



IEW TESTS - Please update your EMR catalog with those appropriate to your practice

New Test	Effective : Immediately								
Test Code	Test Name	Mnemonic	Category/Type						
6900541	Chlamydia pneumoniae PCR	Chlam pneu PCR	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	-	-	-	34645-2	6900545	C pneumo DNA	C pneumo DNA	Not Detected	Alpha
CPT: 87486	This not a new test but may be new to yo	our system.		Prompt	6900543	Source -A	Specimen Source		

test code 6000225 Chlamydia pneumoniae Culture 2.0 mL (0.5 mL) Respiratory specimen Sterile Screwtop Container

This is the suggested replacement assay for the Discontinued

or a Swab in Viral Transport Media

Storage/Transport Temperature: Frozen.

Collect: Respiratory specimen: Bronchoalveolar lavage (BAL), nasal wash, nasopharyngeal swab, or pleural fluid.

Fluid: Transfer 2mL(0.5mL) respiratory specimen to a sterile container. Also acceptable: Transfer to viral transport media. Place each specimen in a separate, individually sealed bag.

Swabs: Place in viral transport media.

Specimen source required.

Stability: Room temperature: 24 hours, Refrigerated: 14 days, Frozen: 30 days

Setup Mon, Wed, Fri / TAT 1-5 Days

New Test	Effective : Immediately								
Test Code	Test Name	Mnemonic	Category/Type						
3664470	Cystine Quantitative, Urine	Cystine Qt Ur	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
					3809180	Cystine U Quant	Cystine, Urine - Quantitative	By Report umol/g CRT	Numeric XXXX
CPT: 82131	Collect: 24-hour or other timed urine collection.				3809185	Cystine, 24Hr U	Cystine, 24 Hour Urine	by Report mg/d	Numeric XXXXX
	Avoid dilute urine when possible.				3109190	Cystine U Vol	Cystine, Urine - per volume	By Report mg/dL	Numeric XXXX.XX
	Refrigerate 24-hour/timed specimens during colle	ction.			2927022	U Creat(Metab)	Creatinine Urine mg/dL	By Report mg/dL	Numeric XXXX
	Mix urine well. Transfer 4 mL (Min: 3 mL) aliquot u	rine into		Prompt	3809175	Total Volume	Total Volume		
	a Standard Transport Tubes and freeze immediate	ly.		Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine		

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Record total volume and collection time interval on transport tube and test request form.

Unacceptable Conditions: Refrigerated or room temperature specimens.

Setup Mon-Fri / TAT 3-7 Days

3-8 months 28 - 461 umol/g CRT Stability: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month 9 months - 2 year 34 - 186 umol/g CRT

> 3 - 12 year 26 - 98 umol/g CRT >/=13 year 12 - 81 umol/g CRT

0-2 months 14 - 573 umol/g CRT

Clinical information is needed for appropriate interpretation.

Additional required information includes age, gender, diet (eg, TPN therapy), drug therapy, and family history.

Biochemical Genetics Patient History Form is available on the ARUP Web site or by contacting ARUP Client Services.

Patient History For Biochemical Genetics Form located at: http://ltd.aruplab.com/Tests/Pdf/16

New Test	Effective: 10/30/2017								
Test Code	Test Name	Mnemonic	Category/Type						
6905667	Trichophyton rubrum IgE	Trichoph rubrum	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				n/a	6905669	Trich rubrum Ct	Trichophyton rubrum Count	< 0.35 kU/L	Numeric XXXX.XX
CPT: 86003	0.25 mL (0.1 mL) Serum from Clot Activator SST			n/a	6905671	Trich rubrum Cl	Trichophyton rubrum Class	Class 0	Alpha
	Storage / Transport: Refrigerated		•					·	

Unacceptable Conditions: Hemolyzed, icteric, or lipemic specimens.

Stability After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Setup Mon-Fri / TAT 1-2 Days Method: ImmunoCAP





New Test	Effective: 10/30/2017								
Test Code	Test Name	Mnemonic	Category/Type						
6906711	Cholinesterase RBC, Ratio to Hgb	Cholinest ratio	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	-	·	· ·	49231-4	6906739	Cholinester RBC/Hgb	Cholinesterase RBC, Ratio to Hgb	25-52 U/g Hb	Numeric XXXX

CPT: 82482 Transport 3 mL(Min: 1 mL) Lavender (EDTA) whole blood.

DO NOT FREEZE.

Storage/Transport Temperature: Refrigerated. Do not place whole blood directly on cool packs when shipping Unacceptable Conditions: Green (sodium or lithium heparin). Frozen specimens. Clotted or hemolyzed specimens.

Stability: Ambient: 4 hours; Refrigerated: 1 week; Frozen: Unacceptable

Setup Mon-Fri / TAT 1-4 Days

Method: Quantitative Enzymatic

New Test	Effective: 10/30/2017											
Test Code	Test Name	Mnemonic	Category/Type									
6906713	Cytogenomic SNP Microarray											
				62375-1	6906715	Cytogenomic SNP	Cytogenomic SNP Microarray	Refer to report	Alpha			
CPT: 81229	5 mL(Min: 1 mL) Green (sodium heparin) whole blo	ood.		11526-1	6906717	FFR Cytogeno	EER Cytogeno SNP Microarray	Refer to report	Alpha			

5 mL(IVIIn: 1 mL) Green (sodium neparin) whole blood

Also acceptable, lavender (EDTA)

Storage/Transport Temperature: Room temperature.

Unacceptable Conditions: Clotted specimens.

Stability: Ambient: 48 hours; Refrigerated: 72 hours; Frozen: Unacceptable

Set up Sun-Sat / TAT 10-14 Days (Results requiring the completion of FISH testing may exceed the standard TAT)

Method: Genomic Microarray (Oligo-SNP Array)

MODIFICATION TESTS - Please update your EMR catalog with those appropriate to your practice

	Modify Test	Effective: 10/13/2017		- Please update yo	our EMR catalog	g with those app	ropriate to your practice -			
	Test Code	Test Name	Mnemonic	Category/Type						
	5613589	Fentanyl, Urine Screen w/Reflex	Fentanyl Ur Scr	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
ſ				3637-6	11235-9	5613881	Fentanyl Ur Scr	Fentanyl Ur Scr		
	CPT: 80307	Loinc Number Correction from the Performing Refe	rence Laboratory		54247-2	5613883	Fentanyl Intrp	Fentanyl Scr Intrp		

Collect: Random urine.

Transfer 4 mL (Min: 1 mL) urine with no additives or preservatives in a Standard Transport Tube.

Storage/Transport Temperature: Room temperature.

The Screen has changed from 3637-6 to 11235-9

Unacceptable Conditions: Specimens exposed to repeated freeze/thaw cycles. Samples collected in tubes with additives or preservatives.

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 9 months

If the specimen screens positive, then Confirmation/Quantitation by LC-MS/MS

Test Code	Test Name	Mnemonic	Category/Type						
5613591	.Fentanyl & Metabolite, Uri, Quant	.Fentanyl Conf	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				11075-9	5613591	Norfentanyl Qt	Norfentanyl Ur Quant	By Report ng/mL	Numeric XXXXX.X
CPT: 80354	This test is not available by itself only as part of the	e Reflex to the Screen		3637-6	5613877	Fentanyl Qt	Fentanyl Qt	By Report ng/mL	Numeric XXXXX.X
(Alt G0480)									





Modify Test	Effective: 10/13/2017		- Please update y	our EMR catalo	g with those app	ropriate to your practi	ce -		
Test Code	Test Name	Mnemonic	Category/Type						
5585525	Lymphogranuloma Venereum Panel	LGV AB	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
			43173-4	6919-5	5585315	Chl Trac IgG	Chlamydia trachomatis IgG Antibody	<1:64	Alpha
			43174-2	44079-2	5585325	Chl Trac IgA	Chlamydia trachomatis IgA Antibody	<1:16	Alpha
			43175-9	6920-3	5585350	Chl Trac IgM	Chlamydia trachomatis IgM Antibody	<1:10	Alpha
	CPT and Loinc Number Correction from the Perform	ning Reference Laborato	ry	6913-8	5585375	Chl Pneu IgG	Chlamydophila pneumoniae IgG Antibody	<1:64	Alpha
	See New Loinc numbers to the right			6912-0	5585400	Chl Pneu IgA	Chlamydophila pneumoniae IgA Antibody	<1:16	Alpha
	CPT Change from single 86631 to 86631 (x6), 86632	2 (x3)		6914-6	5585425	Chl Pneu IgM	Chlamydophila pneumoniae IgM Antibody	<1:10	Alpha
				6916-1	5585450	Chl Psitta IgG	Chlamydophila psittaci IgG Antibody	<1:64	Alpha
				6915-3	5585475	Chl Psitta IgA	Chlamydophila psittaci IgA Antibody	<1:16	Alpha
				6917-9	5585500	Chl Psitta IgM	Chlamydophila psittaci IgM Antibody	<1:10	Alpha
			n/a	44079-2	5585650	Chl Trach Intrp	Chlamydia Trachomatis Interpretation	By Report	Alpha
			n/a	50612-1	5585675	Chl Pneu Intrp	Chlamydophila pneumoniae Interpretation	By Report	Alpha
	1 mL (0.1) Serum from Clot Activator SST		n/a	44081-8	5585700	Chl Psitt Intrp	Chlamydophila psittaci Interpretation	By Report	Alpha

Storage/Transport: Refrigerated

Centrifuge and separate serum from clot within 4 hours of drawing.

Specimen Stability Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days

Set up: Mon-Sat; Report available: 1-3 days

Modify Test	Effective : 10/13/2017		- Please update yo	our EMR catalog	g with those app	ropriate to your practice -			
Test Code	Test Name	Mnemonic	Category/Type						
3638925	Alpha Subunit Gonadotropin	ALPHA SUB	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	CPT Correction from the Performing Reference Lab	oratory	•	30199-4	3638925	Alpha Sub	Alpha Subunit Gonadotropin	See Below	Numeric XXXX.X

CPT Change from 83519 to 82397

1 mL (0.5) Serum Clot Activator SST Storage/Transport: Refrigerated

Reject Criteria: Gross hemolysis, Plasma, Grossly icteric

Specimen Stability Room temperature: 7 days Refrigerated: 10 days Frozen: 28 days

Set up: Tues, Fri; Report available: 3-7 days

Males 0.1-0.5 ng/mL

Premenopausal Females 0.1-0.6 ng/mL Postmenopausal Females 0.1-1.5 ng/mL

Pregnancy (1st and 2nd Trimesters) 35.0-186.0 ng/mL

Hypothyroidism 0.2-3.2 ng/mL

Modify Test	Effective: 10/13/2017		- Please update yo	our EMR catalo	g with those app	ropriate to your practice -			
Test Code	Test Name	Mnemonic	Category/Type						
5508597	Centromere B Antibody	REF CENTRM	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	CPT Correction from the Performing Reference Lab	oratory		53982-5	5508597	Centromere B Ab	Centromere B Ab	<1.0 AI Negative	Numeric XXXX.X

1 mL (0.5 mL) Serum Clot Activator SST Storage/Transport: Refrigerated

CPT Change from 86038 to 86235

Unacceptable: Grossly hemolyzed, grossly lipmic, grossly icteric

Specimen Stability: Room temperature: 4 days, Refrigerated: 7 days, Frozen: 30 days.

Set up: Mon-Sat: Report available: 1-2 days





Modify Test	Effective: 10/13/2017		- Please update ye	our EMR catalo	g with those app	ropriate to your practice	-		
Test Code	Test Name	Mnemonic	Category/Type						
3656050	17-Ketosteroids Total 24 Hour Urine	KETOSTER17	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	CPT Correction from the Performing Reference Lab	oratory		6766-0	3602600	Ur 17-Ketoster	17-Ketosteroids Total 24 Urine	By Report mg/24hr	Numeric XXXX.X
	CPT Change from 83586 to 83586, 82570			2162-6	3654125	Ur 17Keto Crea	17-Ketosteroids Creatinine 24 Urine	by Report g/24hr	Numeric XXX.XX
				Prompt	4182037	Tot Vol4	Total Volume		·

20mL (10mL) Urine from 24 hour Urine Container

Storage/Transport: Refrigerated

Collect urine with 10 grams of boric acid or or 25 mL 50% Acetic Acid or 30 mL 6N HCl during collection to maintain pH below 7.5. Keep urine refrigerated during collection and after collection. Record 24-hour urine volume on test request form and urine vial.

Specimen Stability Room temperature: 8 hours Refrigerated: 7 days Frozen: 30 days

Set up: Tues, Thurs; Report available: Next day

woully rest	Effective: 10/30/2017		- Piease upaate y	our EIVIK cataio	g with those app	ropriate to your practice	·-		
Test Code	Test Name	Mnemonic	Category/Type	_					
6906261	Kidney Donor Profile	Kidney Don	Careset	Careset Comp	onent Informatio	n			
CPT:			Order Code	LOINC	Result Code	Mnemonic	Test Name	Reference Range UOM	Result Type
33036	On October 30th the Kidney Donor Profile	New Component	5002403			Hgb A1c w Mn Gluc	Hemoglobin A1c w/ Mean Glucose		
	will contain two extra components,			17856-6	5002400	Hgb A1c	Hemoglobin A1C (Glycosylated)	4.0 - 5.6 %	Numeric XXX.X
	a Hgb A1C with Mean Glucose and the			27353-2	2009250	Mean Glucose	Mean Blood Glucose	< 126 mg/dL	Numeric XXXX
86480	TB GOLD Quantiferon Assay.	New Component	5587325			TB GOLD	TB Gold Quantiferon		
	If you do not have he build information			n/a	5587375	TBG Quant Int	TB Gold Quantiferon Interpretation	Negative	Alpha
	for those two tests already see listing to the right.			n/a	5587425	TBG Nil	TB Gold Nil Value	0.00 - 7.99 IU/mL	Numeric XXXX.X
				n/a	5587400	TBG Mitogen	TB Gold Mitogen-Nil Value	0.50 - 10.00 IU/mL	Numeric XXXX.X
				n/a	5587350	TBG TB Ag	TB Gold TB Antigen-Nil Value	0.00 - 0.34 IU/mL	Numeric XXXX.X
30053	All the rest of the panel will remain the same		2028075		no changes	CHEM 14	Comprehensive Metabolic Panel	no changes	no changes
35025	test build information for the existing assays in the pro	file	0101301		no changes	CBC	CBC w/ Auto Diff	no changes	no changes
36780	are not changing and is too large to list here in this		5500607		no changes	SYP AB	Syphilis Antibody Screen with RPR Reflex	no changes	no changes
35610	LiveWire, but is available upon request.		1500350		no changes	PT	PT with INR	no changes	no changes
35730			1500050		no changes	PTT	ACT Partial Thrmboplastin Time	no changes	no changes
86705	For Collection information see the individual		5553650		no changes	HEP BCOR M	Hepatitis B Core Antibody IgM	no changes	no changes
37340	test listings in our Test Directory on www.rmlonline.co	m	3603000		no changes	HEP AG BS	Hepatitis B Surface Antigen	no changes	no changes
36706			3611850		no changes	HEP AB BS	Hepatitis B Surface Antibody	no changes	no changes
36803			5590850		no changes	HEP C AB	Hepatitis C Antibody	no changes	no changes
36709			3603500		no changes	HEP A M AB	Hepatitis A Antibody IgM	no changes	no changes
36790, (western	n blot 86689)		3535875		no changes	HTLV-I/II	HTLV I/II Antibodies w/Reflex to Confirm	no changes	no changes
86900; 86901			7301010		no changes	ABORH	ABORh Group	no changes	no changes
36850			7301170		no changes	ABSC	Antibody Screen Gel	no changes	no changes
34550			2005750		no changes	URIC ACID	Uric Acid	no changes	no changes
33540			4501050		no changes	IRON TEST	Iron Level	no changes	no changes
36665x2			5580926		no changes	EBV VCA Ab G/M	EBV (Epstein Barr Virus) Viral Capsid Abs IgG/IgM	no changes	no changes
36663			5580901		no changes	EBV EA Ab IgG	EBV(Epstein Barr Virus) Ab to Early Antigen	no changes	no changes
36664			5580976		no changes	EBV Nuc IgG	EBV (Epstein Barr Virus) Ab to Nuclear Antigen	no changes	no changes
34100			2004400		no changes	PHOSPHORUS	Phosphorus Level	no changes	no changes
33615			2003860		no changes	LDH	Lactate Dehydrogenase	no changes	no changes
31003 or 81001			1003000		no changes	UA ROUTINE	Urinalysis with Microscopic if Indicated	no changes	no changes
7086			6002002		no changes	C URINE RT	Urine Culture	no changes	no changes
0061			2019100		no changes	LIPID GRP	Lipid Panel	no changes	no changes
32043			2022200		no changes	MICRALUR	Microalbumin Level Urine	no changes	no changes
86644, 86645			5502876		no changes	CMV Ab G/M	Cytomegalovirus Antibodies IgG and IgM	no changes	no changes
37522			5593950		no changes	HCV QT PCR	HCV Quantitative PCR	no changes	no changes
36788, 86789			3609525		no changes	WEST NILE	West Nile Virus Antibodies IgG and IgM	no changes	no changes
37389. possible	86701, 86702, 87535		3609705		no changes	HIV AG/AB	HIV Ag/Ab Screen 4th Generation	no changes	no changes





Modify Test	Effective : 11/06/2017		- Please update yo	our EMR catalo	g with those app	ropriate to your practice -			
Test Code	Test Name	Mnemonic	Category/Type						
5577425	Platelet Antibody Indirect	PLT Ab Indirect	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	New Name!			n/a	5577425	PLT Ab Ind	Platelet Antibody Indirect	Negative	Alpha

CPT: 86022 This test previously known as "Platelet Refactory Antibody"

will be changed to "Platelet Antibody Indirect (IgG)" and will be the replacement test for the discontinued to 3487500

2mL (0.2) Serum from Clot Activator SST Storage/Transport: Refrigerated or Frozen EDTA Plasma is Not Acceptable Specimen Type.

Setup Mon-Thr / TAT 1-3 Days

Clinical Indication:

The platelet antibody indirect assay is designed to screen for antibodies to HLA class I and platelet glycoprotein IV antigens, and to polymorphic epitopes on the platelet glycoprotein IIb/IIIa, Ib/IX, Ia/IIa.

Modify Test	Effective: 11/13/2017		- Please update ye	our EMR catalo	g with those app	propriate to your praction	re -		
Test Code	Test Name	Mnemonic	Category/Type						
5613555	Cadmium, Urine	Cadmium Ur	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				13828-9	5613723	Cadmium ratio	Cadmium Ur - ration to CRT	0.0-3.2 μg/g CRT	Numeric XXXX.X
CPT: 82300	New Reference Ranges			5612-7	5613725	Cadmium Ur/24hr	Cadmium Ur - per 24h	0.0-3.2 μg/d	Numeric XX.X
				5611-9	5613727	Cadmium Lvl Ur	Cadmium Ur - per volume	0.0-1.0 μg/L	Numeric XXX.X
				2161-8	3873099	U Creatinine-	Creatinine Urine mg/dL	n/a mg/dL	Numeric XXXX
	8 mL (1 mL) Urine, 24-hour Collection or Random	Jrine		2162-6	3810375	U24 Creat	Creatinine Urine mg/day	See Below	Numeric XXXX
	Collect:24-hour or random urine collection.			,				Age Male	Female
	Transfer an 8 mL (Min: 1 mL) aliquot from a well-m	ixed collection to Trace	Element-Free Tran	nsport Tubes			3-8 y	ears 140-700 mg/d	140-700 mg/d
	Specimen must be collected in a plastic container. S	tudies indicate that refri	geration of urine al	one, during and	after collection,		9-12 y	ears 300-1300 mg/d	300-1300 mg/d
	preserves specimens adequately, if tested within 14	days of collection. Diet,	medication, and nu	utritional supple	ements may intro	oduce	13-17 y	ears 500-2300 mg/d	400-1600 mg/d
	interfering substances. Patients should be encourag	ed to discontinue nutriti	ional supplements,	vitamins, miner	als, and non-esso	ential	18-50 y	ears 1000-2500 mg/d	700-1600 mg/d
	over-the-counter medications (upon the advice of the	neir physician). High con	centrations of iodir	ne may interfere	with elemental	testing.	51-80 y	ears 800-2100 mg/d	500-1400 mg/d
	Abstinence from iodine-containing medications or c	ontrast agents for at lea	st 1 month prior				81 years and o	der 600-2000 mg/d	400-1300 mg/d
	to collecting specimens for elemental testing is reco	mmended.		Prompt	3809175	Total Volume	Total Volume		

and on test request form.

Unacceptable Conditions: Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media (may occur with MRI studies).

Acid preserved urine. Specimens contaminated with blood or fecal material. Specimens transported in non-trace element free transport tube (with the exception of the original device).

Prompt

Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Record total volume and collection time interval on transport tube

Setup Sun-Sat / TAT 1-3 Days

Modify Test	Effective: 11/13/2017		- Please update yo	our EMR catalo	g with those app	ropriate to your practice	-			
Test Code	Test Code Test Name Mnemonic Category/Type									
6004175	Coccidioides Antibody	COCCID ID	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type	
				31153-0	6004175	Coccidioides Ab	Coccidioides Antibody	None detected.	Alpha	

3000650

Ur Coll Hrs

Number of Hours of Collection Urine

CPT: 86635 Change to Acceptable Specimens and Test Setup

Collect: Serum Separator Tube (SST).

Specimen Preparation: Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Contaminated, hemolyzed, or severely lipemic specimens.

Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Setup Sun-Sat / TAT 2-4 Days





Modify Test	Effective: 11/13/2017		- Please update yo	our EMR catalo	g with those app	ropriate to your practice	ę -		
Test Code	Test Name	Mnemonic	Category/Type						
3629600	Copper Level Urine 24hr and Random	COPPER U	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				30920-3	3629625	U Copper	Copper Level Urine	0.3-3.2 μg/dL	Numeric XXXXX.X
CPT: 82525	Change in Reference Range and numeric mapping			5633-3	3629650	U24 Copper	Copper 24 Hour Urine	3.0-45.0 μg/d	Numeric XXXXXX.X
82570	Copper, Urine – per 24h from XXXXXXX to XXXXXXX.X			29942-0	3629725	U Copper ug/g Creat	Copper Urine- ug/g Creatinine	10.0-45.0 μg/g CRT	Numeric XXXXX.X
				2161-8	3873099	U Creatinine-	Creatinine Urine mg/dL	n/a mg/dL	Numeric XXXX
	24-hour or random urine collection.			2162-6	3810375	U24 Creat	Creatinine Urine mg/day	See Below	Numeric XXXX
	Specimen must be collected in a plastic container.		,				Age	Male	Female
	Studies indicate that refrigeration of urine alone, of	luring and after collection	on, preserves speci	imens			3-8 years	140-700 mg/d	140-700 mg/d
	adequately if tested within 14 days of collection.						9-12 years	300-1300 mg/d	300-1300 mg/d
	Transfer an 8 mL aliquot from a well-mixed collection	ion to ARUP Trace Eleme	ent-Free Transport	Tubes			13-17 years	500-2300 mg/d	400-1600 mg/d
	Storage/Transport Temperature: Refrigerated. Also	o acceptable: Room tem	perature or frozer	١.			18-50 years	1000-2500 mg/d	700-1600 mg/d
	Unacceptable Conditions: Urine collected within 4	8 hours after administra	tion of a gadoliniu	ım (Gd) contain	ing		51-80 years	800-2100 mg/d	500-1400 mg/d
	contrast media (may occur with MRI studies).	Acid preserved urine.					81 years and older	600-2000 mg/d	400-1300 mg/d
	Specimens contaminated with blood or fecal r	naterial.		Prompt	3809175	Total Volume	Total Volume		
	Specimens transported in non-trace element-f	free transport tube		Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine		
	Record total volume and collection time interval or	n transport tube and on	test request form	•					

Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Setup Sun-Sat / TAT 1-3 Days

Modify Test	Effective: 11/13/2017		- Please update yo	our EMR catalog	g with those app	ropriate to your practice -				
Test Code	Test Name	Mnemonic	Category/Type							
5592950	Glutamic Acid Decarboxylase Antibody	ANTI GAD	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type	
	•		-	56540-8	5592950	Glt Decarbx Ab	Glutamic Acid Decarboxylase Antibody	0.0-5.0 U/mL		

CPT: 83516 Changing UOM from 0.0-5.0 IU/mL to 0.0-5.0 U/mL

> A value greater than 5.0 Kronus Units/mL is considered positive for Glutamic Acid Decarboxylase Antibody (GAD Ab). Kronus units are arbitrary. Kronus Units = U/mL. This assay is intended for the semi-quantitative determination of the GAD Ab in human serum. Results should be interpreted within the context of clinical symptoms.

1mL (0.5mL) Serum from Clot Activator SST

Stability: Room temperature: 24 hours, Refrigerated: 7 Days Frozen: 3 Months.

Unacceptable specimens: plasma, gross hemolysis

Setup Sun-Fri / TAT 1-3 Days from set up





Modify Test	Effective: 11/13/2017		- Please update y	our EMR catalo	g with those app	ropriate to your praction	ce -	Updated Information	no
Test Code	Test Name	Mnemonic	Category/Type						
3800005	Lead Urine 24hr and Random	LEAD URINE	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				New LOINC					
			5677-0	5676-2	3802150	U Lead	Urine Lead Level	0.0-1.4 μg/L	Numeric XXXXX.X
CPT: 83655,	Additional Changes in LOINC Codes from		20625-0	5677-0	3601700	U24 Lead	Lead 24 Hour Urine	0.0-8.1 μg/d	Numeric XXXXX.X
82570	last LiveWire on 10/16/2017		29943-8	13466-8	3659800	U Lead ug/g Creat	Lead Urine ug/g Creatinine	0.0-1.4 ug/gCRT	
				2161-8	3873099	U Creatinine-	Creatinine Urine mg/dL	n/a mg/dL	Numeric XXXX
				2162-6	3810375	U24 Creat	Creatinine Urine mg/day	See Below	Numeric XXXX
							Aį	ge Male	Female
	Change in Reference Range and Numeric Mapping						3-8 yea	rs 140-700 mg/d	140-700 mg/d
	Change the numeric map for Lead, Urine - per volu	me from XXXXX to XXX	X.X				9-12 yea	rs 300-1300 mg/d	300-1300 mg/d
	Change the numeric map for Lead, Urine - per 24h	from XXXXXX to XXXXXX.X					13-17 yea	rs 500-2300 mg/d	400-1600 mg/d
	8 mL (1 mL) Urine, 24-hour or Urine, Random						18-50 yea	rs 1000-2500 mg/d	700-1600 mg/d
	Collect: 24-hour or random urine collection. Specia					51-80 yea	rs 800-2100 mg/d	500-1400 mg/d	
	in a plastic container and should be refrigerated d					81 years and old	er 600-2000 mg/d	400-1300 mg/d	
	Studies indicate that refrigeration of urine alone, or	during and after collection	on,	Prompt	3809175	Total Volume	Total Volume		
	preserves specimens adequately if tested within 1	4 days of collection.		Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine		
	Transfer 8 mL aliquot from a well-mixed collection		•						
	Storage/Transport Temperature: Refrigerated. Als	-	-						
	Unacceptable Conditions: Urine collected within 4		tion of a gadolinic	ım (Gd) contain	ing contrast med	dia			
	(may occur with MRI studies). Acid preserved								
	Specimens contaminated with blood or fecal r								
	Specimens transported in non-trace element-	•	_						
	Record total volume and collection time interval o	•	test request form	ı .					
	Stability: Ambient: 1 week; Refrigerated: 2 weeks;	Frozen: 1 year							
	Setup Sun-Sat / TAT 1-4 Days								
	Interpretive Data:								
	Quantification of urine excretion rates before or a	fter chelation therapy							
	has been used as an indicator of lead exposure. Ur	inary excretion of >125	mg						
	of lead per 24 hours is usually associated with rela	ted evidence of lead to	icity.						





Modify Test	Effective: 11/13/2017		- Please update y	our EMR catalo	g with those app	propriate to your praction	ce -		
Test Code	Test Name	Mnemonic	Category/Type						
3800020	Mercury Urine 24hr and random	MERCURY U	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	•			New LOINC					
			6693-6	5689-5	3005775	U Mercury	Urine Mercury	0.0-1.9 μg/L	
CPT: 83825,	Additional Changes in LOINC Codes from		21383-5	6693-6	3802175	U24 Mercury	Mercury 24 Hour Urine	0.0-2.9 μg/d	
82570	last LiveWire on 10/16/2017		26688-2	13465-0	3005625	U Merc ug/g Creat	Mercury Urine - ug/g Creatinine	0.0-20.0 μg/gCRT	
				2161-8	3873099	U Creatinine-	Creatinine Urine mg/dL	n/a mg/dL	Numeric XXXX
				2162-6	3810375	U24 Creat	Creatinine Urine mg/day	See Below	Numeric XXXX
							Age	Male	Female
							3-8 years	s 140-700 mg/d	140-700 mg/d
							9-12 years	300-1300 mg/d	300-1300 mg/d
	Change in Reference Range and Numeric Mapping						13-17 years	500-2300 mg/d	400-1600 mg/d
	Change the numeric map for Mercury, Urine - per 2	24h from XXX to XXX.X					18-50 years	s 1000-2500 mg/d	700-1600 mg/d
							51-80 years	800-2100 mg/d	500-1400 mg/d
	8 mL (1 mL) Urine, 24-hour or Urine, Random						81 years and olde	r 600-2000 mg/d	400-1300 mg/d
	Collect: 24-hour or random urine collection. Specin	men must be collected		Prompt	3809175	Total Volume	Total Volume		
	in a plastic container and should be refrigerated d	uring collection.		Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine		
	Studies indicate that refrigeration of urine alone, or	during and after collecti	on,						
	preserves specimens adequately if tested within 1	4 days of collection.							
	Transfer 8 mL aliquot from a well-mixed collection	to ARUP Trace Elemen	-Free Transport Tu	ıbes					
	Storage/Transport Temperature: Refrigerated. Also	•	•						
	Unacceptable Conditions: Urine collected within 4		ation of a gadoliniu	um (Gd) contain	ing contrast me	dia			
	(may occur with MRI studies). Acid preserved								
	Specimens contaminated with blood or fecal r								
	Specimens transported in non-trace element-	•							
	Record total volume and collection time interval o	•	test request form	1.					
i	Stability: Ambient: 1 week; Refrigerated: 2 weeks;	Frozen: 1 year							
1	Setup Sun-Sat / TAT 1-4 Days								





Modify Test	Effective : 11/13/2017		- Please update y	our EMR catalo	g with those app	propriate to your practice	-	Updated Informatio	n
Test Code	Test Name	Mnemonic	Category/Type						
3810575	Heavy Metals Panel 3 Urine with Reflex	METAL S U	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				New LOINC					
	Additional Changes in LOINC Codes from		5677-0	5676-2	3802150	U Lead	Urine Lead Level	0.0-1.4 μg/L	Numeric XXXXX.X
CPT: 82175	last LiveWire on 10/16/2017		20625-0	5677-0	3601700	U24 Lead	Lead 24 Hour Urine	0.0-8.1 μg/d	Numeric XXXXX.X
83655,			29943-8	13466-8	3659800	U Lead ug/g Creat	Lead Urine ug/g Creatinine	0.0-1.4 ug/gCRT	
83825,			6693-6	5689-5	3005775	U Mercury	Urine Mercury	0.0-1.9 μg/L	
82570,			21383-5	6693-6	3802175	U24 Mercury	Mercury 24 Hour Urine	0.0-2.9 μg/d	Numeric XXX.X
			26688-2	13465-0	3005625	U Merc ug/g Creat	Mercury Urine - ug/g Creatinine	0.0-20.0 μg/gCRT	
			21074-0	5586-3	3810425	U Arsenic	Urine Arsenic	0.0-34.9 μg/L	
			5587-1		3810475	U24 Arsenic	Arsenic 24 Hour Urine	0.0-49.9 μg/d	
			13824-8	13463-5	3660000	U Arsenic ug/g Creat	Arsenic Urine ug/gCRT	0.0-29.9 ug/gCRT	
	Change in Reference Range and Numeric Mapping			2161-8	3873099	U Creatinine-	Creatinine Urine mg/dL	n/a mg/dL	Numeric XXXX
	Change the numeric map for Lead, Urine - per volu	ime from XXXXXX to XXX	XX.X	2162-6	3810375	U24 Creat	Creatinine Urine mg/day	See Below	Numeric XXXX
	Change the numeric map for Lead, Urine - per 24h	from XXXXXX to XXXXXX.)	(Age	Male	Female
	Change the numeric map for Mercury, Urine - per 2	24h from XXX to XXX.X					3-8 years	140-700 mg/d	140-700 mg/d
	Interpretive Data:						9-12 years	300-1300 mg/d	300-1300 mg/d
	Quantification of urine excretion rates before or a	fter chelation therapy h	as been used as ar	n indicator of lea	ad exposure.		13-17 years	500-2300 mg/d	400-1600 mg/d
	Urinary excretion of >125 mg of lead per 24 hours	is usually associated wi	th related evidence	e of lead toxicit	/-		18-50 years	1000-2500 mg/d	700-1600 mg/d
	8 mL (2 mL) Urine, 24-hour or Urine, Random						51-80 years	800-2100 mg/d	500-1400 mg/d
	Collect: 24-hour or random urine collection. Specia	men must be collected					81 years and older	600-2000 mg/d	400-1300 mg/d
	in a plastic container and should be refrigerated d	luring collection.		Prompt	3809175	Total Volume	Total Volume		·
	Studies indicate that refrigeration of urine alone, or	during and after collecti	on,	Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine		
	preserves specimens adequately if tested within 1	4 days of collection.		·					
	Transfer 8 mL aliquot from a well-mixed collection	to ARUP Trace Element	t-Free Transport Tu	ubes					

Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.

Unacceptable Conditions: Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media

(may occur with MRI studies). Acid preserved urine.

Specimens contaminated with blood or fecal material.

Specimens transported in non-trace element-free transport tube

Record total volume and collection time interval on transport tube and on test request form.

Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 year

Setup Sun-Sat / TAT 1-4 Days

If total arsenic concentration is between 35-2000 ug/L, then Arsenic, Fractionated, will be added to determine the proportion of organic, inorganic, and methylated forms. Additional charges apply.

Test Code	Test Name	Mnemonic	Category/Type						
3709000	Arsenic Fractionated Urine	ARSENIC UR	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				53778-7	3800875	U Arsn Org	Arsenic Organic	By report ug/L	Numeric XXXXX.X
reflex 82175				12481-8	3800475	U Arsn Ing	Arsenic Inorganic	By report ug/L	Numeric XXXXX.X
				53779-5	3800675	U Arsn Mthyl	Arsenic Methylated	By report ug/L	Numeric XXXXX.X
			'						

Modify Test	Effective: 11/13/2017		- Please update yo	our EMR catalog	g with those app	ropriate to your practice -	•		
Test Code	Test Name	Mnemonic	Category/Type						
3487055	21-Hydroxylase Antibody	21-Hydroxy Ab	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
		_		17781-6	3487061	21-OH Ab	21-Hydroxylase Antibody	0.0-1.0 U/mL	Numeric XXXX.X

CPT: 82542 Change in Reference Range

1.0mL (0.2mL) Serum from Clot Activator (Red Top, No-Gel)

Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Hemolyzed specimens.

Stability After separation from cells: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

Setup Tue / TAT 2-10 Days





Modify Test	Effective: 11/13/2017		- Please update yo	our EMR catalog	g with those app	ropriate to your practice	-		
Test Code	Test Name	Mnemonic	Category/Type						
6904863	Tramadol and Metabolites, Conf/Quant, Urine	Tramadol Ur	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				17719-6	6904869	Tramadol Quant	Tramadol, Urine, Quant	By Report ng/mL	Numeric XXXX
CPT: 80373	Change in the Reporting Details			n/a	6904867	O-desmethyltram	O-desmethyltramadol, Urn, Qual	By Report ng/mL	Numeric XXXX
		No Long	ger being reported	n/a	6904865	N-desmethyltram	N-desmethyltramadol, Urn, Qual		

2 mL (1 mL) Urine, Random Sterile Urine container Storage/Transport Temperature: Room temperature.

Unacceptable Conditions: Specimens exposed to repeated freeze/thaw cycles

Stability: Ambient: 1 week; Refrigerated: 1 month; Frozen: 3 years

Setup Tue, Thu / TAT 2-6 Days

Modify Test	Effective : 11/13/2017		- Please update yo	our EMR catalo	g with those app	ropriate to your practice	-				
Test Code	Test Name	Mnemonic	Category/Type								
6904847	Tramadol and Metabolites, Conf/Quant, S/P	Tramadol S/P	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type		
				12437-0	6904857	Tramadol S/P	Tramadol, S/P, Quant	By Report ng/mL	Numeric XXXXXX		
CPT: 80373	Change in Collection, Prompts and Reportable Deta	nd Reportable Details New Loinc Code			6904859	O-desmethyltrm	O-desmethyltramadol, S/P, Qual	By Report ng/mL	Numeric XXXXXX		
(Alt: G0480)	Setup, TAT and New Loinc Code	No Long	ger being reported		6904861	N-desmethyltrm	N-desmethyltramadol, S/P, Qual				
		No	Longer Requested	Prompt	6904849	Tramadol Dose	Tramadol Dose				
		No	Longer Requested	Prompt	6904851	Tramadol Route	Tramadol Route				
		No	Longer Requested	Prompt	6904853	Tram Dose Freq	Tramadol Dose Frequency				
	2 mL (1 mL) Serum from Clot Activator or	No	Longer Requested	Prompt	6904855	Tram(Pk,Tr,Rnd)	Tramadol (Peak, Trough, Random)				

Plasma from EDTA Lavender top tube.

Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 2mL(1mL) serum or plasma to a Standard Transport Tube.

Unacceptable Conditions: Separator tubes. Plasma or whole blood collected in lt. blue (sodium citrate). Specimens exposed to repeated freeze/thaw cycles.

Plasma from Gray (sodium fluoride/potassium oxalate) no longer acceptable

Stability After separation from cells: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 11 months

Setup Varies / TAT 3-10 Days





Treat Code Text Name This change has been postponed due to LIS Upgrade and Vendor Issues A New Change has been postponed due to LIS Upgrade and Vendor Issues A New Change has been postponed due to LIS Upgrade and Vendor Issues A New Change has been postponed due to LIS Upgrade and Vendor Issues A New Change has been postponed due to LIS Upgrade and Vendor Issues A New Change has been postponed due to LIS Upgrade and Vendor Issues A New Change has been postponed due to LIS Upgrade and Vendor Issues A New Change has been postponed due to LIS Upgrade and Vendor Issues We are restricturing our Menual Differential text extend possibilities. We are calculated to the LIS CLIF Manual Uniformal List text each possibilities. We are anothing the result of "Insurant Manual" cells "Any pick Manual" cells "Any	Modify Test	Effective: Postoned - Date to be determ	ined	- Please update yo	our EMR catalo	g with those app	ropriate to your practic	2 -		
## A vical part Del Group				Category/Type						
This change has been postponed due to US Upgrade and Vendor Issues A New Change Date will be issued at all other date. This is a result camponent of the test CAC/Namual Diff (1000000) We are restructuring our Manual Differential test result possibilities. We are restructuring our Manual Differential test result possibilities. We are restructuring our Manual Differential test result possibilities. We are restructuring our Manual Differential test result possibilities. We are restructuring our Manual Differential test result possibilities. We are restructuring our Manual Differential test result possibilities. We are restructuring our Manual Differential test result possibilities. We are areasing the result of "manufacturing our Manual Differential test result possibilities." "Applical Monoruncter Manual" cells in "manufacturing our Manua	0101510	Manual Diff	DF	Group						
A New Change Date will be issued at a later date.			•	•	•	Result Code	Mnemonic	Test Name	Reference Range UOM	Result Type
A New Change Oate will be issued at a later date. 00.00050 Based Marn We are restructuring our Manual Differential test result, component of the control possibilities. We are restructuring our Manual Differential test result possibilities. We are removing the result of "monuture Minonouclear Nanual" cells and replacing with a "Monocompart Nanual" (19) and the properties of "monuture Minonouclear Nanual" cells and replacing with "Alphacid Minonouclear Nanual" cells (19) and the properties of "New Reportable" (19) and the properties of "Particles of the properties of t	CPT: 85007	This change has been postponed due to L	LIS Upgrade and Vei	ndor Issues		0104450	Segs Man	Segmented Neutrophils Manual	No Change %	Numeric XXX
This is a result component of the test GLC/Manual Diff (9108050) We are restructuring our Manual Differential test result possibilities. 1010505						0100450	Band Man	Band Manual		Numeric XXX
March Colong Manual Marchage March		•				0103150	Lymph Man	Lymphocyte Manual	No Change %	Numeric XXX
We are restructuring our Manual Differential test results possibilities. We are removing the results of "Immature Monorucker Manual" cells and replacing it with "Application Nonorucker Manual" cells and replacing it with "Application Nonorucker Manual" cells (No. Clange Manual Colors (No. Clange Manual		This is a result component of the test CBC/Manual	Diff (0108050)			0103650	Monocyte Man	Monocyte Manual	No Change %	Numeric XXX
1						0101650	Eos Man	Eosinophil Manual	No Change %	Numeric XXX
Value Company Value Va		We are restructuring our Manual Differential				0100550	Basophil Man	Basophil Manual	No Change %	Numeric XXX
We are removing the result of "Immature Monouncider Manual" cells and replacing it with "Atypical Manouncider Manual" cells No Longer being reported New Reportable New Reportable "Platateit Morphology" "Platateit Estimation" "Other" "Other" "The result for "Segmented Neutrophils Manual" is the only required result details will be reported only if present New Reportable New Reportable New Reportable New Reportable New Reportable "Other" New Reportable "Other "Segmented Neutrophils Manual" is the only required result details will be reported only if present New Reportable N		test result possibilities.				0100300	Atyp Lymph Man	Atypical Lymphocyte Manual	No Change %	Numeric XXX
"Immature Monounclear Manual" cells and replacing it with "Atypical Monounclear Manual" cells No Longer being reported New Reportable We are also providing additional interfaced results for "Platelet Morphology" "Platelet Stimation" New Reportable "Other" New Reportable The result for "Segmented Neutrophils Manual" is the only required result details will be reported only if present ### Platelet Annual State						0103550	Meta Man	Metamyelocyte Manual	No Change %	Numeric XXX
and replacing with "Atypical Mononuclear Manaual" cells We are also providing additional inferfaced results for "platablet Morphology" "ratablet Morphology" "datablet Estimation" "Other" New Reportable New Reportab		We are removing the result of				0103700	Myelo Man	Myelocyte Manual	No Change %	Numeric XXX
"Aspical Monounclear Manaual" cells No are also providing additional inferfaced results for "flataclet Morphology" "Plataclet Stimustion" New Reportable Ne		"Immature Mononuclear Manual" cells				0104550	Promyelo Man	Promyelocyte Manual	No Change %	Numeric XXX
New Reportable G905/41 Atyp Mononuc Atypical Mononuclaer Manual By Report %		and replacing it with				0100650	Blasts Man	Blasts Manual	No Change %	Numeric XXX
Parallelet Morphology		"Atypical Mononuclear Manaual" cells		No Longer I	being reported	0102450	Imma Man	Immature Mononuclear Manual	By Report %	Numeric XXX
"Plateiet Stimation" "Other" New Reportable New Rep				N	lew Reportable	6906741	Atyp Mononuc	Atypical Mononuclear Manual	By Report %	Numeric XXX
"Platelet Estimation" New Reportable		We are also providing additional inferfaced results	s for			0103900	NRBC Man	Nucleated RBC Manual	No Change %	Numeric XXX
"Other" New Reportable 1510.0210. Aniso. Anisocytosis By Report Only required result details will be reported only if present 1510.0210. Aniso. Anisocytosis By Report Only required result element, all other result details will be reported only if present 1510.0200 Polychrom Polychromasia By Report O10500 Polychrom Polychromasia By Report O10500 Basophilic Stip O10500 Basophilic Stip O10500 Basophilic Stip O10500 Basophilic Stip O10500 By Polychromasia By Report O10500 Basophilic Stip O10500 Basophilic Stip O10500 Basophilic Stip O10500 By Polychromasia By Report O10500 By Polychromasia By Report O10500 Basophilic Stip O10500 Basophilic Stip O10500 By Polychromasia By Report O10500 Schistocyte Schistocyte O10500 Smudge Smudge Cells O10500 By Polychromasia By Report O10500 Smudge Smudge Cells O10500 By Polychromasia By Report O10500 Smudge Smudge Cells O10500 By Polychromasia By Report O10500 By Polychromasia By Report O10500 Smudge Smudge Cells O10500 By Polychromasia By Report O10500 Smudge Schistocyte O10500 Stomato Stomatocytes By Report O10500 By Polychromasia By Report O10500 By Polychromasia By Polychromasia By Report O10500 Stomato Stomatocytes By Polychromasia By Poly		"Platelet Morphology"				0104700	RBC Morph	RBC Morphology	Normal	Alpha
15102101 Aniso		"Platelet Estimation"		N	lew Reportable	0104702	PLT Morph	Platelet Morphology	Normal	Alpha
The result for "Segmented Neutrophils Manual" is the only required result element, all other result details only required result element, all other result details on the result element, all other result element element, all other result element		"Other"		N	lew Reportable	0104704	PLT Est	Platelet Estimation	Adequate	Alpha
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1016200		only required result element, all other result detail	ils			0101600	Elliptocyte	Elliptocyte	By Report	Alpha
106350		will be reported only if present				0104500	Polychrom	Polychromasia	By Report	Alpha
Display						0106200	Target Cell	Target Cell	By Report	Alpha
Dohle Bodies Dohle Bodies By Report						0106350	Toxic Gran	Toxic Granulation	By Report	Alpha
Display Burr Burr Cells By Report						0100500	Basophilic Stip	Basophilic Stippling	By Report	Alpha
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0105800 Smudge Smudge Cells By Report 0100100 Acanthocyte Acanthocyte By Report 0106575 Corr WBC Corrected White Blood Cell Count No Change Dee9/L 0106250 Teardrop Cell Teardrop Cell By Report 0103950 Pappen Pappenheimer Bodies By Report 0105250 Rouleaux Rouleaux RBC By Report 0100600 Bzar Pl Bizarre Platelets By Report 0101100 Cotystals C Crystals By Report 0101150 Cabot Ring Cabot Ring By Report 0102350 Hyperseg Hypersegmented Neutrophils By Report 0105350 SC Crystal SC Crystal SC Crystal 0105600 Sickle Cell Sickle Cell By Report 0106000 Stomatocytes By Report 01002300 HJ Bodies Howell Jolly Bodies By Report						0105600	Schistocyte	Schistocyte	By Report	Alpha
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						0100250	Agr Pol	Agranular Polys	By Report	Alpha
coorne lou									By Report	Alpha
New Reportable 6906743 Other Other By Report				N	lew Reportable	6906743	Other	Other	By Report	Alpha
									<u> </u>	





Modify Test	Effective: Postoned - Date to be determ	ined	- Please update your EMR catalog	g with those app	propriate to your praction	ce -		
Test Code	Test Name	Mnemonic	Category/Type					
0101025	.No Charge Manual Differential	.NCDF	Group					
			· · ·	Result Code	Mnemonic	Test Name	Reference Range UOM	Result Type
CPT: n/a	This change has been postponed due to LIS Upgrade and Vendor Issues			0104450	Segs Man	Segmented Neutrophils Manual	No Change %	Numeric XXX
	A New Change Date will be issued at a lo			0100450	Band Man	Band Manual	No Change %	Numeric XXX
	•			0103150	Lymph Man	Lymphocyte Manual	No Change %	Numeric XXX
				0103650	Monocyte Man	Monocyte Manual	No Change %	Numeric XXX
	This test is the used in the reflex from abnormal re	esults		0101650	Eos Man	Eosinophil Manual	No Change %	Numeric XXX
	from an CBC with automated Differential orders			0100550	Basophil Man	Basophil Manual	No Change %	Numeric XXX
				0100300	Atyp Lymph Man	Atypical Lymphocyte Manual	No Change %	Numeric XXX
	We are restructuring our Manual Differential			0103550	Meta Man	Metamyelocyte Manual	No Change %	Numeric XXX
	test result possibilities.			0103700	Myelo Man	Myelocyte Manual	No Change %	Numeric XXX
			0104550	Promyelo Man	Promyelocyte Manual	No Change %	Numeric XXX	
	We are removing the result of			0100650	Blasts Man	Blasts Manual	No Change %	Numeric XXX
	"Immature Mononuclear Manual" cells		No Longer being reported	0102450	Imma Man	Immature Mononuclear Manual	By Report %	Numeric XXX
	and replacing it with		New Reportable	6906741	Atyp Mononuc	Atypical Mononuclear Manual	By Report %	Numeric XXX
	"Atypical Mononuclear Manaual" cells			0103900	NRBC Man	Nucleated RBC Manual	No Change %	Numeric XXX
				0104700	RBC Morph	RBC Morphology	Normal	Alpha
	We are also providing additional inferfaced result	s for	New Reportable	0104702	PLT Morph	Platelet Morphology	Normal	Alpha
	"Platelet Morphology"		New Reportable	0104704	PLT Est	Platelet Estimation	Adequate	Alpha
	"Platelet Estimation"			15102101	Aniso	Anisocytosis	By Report	Alpha
	"Other"			0104350	Poik	Poikilocytosis	By Report	Alpha
				0101600	Elliptocyte	Elliptocyte	By Report	Alpha
	The result for "Segmented Neutrophils Manual" is the				Polychrom	Polychromasia	By Report	Alpha
	only required result element, all other result deta	ils		0106200	Target Cell	Target Cell	By Report	Alpha
	will be reported only if present			0106350	Toxic Gran	Toxic Granulation	By Report	Alpha
				0100500	Basophilic Stip	Basophilic Stippling	By Report	Alpha
				0101550	Dohle Bodies	Dohle Bodies	By Report	Alpha
				0101050	Burr	Burr Cells	By Report	Alpha
				0102950	Lg Plt	Large Platelets	By Report	Alpha
				0106400	Vac Pol	Vacuolated Polys	By Report	Alpha
				0105600	Schistocyte	Schistocyte	By Report	Alpha
				0105950	Spherocyte	Spherocyte	By Report	Alpha
				0105800	Smudge	Smudge Cells	By Report	Alpha
				0100100	Acanthocyte	Acanthocyte	By Report	Alpha
				0106575	Corr WBC	Corrected White Blood Cell Count	No Change 10e9/L	Numeric XXX.X
				0106250	Teardrop Cell	Teardrop Cell	By Report	Alpha
				0103950	Pappen	Pappenheimer Bodies	By Report	Alpha
				0105250	Rouleaux	Rouleaux RBC	By Report	Alpha
				0100600	Bzar Pl	Bizarre Platelets	By Report	Alpha
				0101100	C Crystals	C Crystals	By Report	Alpha
				0101150	Cabot Ring	Cabot Ring	By Report	Alpha
				0102350	Hyperseg	Hypersegmented Neutrophils	By Report	Alpha
				0105350	SC Crystal	SC Crystal	By Report	Alpha
				0105650	Sickle Cell	Sickle Cell	By Report	Alpha
				0106000	Stomato	Stomatocytes	By Report	Alpha
				0100250	Agr Pol	Agranular Polys	By Report	Alpha
				0102300	HJ Bodies	Howell Jolly Bodies	By Report	Alpha
			New Reportable	6906743	Other	Other	By Report	Alpha





INACTIVATED TESTS - Please update your EMR catalog with those appropriate to your practice

INACTIVE Effective: 11/06/2017								
Inactive	Inactive Inactive Replacement Information							
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name		
3487500	Platelet Antibody, Indirect (IgG)	PLT Abs Ind		5577425	PLT Ab Indirect	Platelet Antibody, Indirect		

This test is to be discontinued and replaced by RML performed assay listed at right

See Test build information in the Yellow Test Modification section of the LiveWire

INACTIVE	Effective: 11/06/2017							
Inactive	Inactive Inactive Replacement Information							
Test Code	Test Name	Mnemonic	-	Test Code	Mnemonic	Test Name		
6000225	Chlamydia Pneumoniae Culture	C CHLAM PN		6900541	Chlam pneu PCR	Chlamydia pneumoniae PCR		

This test is to be discontinued and replaced by assay listed at right

See Test build information in the Green New Test section of the LiveWire

INACTIVE	Effective :					
Inactive	Inactive	Inactive	Replacemen	t Information	1	
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name
4306925	Cadmium Exposure (OSHA) Urine	OSHA CAD U		5613555	Cadmium Ur	Cadmium, Urine
			•			

This OSHA test is to be discontinued with no direct replacement at this time. For Non- OSHA requirement collections see test listed at the right See Test build information in the Yellow Test Modification section of the LiveWire