3 ng/mL								
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry								
Assay Category:	Laboratory Developed Test								
Performing Site:	Quest Diagnostics Nichols Institute, Valencia								

Flunitrazepam and Metabolites, Quantitative, Urine									
Clinical Significance:	In Latin America and Europe, Rohypnol (Flunitrazepam) is prescribed as a short-term treatment for insomnia, and as preanesthetic medication. Flunitrazepam is considered a drug of abuse when used to enhance the effect of other substances such as marijuana, heroin, and ethanol. The combination of ethanol and flunitrazepam may lead to sedation, loss of motor function, impaired judgment, behavioral changes, and anterograde amnesia.								
Effective Date:	April 11, 2011								
Test Code:	18886								
CPT Code(s):	80100								
Specimen Requirements:	2 mL random urine (sterile, leak-proof container) Do not use any preservatives or additives								
Transport Temperature:	Refrigerated								
Specimen Stability:	Room temperature: Unacceptable Refrigerated: 14 days Frozen: 60 days								
Reference Ranges:	<table border="1"> <thead> <tr> <th>Limit of quantitation</th> <th></th> </tr> </thead> <tbody> <tr> <td>Flunitrazepam</td> <td>10 ng/mL</td> </tr> <tr> <td>7-Aminoflunitrazepam</td> <td>10 ng/mL</td> </tr> <tr> <td>N-Desmethylflunitrazepam</td> <td>10 ng/mL</td> </tr> </tbody> </table>	Limit of quantitation		Flunitrazepam	10 ng/mL	7-Aminoflunitrazepam	10 ng/mL	N-Desmethylflunitrazepam	10 ng/mL
Limit of quantitation									
Flunitrazepam	10 ng/mL								
7-Aminoflunitrazepam	10 ng/mL								
N-Desmethylflunitrazepam	10 ng/mL								
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry								
Assay Category:	Laboratory Developed Test								
Performing Site:	Quest Diagnostics Nichols Institute, Valencia								

Heroin Metabolites, Quantitative, Urine <i>Includes Codeine, Morphine and 6-Acetylmorphine</i>									
Clinical Significance:	Confirmation of screen positive results, 6-Acetylmorphine (6-AM) is a metabolite of heroin. Heroin itself is not active, but it is rapidly converted ($t^{1/2} < 6$ minutes) to 6-acetylmorphine and further to morphine ($t^{1/2} < 40$ minutes). Both 6-AM and morphine have euphoric effects. 6-AM is rapidly eliminated and excreted into the urine and the “detection window” is < 24 hours. Therefore, 6-AM negative urine does not exclude heroin abuse, but its presence confirms it.								
Effective Date:	April 11, 2011								
Test Code:	18969								
CPT Code(s):	83925								
Specimen Requirements:	10 mL random urine (sterile, leak-proof container) Do not use any preservatives or additives								
Transport Temperature:	Room temperature								
Specimen Stability:	Room temperature: 5 days Refrigerate: 7 days Frozen: 30 days								
Reference Ranges:	<table border="1"> <thead> <tr> <th colspan="2">Limit of Quantitation:</th> </tr> </thead> <tbody> <tr> <td>Codeine</td> <td>100 ng/mL</td> </tr> <tr> <td>Morphine</td> <td>100 ng/mL</td> </tr> <tr> <td>6-Acetylmorphine</td> <td>5 ng/mL</td> </tr> </tbody> </table>	Limit of Quantitation:		Codeine	100 ng/mL	Morphine	100 ng/mL	6-Acetylmorphine	5 ng/mL
Limit of Quantitation:									
Codeine	100 ng/mL								
Morphine	100 ng/mL								
6-Acetylmorphine	5 ng/mL								
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry								
Assay Category:	Laboratory Developed Test								
Performing Site:	Quest Diagnostics Nichols Institute, Valencia								

Opiates, Quantitative, Enhanced Sensitivity, Urine <i>Includes Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone, Oxymorphone</i>															
Clinical Significance:	This test is utilized for the detection of opiate use and the confirmation of screen positive results.														
Effective Date:	April 11, 2011														
Test Code:	18976														
CPT Code(s):	83925														
Specimen Requirements:	10 mL random urine(sterile, leak-proof container) Do not use any preservatives or additives														
Transport Temperature:	Room temperature														
Specimen Stability:	Room temperature and Refrigerated: 14 days Frozen: 30 days														
Reference Ranges:	<table border="1"> <thead> <tr> <th colspan="2">Limit of Quantitation :</th> </tr> </thead> <tbody> <tr> <td>Codeine</td> <td>50 ng/mL</td> </tr> <tr> <td>Hydrocodone</td> <td>50 ng/mL</td> </tr> <tr> <td>Hydromorphone</td> <td>50 ng/mL</td> </tr> <tr> <td>Morphine</td> <td>50 ng/mL</td> </tr> <tr> <td>Oxycodone</td> <td>50 ng/mL</td> </tr> <tr> <td>Oxymorphone</td> <td>50 ng/mL</td> </tr> </tbody> </table>	Limit of Quantitation :		Codeine	50 ng/mL	Hydrocodone	50 ng/mL	Hydromorphone	50 ng/mL	Morphine	50 ng/mL	Oxycodone	50 ng/mL	Oxymorphone	50 ng/mL
Limit of Quantitation :															
Codeine	50 ng/mL														
Hydrocodone	50 ng/mL														
Hydromorphone	50 ng/mL														
Morphine	50 ng/mL														
Oxycodone	50 ng/mL														
Oxymorphone	50 ng/mL														
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry														
Assay Category:	Laboratory Developed Test														
Performing Site:	Quest Diagnostics Nichols Institute, Valencia														

Oxycodone and Metabolite, Quantitative, Serum	
Clinical Significance:	For therapeutic drug monitoring of oxycodone (Oxycontin [®] , Percocet [®] , Percodan [®]). Oxycodone is a semisynthetic opioid analgesic. Steady state concentration is reached in 24-36 hours after initiation of therapy. Elimination half-life of oxycodone is 4.5 hours for controlled release and 3.2 hours for immediate release formulations. Peak plasma concentration of oxycodone is 11, 21, 29, 39, 99, or 156 ng/mL after a single oral dose of 10, 20, 40, 80, or 160mg, respectively. Oxymorphone is a minor but active metabolite of Oxycodone that is present at lower concentration in the circulation. Therapeutic concentrations for oxymorphone have not been established.
Effective Date:	April 11, 2011
Test Code:	18885
CPT Code(s):	83925
Specimen Requirements:	5 mL red-top (no gel) serum Do not use serum separator tubes
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature, Refrigerated and Frozen 7 days
Reference Ranges:	Oxycodone 10-100 ng/mL Oxymorphone Not established
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Valencia

Oxycodone and Metabolite, Quantitative, Urine	
Effective Date:	April 11, 2011
Test Code:	17125
CPT Code(s):	83925
Specimen Requirements:	5 mL random urine(sterile, leak-proof container) Do not use any preservatives or additives
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature, Refrigerated, and Frozen: 7 days
Reference Ranges:	Limit of Quantitation: Oxycodone 50 ng/mL Oxymorphone 50 ng/mL
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Valencia and Chantilly

Redirects

Alprazolam, Quantitative, Urine					
Clinical Significance:	The analysis of alprazolam is used to monitor compliance with drug therapy.				
Effective Date:	April 11, 2011				
Test Code:	30958				
CPT Code(s):	80154				
Specimen Requirements:	7 mL random urine (sterile, leak-proof container) Do not use any preservatives or additives				
Transport Temperature:	Room temperature				
Specimen Stability:	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days				
Reference Ranges:	<table border="1"> <tr> <td>Alprazolam</td> <td>< 50 ng/mL</td> </tr> <tr> <td>Hydroxyalprazolam</td> <td>< 50 ng/mL</td> </tr> </table>	Alprazolam	< 50 ng/mL	Hydroxyalprazolam	< 50 ng/mL
Alprazolam	< 50 ng/mL				
Hydroxyalprazolam	< 50 ng/mL				
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry				
Assay Category:	Laboratory Developed Test				
Performing Site:	Quest Diagnostics Nichols Institute, Valencia				

Aripiprazole, Quantitative, Serum											
Clinical Significance:	Aripiprazole (Abilify [®]) is an atypical antipsychotic and antidepressant used in the treatment of schizophrenia, bipolar disorder, and clinical depression. The analysis of aripiprazole is used to monitor compliance with drug therapy.										
Effective Date:	April 11, 2011										
Test Code:	15922										
CPT Code(s):	83789										
Specimen Requirements:	3 mL red-top (no gel) serum or EDTA (lavender-top) plasma Do not use serum separator tubes										
Transport Temperature:	Room temperature										
Specimen Stability:	Room temperature: 7days Refrigerate: 14 days Frozen: 30 days										
Reference Ranges:	<p>Steady state plasma levels in adults following a daily regimen have been reported as :</p> <table border="1"> <tr> <td>5 mg:</td> <td>70 - 126 ng/mL</td> </tr> <tr> <td>10 mg:</td> <td>109 - 216 ng/mL</td> </tr> <tr> <td>15 mg:</td> <td>206 - 278 ng/mL</td> </tr> <tr> <td>20 mg:</td> <td>212 - 574 ng/mL</td> </tr> <tr> <td>30 mg:</td> <td>320 - 585 ng/mL</td> </tr> </table>	5 mg:	70 - 126 ng/mL	10 mg:	109 - 216 ng/mL	15 mg:	206 - 278 ng/mL	20 mg:	212 - 574 ng/mL	30 mg:	320 - 585 ng/mL
5 mg:	70 - 126 ng/mL										
10 mg:	109 - 216 ng/mL										
15 mg:	206 - 278 ng/mL										
20 mg:	212 - 574 ng/mL										
30 mg:	320 - 585 ng/mL										
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry										
Assay Category:	Laboratory Developed Test										
Performing Site:	Quest Diagnostics Nichols Institute, Valencia										

Morphine, Quantitative, Urine	
Clinical Significance:	The detection of morphine in urine is used to monitor drug treatment and to evaluate the potential for the misuse of heroin which is primarily metabolized to morphine.
Effective Date:	April 11, 2011
Test Code:	17712
CPT Code(s):	83925
Specimen Requirements:	7 mL random urine (sterile, leak-proof container) Do not use any preservatives or additives
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature: 7 days Refrigerate: 14 days Frozen: 30 days
Reference Ranges:	Limit of Quantitation: Morphine 100 ng/mL
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Valencia

Pregabalin, Quantitative, Urine	
Clinical Significance:	Pregabalin is medication used for treatment of fibromyalgia or nerve pain caused by certain conditions (e.g. shingles, diabetic nerve problems). It is also used in combination with other medicines to treat certain types of seizures. The analysis of pregabalin in urine is utilized to document compliance with prescribed therapy.
Effective Date:	April 11, 2011
Test Code:	19464
CPT Code(s):	80299
Specimen Requirements:	20 mL random urine (sterile, leak-proof container) Do not use any preservatives or additives
Transport Temperature:	Room temperature
Specimen Stability:	Room temperature: 7 days Refrigerate: 14 days Frozen: 30 days
Reference Ranges:	< 1000 ng/mL
Methodology:	Liquid Chromatography/Tandem Mass Spectrometry
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Valencia

Test Changes

BK Virus, DNA, Qualitative Real-Time PCR, Plasma	
Effective Date:	April 4, 2011
<i>Former Test Name:</i>	<i>BK Virus DNA, Qualitative Real-Time PCR</i>
Test Code:	11351
Specimen Requirements:	0.7 mL EDTA (lavender-top) CSF and urine are unacceptable for this test code.
Assay Category:	ASR Class 1
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly and Focus Diagnostics, Inc.
Additional Information:	Update specimen requirements, test name and assay category. For CSF - Please use 18889 -BK Virus DNA, Qualitative Real-Time PCR, CSF - in the New Offerings Section. For Urine - Please use 16553 -BK Virus DNA, Qualitative Real-Time PCR, Urine

BK Virus DNA, Qualitative Real-Time PCR, Urine	
Effective Date:	April 4, 2011
Test Code:	16553
Assay Category:	ASR Class I
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly and Focus Diagnostics, Inc.
Additional Information:	Update assay category and always message.

BK Virus DNA, Quantitative Real-Time PCR, Plasma	
Effective Date:	April 4, 2011
<i>Former Test Name:</i>	<i>BK Virus DNA, Quantitative Real-Time PCR</i>
Test Code:	11274
Specimen Requirements:	0.7 mL EDTA (lavender-top) plasma CSF and urine are unacceptable for this test code.
Assay Category:	ASR Class 1
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly and Focus Diagnostics, Inc.
Additional Information:	Update specimen requirements, test name and assay category. For CSF - Please use 18901-BK Virus DNA, Quantitative Real-Time PCR, CSF - in the New Offerings Section For Urine - Please use 16581 -BK Virus DNA, Quantitative Real-Time PCR, Urine.

JC Polyoma Virus DNA, Qualitative Real-Time PCR, Plasma	
Effective Date:	April 4, 2011
<i>Former Test Name:</i>	<i>JC Polyoma Virus DNA, Qualitative Real-Time PCR</i>
Test Code:	17220
Specimen Requirements:	0.7 mL EDTA (lavender-top) plasma. CSF and urine are unacceptable for this test code.
Assay Category:	Laboratory Developed Test
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly and Focus Diagnostics, Inc.
Additional Information:	Update specimen requirements, test name and assay category. For CSF , please use 16441 -JC Polyoma Virus DNA, Qualitative Real-Time PCR, CSF - in the New Offerings Section For Urine , please use 16447 -JC Polyoma Virus DNA, Qualitative Real-Time PCR, Urine - in the New Offerings Section

JC Polyoma Virus DNA, Quantitative Real-Time PCR, Plasma	
Effective Date:	April 4, 2011
<i>Former Test Name:</i>	<i>JC Polyoma Virus DNA, Quantitative Real-Time PCR</i>
Test Code:	19503
Specimen Requirements:	0.7 mL EDTA (lavender-top) plasma. CSF and urine are unacceptable for this test.
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly and Focus Diagnostics, Inc.
Additional Information:	Update specimen requirements and test name. For CSF - Please use 16442-C Polyoma Virus DNA, Quantitative Real-Time PCR, CSF For Urine - Please use 16446 -JC Polyoma Virus DNA, Quantitative Real-Time PCR, Urine

Immune Complex Detection by C1q Binding	
Effective Date:	April 4, 2011
Test Code:	36735
Specimen Requirements:	1 mL red-top (no-gel) serum Plasma is no longer acceptable
Reference Ranges:	< or = 25.1 mcg Eq/mL
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano and Chantilly
Additional Information:	Update specimen requirements, reference range and units of measure. Please note this test code is included in the following group codes: 11267 Circulating Immune Complex 11268 Immune Complex Detection Panel 1 11269 Immune Complex Detection Panel 2

Genomic Alterations, Postnatal, ClariSure[®] Oligo-SNP Array	
Effective Date:	April 11, 2011
Test Code:	16478
Performing Site:	This test, previously performed at Quest Diagnostics Nichols Institute, San Juan Capistrano, will now also be performed at Quest Diagnostics Nichols Institute, Chantilly.
Additional Information:	Update performing site.

HTLV I/II, Confirmatory Assay	
Effective Date:	April 11, 2011
<i>Former Test Name:</i>	<i>HTLV I/II, Western Blot</i>
Test Code:	8511
Specimen Requirements:	Potassium Oxalate (gray-top) and ACD-B (yellow-top) plasma are no longer acceptable
Methodology:	Line Immunoassay
Performing Site:	Quest Diagnostics Nichols Institute, Chantilly
Additional Information:	Update test name, result names, specimen requirements, and methodology.

Osteocalcin, N-MID				
Effective Date:	April 11, 2011			
Test Code:	16322			
Reference Range:	Pediatrics:	5-9 years:	47-142	ng/mL
		10-13 years	49-167	ng/mL
	14-17 years	Males:	26-203	ng/mL
	Females:	14-85	ng/mL	
Adults:	Males:	9-38	ng/mL	
	Females:	8-32	ng/mL	
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano and Chantilly			
Additional Information:	Adding pediatric reference range.			

Prolactin, Total and Monomeric				
Effective Date:	April 11, 2011			
<i>Former Test Name:</i>	<i>Macroprolactin</i>			
Test Code:	16122			
Reference Range:	Prolactin, Total	Females (>18 years)		
		Non-pregnant:	3.0-30.0	ng/mL
		Pregnant:	10.0-209.0	ng/mL
		Post-menopausal:	2.0-20.0	ng/mL
		Males (>18 years)	2.0-18.0	ng/mL
		Tanner Stages		
	Female Observed Range	Tanner Stage I	3.6-12.0	ng/mL
		Tanner Stage II-III	2.6-18.0	ng/mL
		Tanner Stage IV-V	3.2-20.0	ng/mL
	Male Observed Range	Tanner Stage I	< or = 10.0	ng/mL
Tanner Stage II-III		< or = 6.1	ng/mL	
Tanner Stage IV-V		2.8-11.0	ng/mL	
Prolactin, Monomeric	Adult Females	3.2-25.2	ng/mL	
	Adult Males :	3.4-14.8	ng/mL	
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano			
Additional Information:	Update test name, reference range and remove % Free Prolactin and % Macroprolactin analytes.			

T3 (Triiodothyronine) Antibody	
Effective Date:	April 11, 2011
Test Code:	36574
Specimen Requirements:	0.5 mL serum (minimum 0.2 mL) Plasma is unacceptable.
Rejection Criteria:	Gross lipemia and gross hemolysis
Specimen Stability:	Room temperature: 14 days Refrigerated: 14 days Frozen: 28 days
Transport Temperature:	Room temperature
Methodology:	Immunoassay
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	Update test name, always message, sample volume, stability, transport temperature, reject criteria and method.

Discontinued Tests

Chromosome Analysis, Blood with Reflex to Postnatal ClariSure[®] CGH	
Effective Date:	April 11, 2011
Test Code:	40051
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano and Chantilly
Additional Information:	This test will be discontinued. The recommended alternative is 18980 Chromosome Analysis, Blood with Reflex to Postnatal ClariSure [®] Oligo-SNP Array in the New Tests section.

Chromosome Analysis, High Resolution w/rfl to Postnatal ClariSure[®] CGH	
Effective Date:	April 11, 2011
Test Code:	40046
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano, and Chantilly
Additional Information:	This test will be discontinued. The recommended alternative is 18983 Chromosome Analysis, High Resolution w/rfl to Postnatal ClariSure [®] Oligo-SNP array in the New Tests section.

Homocysteine, Total, Urine	
Effective Date:	April 11, 2011
Test Code:	26318
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano
Additional Information:	This test will be discontinued. The recommended alternative is 36362 – Homocysteine, Nutritional and Congenital.

Alprazolam and Metabolite, Urine	
Effective Date:	April 11, 2011
Test Code:	30958
Performing site:	NMS Laboratories
Additional Information:	This test performed at NMS Laboratories, will be discontinued. The recommended alternative is 30958 performed at Quest Diagnostic Nichols Institute, Valencia in the Redirect section.

Aripiprazole Serum/Plasma	
Effective Date:	April 11, 2011
Test Code:	15922
Performing site:	NMS Laboratories
Additional Information:	This test performed at NMS Laboratories, will be discontinued. The recommended alternative is 15922 performed at Quest Diagnostic Nichols Institute, Valencia.

37598 -Flunitrazepam and Metabolites Screen, Urine %37599 -Flunitrazepam and Metabolites Confirmation, Urine	
Effective Date:	April 11, 2011
Test Code:	15922
Performing site:	NMS Laboratories
Additional Information:	This test performed at NMS Laboratories, will be discontinued. The recommended alternative is 18886 performed at Quest Diagnostic Nichols Institute, Valencia.

Flunitrazepam & Metabolites, Serum or Plasma	
Effective Date:	April 11, 2011
Test Code:	37596
Performing site:	NMS Laboratories
Additional Information:	This test performed at NMS Labs, will be discontinued. The recommended alternative is 18964 performed at Quest Diagnostic Nichols Institute, Valencia.