



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

Test Code									
	Test Name	Mnemonic	Category/Type			1			
3664470	Cystine Quantitative, Urine	Cystine Qt Ur	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This test was listed on previous LiveWire, bu	-			3809180	Cystine U Quant	Cystine, Urine - Quantitative	By Report umol/g CRT	Numeric XXX
PT: 82131	this is the replacement assay for Cystine Urir	e (Random) 38081	00		3809185	Cystine, 24Hr U	Cystine, 24 Hour Urine	by Report mg/d	Numeric XXXX
					3109190	Cystine U Vol	Cystine, Urine - per volume	By Report mg/dL	Numeric XXXX.
	Collect: 24-hour or other timed urine collection.				2927022	U Creat(Metab)	Creatinine Urine mg/dL	By Report mg/dL	Numeric XXX
	Avoid dilute urine when possible.			Prompt	3809175	Total Volume	Total Volume		
	Refrigerate 24-hour/timed specimens during collection			Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine		
	Mix urine well. Transfer 4 mL (Min: 3 mL) aliquot urine	into							
	a Standard Transport Tubes and freeze immediately.							ns 14 - 573 umol/g CRT	
	CRITICAL FROZEN. Separate specimens must be submit	•						ns 28 - 461 umol/g CRT	
	Record total volume and collection time interval on tra	nsport tube and test re	equest form.				9 months - 2 yea	ar 34 - 186 umol/g CRT	
	Unacceptable Conditions: Refrigerated or room temper	ature specimens.					3 - 12 yea	ar 26 - 98 umol/g CRT	
	Stability: Ambient: Unacceptable; Refrigerated: Unacce	ptable; Frozen: 1 mont	:h				>/=13 yea	ar 12 - 81 umol/g CRT	
	Setup Mon-Fri / TAT 3-7 Days								
	Clinical information is needed for appropriate interpre								
	Additional required information includes age, gender, Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located	liet (eg, TPN therapy), o on the ARUP Web site o	or by contacting ARL		25.				
	Additional required information includes age, gender, Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o	or by contacting ARL com/Tests/Pdf/16		25.				
Test Code	Additional required information includes age, gender, Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017 Test Name	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o Mnemonic	or by contacting ARL com/Tests/Pdf/16 Category/Type	JP Client Servic		1			0
	Additional required information includes age, gender, Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o	or by contacting ARL com/Tests/Pdf/16	JP Client Service	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
Test Code 6906745	Additional required information includes age, gender, Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017 Test Name Non-Invasive Prenatal Test	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o Mnemonic	or by contacting ARL com/Tests/Pdf/16 Category/Type	UP Client Service	Result Code 6906799	Trisomy 21	Trisomy 21	By Report	Alpha
Test Code 6906745	Additional required information includes age, gender, Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017 Test Name Non-Invasive Prenatal Test Required Specimen:	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o Mnemonic NI Prenatal	or by contacting ARL com/Tests/Pdf/16 Category/Type	UP Client Service LOINC 73966-4 73825-2	Result Code 6906799 6906747	Trisomy 21 Trisomy 18	Trisomy 21 Trisomy 18	By Report By Report	Alpha Alpha
Test Code 6906745	Additional required information includes age, gender, Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017 Test Name Non-Invasive Prenatal Test Required Specimen: Collect: Whole blood in Two 10mL Cell-Free DNA BCT T	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o Mnemonic NI Prenatal	or by contacting ARL com/Tests/Pdf/16 Category/Type	UP Client Service LOINC 73966-4 73825-2 73824-5	Result Code 6906799 6906747 6906749	Trisomy 21 Trisomy 18 Trisomy 13	Trisomy 21 Trisomy 18 Trisomy 13	By Report By Report By Report	Alpha Alpha Alpha
Test Code 6906745	Additional required information includes age, gender, a Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017 Test Name Non-Invasive Prenatal Test Required Specimen: Collect: Whole blood in Two 10mL Cell-Free DNA BCT T All specimens must be collected using the NIPT ANEU b	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o Mnemonic NI Prenatal	or by contacting ARL com/Tests/Pdf/16 Category/Type	UP Client Service LOINC 73966-4 73825-2 73824-5 73821-1	Result Code 6906799 6906747 6906749 6906751	Trisomy 21 Trisomy 18 Trisomy 13 Monosomy X	Trisomy 21 Trisomy 18 Trisomy 13 Monosomy X	By Report By Report By Report By Report	Alpha Alpha Alpha Alpha
Test Code 6906745	Additional required information includes age, gender, a Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017 Test Name Non-Invasive Prenatal Test Required Specimen: Collect: Whole blood in Two 10mL Cell-Free DNA BCT T All specimens must be collected using the NIPT ANEU & (available from RML Materials Management)	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o Mnemonic NI Prenatal ubes it	or by contacting ARL com/Tests/Pdf/16 Category/Type	JP Client Service LOINC 73966-4 73825-2 73824-5 73821-1 n/a	Result Code 6906799 6906747 6906749 6906751 6906757	Trisomy 21 Trisomy 18 Trisomy 13 Monosomy X Trpldy/Vansh Tw	Trisomy 21 Trisomy 18 Trisomy 13 Monosomy X Triploidy/Vanishing Twin	By Report By Report By Report By Report By Report By Report	Alpha Alpha Alpha Alpha Alpha
Test Code 6906745	Additional required information includes age, gender, Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017 Test Name Non-Invasive Prenatal Test Required Specimen: Collect: Whole blood in Two 10mL Cell-Free DNA BCT T All specimens must be collected using the NIPT ANEU & (available from RML Materials Management) Transport 20 mL maternal blood in Cell-Free DNA BCT T	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o Mnemonic NI Prenatal ubes it	or by contacting ARL com/Tests/Pdf/16 Category/Type	JP Client Service LOINC 73966-4 73825-2 73824-5 73821-1 n/a 11882-8	Result Code 6906799 6906747 6906749 6906751 6906757 6906767	Trisomy 21 Trisomy 18 Trisomy 13 Monosomy X Trpldy/Vansh Tw Fetal Sex	Trisomy 21 Trisomy 18 Trisomy 13 Monosomy X Triploidy/Vanishing Twin Fetal Sex	By Report By Report By Report By Report By Report By Report By Report	Alpha Alpha Alpha Alpha Alpha Alpha
	Additional required information includes age, gender, a Biochemical Genetics Patient History Form is available Patient History For Biochemical Genetics Form located Effective : 11/06/2017 Test Name Non-Invasive Prenatal Test Required Specimen: Collect: Whole blood in Two 10mL Cell-Free DNA BCT T All specimens must be collected using the NIPT ANEU & (available from RML Materials Management)	liet (eg, TPN therapy), o on the ARUP Web site o at: http://ltd.aruplab.o <u>Mnemonic</u> NI Prenatal ubes it	Category/Type Group	JP Client Service LOINC 73966-4 73825-2 73824-5 73821-1 n/a	Result Code 6906799 6906747 6906749 6906751 6906757	Trisomy 21 Trisomy 18 Trisomy 13 Monosomy X Trpldy/Vansh Tw	Trisomy 21 Trisomy 18 Trisomy 13 Monosomy X Triploidy/Vanishing Twin	By Report By Report By Report By Report By Report By Report	Alpha Alpha Alpha Alpha Alpha

11526-1

Prompt

Prompt

Prompt

Prompt

6906769

6906763

6906761

6906765

6906755

EER-NIPT

Maternal Wt

Gest Age-wks

Gest age-days

Rept Fetal Sex?

EER - Non-Invasive Prenatal Test

Maternal Weight (Pounds)

Report Fetal Sex? (Yes/No)

Gestational Age at draw - Wks

Gestational Age at draw - Days

By Report

Alpha

Numeric XXX

Numeric XX

Numeric X

Free Text

Remarks: Patient History for Non-Invasive Prenatal Testing (NIPT) form required. Stability: Ambient: 5 days; Refrigerated: Unacceptable; Frozen: Unacceptable

History Form for Non-Invasive Prenatal Testing (NIPT) - REQUIRED http://ltd.aruplab.com/Tests/Pdf/114

Optional Informed Consent Form for Non-Invasive Prenatal Testing (NIPT) http://ltd.aruplab.com/Tests/Pdf/460





Test Code	Test Name	Mnemonic	Category/Type						
6906775	Non-Invasive Prenatal w/22q11.2 Microdeletion	NI Prenat 22q11	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				73966-4	6906799	Trisomy 21	Trisomy 21	By Report	Alpha
CPT: 81420,	Required Specimen:			73825-2	6906747	Trisomy 18	Trisomy 18	By Report	Alpha
81422	Collect: Whole blood in Two 10mL Cell-Free DNA BCT Tu	ıbes		73824-5	6906749	Trisomy 13	Trisomy 13	By Report	Alpha
	All specimens must be collected using the NIPT ANEU ki	it		73821-1	6906751	Monosomy X	Monosomy X	By Report	Alpha
	(available from RML Materials Management)			n/a	6906757	Trpldy/Vansh Tw	Triploidy/Vanishing Twin	By Report	Alpha
	Transport 20 mL maternal blood in Cell-Free DNA BCT T	ubes		11882-8	6906767	Fetal Sex	Fetal Sex	By Report	Alpha
	Storage/Transport Temperature: Room temperature.			n/a	6906753	Fetal Fraction	Fetal Fraction	By Report	Numeric XX.X
	Remarks: Patient History for Non-Invasive Prenatal Test	ing (NIPT) form require	d.	48767-8	6906759	Result Summary	Result Summary	By Report	Alpha
	Stability: Ambient: 5 days; Refrigerated: Unacceptable;	Frozen: Unacceptable		n/a	6906801	22q11.2 Del Syn	22q11.2 Deletion Syndrome	By Report	Alpha
					6906803	EER-22q11.2	EER-NIPT-22q11.2	By Report	Alpha
	History Form for Non-Invasive Prenatal Testing (NIPT) -	REQUIRED		Prompt	6906763	Maternal Wt	Maternal Weight (Pounds)		Numeric XXX
	http://ltd.aruplab.com/Tests/Pdf/114			Prompt	6906761	Gest Age-wks	Gestational Age at draw - Wks		Numeric XX
				Prompt	6906765	Gest age-days	Gestational Age at draw - Days		Numeric X
	Optional Informed Consent Form for Non-Invasive Pren	atal Testing (NIPT)		Prompt	6906755	Rept Fetal Sex?	Report Fetal Sex? (Yes/No)		Free Text
	http://ltd.aruplab.com/Tests/Pdf/460			Prompt	6906771	Maternal Ht(in)	Maternal Height (in)		Numeric XX
				Prompt	6906773	No. of fetuses	Number of fetuses		Numeric X

New Test	Effective : 11/06/2017							Updated Order Cod	le
Test Code	Test Name	Mnemonic	Category/Type						
6906806	Non-Invasive Prenatal w/ Microdeletion	NI Prenat Microl	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				73966-4	6906799	Trisomy 21	Trisomy 21	By Report	Alpha
CPT: 81420,	Change in Order Code from 6906805 to 69068	3 06		73825-2	6906747	Trisomy 18	Trisomy 18	By Report	Alpha
81422				73824-5	6906749	Trisomy 13	Trisomy 13	By Report	Alpha
	Required Specimen:			73821-1	6906751	Monosomy X	Monosomy X	By Report	Alpha
	Collect: Whole blood in Two 10mL Cell-Free DNA BCT Tu	ıbes		n/a	6906757	Trpldy/Vansh Tw	Triploidy/Vanishing Twin	By Report	Alpha
	All specimens must be collected using the NIPT ANEU ki	it		11882-8	6906767	Fetal Sex	Fetal Sex	By Report	Alpha
	(available from RML Materials Management)			n/a	6906753	Fetal Fraction	Fetal Fraction	By Report	Numeric XX.X
	Transport 20 mL maternal blood in Cell-Free DNA BCT Tu	ubes		48767-8	6906759	Result Summary	Result Summary	By Report	Alpha
	Storage/Transport Temperature: Room temperature.			n/a	6906801	22q11.2 Del Syn	22q11.2 Deletion Syndrome	By Report	Alpha
	Remarks: Patient History for Non-Invasive Prenatal Test	ing (NIPT) form required	ł.	44617-9	6906805	Pradr-Willi Syn	Prader-Willi Syndrome	By Report	Alpha
	Stability: Ambient: 5 days; Refrigerated: Unacceptable;	Frozen: Unacceptable		73751-0	6906807	Cri-du-chat Syn	Cri-du-chat Syndome	By Report	Alpha
				48024-4	6906809	Angelman Syn	Angelman Syndrome	By Report	Alpha
	History Form for Non-Invasive Prenatal Testing (NIPT) - I	REQUIRED		n/a	6906811	del 1p36 Syn	del 1p36 Syndrome	By Report	Alpha
	http://ltd.aruplab.com/Tests/Pdf/114			n/a	6906813	EER-NIPTw Micr	EER-Non-Invasive Prenatal w/Microdel	By Report	Alpha
				Prompt	6906763	Maternal Wt	Maternal Weight (Pounds)		Numeric XXX
	Optional Informed Consent Form for Non-Invasive Prena	atal Testing (NIPT)		Prompt	6906761	Gest Age-wks	Gestational Age at draw - Wks		Numeric XX
	http://ltd.aruplab.com/Tests/Pdf/460			Prompt	6906765	Gest age-days	Gestational Age at draw - Days		Numeric X
				Prompt	6906755	Rept Fetal Sex?	Report Fetal Sex? (Yes/No)		Free Text





lodify Test	Effective : Immediately		- Please update yo	our EMR catalog with those	appropriate to your practic	e -		
Test Code	Test Name	Mnemonic	Category/Type					
5570900	Tularemia Antibody	TULAREM AB	Detail					
	Champe in Creating an Demuisements							
	Change in Specimen Requirements							
	1 mL (0.5) Serum Clot Activator SST	-						
	Allow specimen to clot completely at room temperatu Separate serum or plasma from cells ASAP or within 2		Freeze					
	Specimen Stability: Room Temperature: Unacceptable							
		Keingerateu. 4 nours,	riozen so Days					
	No other changes needed							
lodify Test	Effective : Immediately		- Please update vo	our EMR catalog with those	appropriate to your practic	e -		
Test Code	Test Name	Mnemonic	Category/Type		<u>, , .</u>			
3807800	Haemophilus Influenza B Ab	H FLU B AB	Detail					
	-	-	Ŧ				-	-
	CPT Code Update							
	Cpt change from 86684 to 86317							
	No other changes needed							
	Effective : Immediately			our EMR catalog with those	appropriate to your practice	e -		
Test Code	Test Name	Mnemonic	Category/Type					
3609075	Dihydrotestosterone (DHT)	DIHYDTEST	Detail					
	CPT Code Update							
	Cpt change from 80327 to 82542							
	No other changes needed							
	No other changes needed							
Aodify Test	Effective : Immediately		- Please update yo	our EMR catalog with those	appropriate to your practic	e -		
Test Code	Test Name	Mnemonic	Category/Type					
3501065	C Difficile A/B Toxin	C DIFF TOX	Detail					
	CPT Code Update							
	Cpt change from 87324 to 87324, 87449							
	No other changes needed							
			- Please update yo	our EMR catalog with those	appropriate to your practic	e -		
Aodify Test	Effective : Immediately		Category/Type					
<mark>/Iodify Test</mark> Test Code	Effective : Immediately Test Name	Mnemonic	cutegory/ type					
		Mnemonic GHB URINE	Detail					
Test Code	Test Name Gamma Hydroxybutyric Acid (GHB) Screen Urine							
Test Code	Test Name Gamma Hydroxybutyric Acid (GHB) Screen Urine CPT Code Update							
Test Code	Test Name Gamma Hydroxybutyric Acid (GHB) Screen Urine							





Test Code	Effective : Immediately		- Please update yo	our EMR catalog with those appro	priate to your practice -			
	Test Name	Mnemonic	Category/Type					
5516450	Hepatitis D Antibody IgM	HEP DELTA	Detail					
	CPT Code Update							
	Cpt change from 86692 to 86790							
	No other changes needed							
	Ū							
Modify Test	Effective : Immediately		- Please update yo	our EMR catalog with those appro	priate to your practice -			
	Test Name	Mnemonic	Category/Type					
	Hypoglycemics Panel (Quantitative), Urine	SULFON UR	Group					
	CPT Code Update							
	Cpt change from 82542 to 80377 (Alt code: G0480)							
	No other changes needed							
Modify Test	Effective : Immediately		- Please update yo	our EMR catalog with those appro	priate to your practice -			
Test Code	Test Name	Mnemonic	Category/Type					
3620625	Insulin-Like Growth Factor II	INSLIN GF2	Detail					
				-				
	CPT Code Update							
	Cpt change from 83520 to 82542							
	No other changes needed							
Modify Test	Effective : Immediately		- Please update yo	our EMR catalog with those appro	priate to your practice -			
Test Code	Test Name	Mnemonic	Category/Type					
9103400	Interleukin 28b Genotype (HCV)	IL28B GENO	Group					
				·	-	-	-	
	CPT Code Update							
	Cpt change from 81479 to 81400							
	No other changes needed							
			- Please update vo	our EMR catalog with those appro	priate to your practice -			
Modify Test	Effective : Immediately							
	Effective : Immediately Test Name	Mnemonic	Category/Type					
Test Code		Mnemonic CRYPTO AB						
Test Code	Test Name		Category/Type					
Test Code 5521900	Test Name		Category/Type					
Test Code 5521900	Test Name Cryptococcal Antibody		Category/Type					
Test Code 5521900	Test Name Cryptococcal Antibody CPT Code Update		Category/Type					
Test Code 5521900	Test Name Cryptococcal Antibody <i>CPT Code Update</i> Cpt change from 86641 to 86403		Category/Type					
Test Code 5521900	Test Name Cryptococcal Antibody <i>CPT Code Update</i> Cpt change from 86641 to 86403		Category/Type Detail	our EMR catalog with those appre	ppriate to your practice -			
Test Code 5521900 Modify Test	Test Name Cryptococcal Antibody CPT Code Update Cpt change from 86641 to 86403 No other changes needed		Category/Type Detail	our EMR catalog with those appro	opriate to your practice -			
Test Code 5521900 Modify Test Test Code	Test Name Cryptococcal Antibody CPT Code Update Cpt change from 86641 to 86403 No other changes needed Effective : Immediately	CRYPTO AB	Category/Type Detail	our EMR catalog with those appro	opriate to your practice -			
Test Code 5521900 Modify Test Test Code	Test Name Cryptococcal Antibody CPT Code Update Cpt change from 86641 to 86403 No other changes needed Effective : Immediately Test Name	CRYPTO AB	Category/Type Detail - Please update yo Category/Type	our EMR catalog with those appro	opriate to your practice -			
Test Code 5521900 Modify Test Test Code 6905113	Test Name Cryptococcal Antibody CPT Code Update Cpt change from 86641 to 86403 No other changes needed Effective : Immediately Test Name	CRYPTO AB	Category/Type Detail - Please update yo Category/Type	our EMR catalog with those appro	opriate to your practice -			
Test Code 5521900 Modify Test Test Code 6905113	Test Name Cryptococcal Antibody CPT Code Update Cpt change from 86641 to 86403 No other changes needed Effective : Immediately Test Name Platelet Antigen Genotyping Panel	CRYPTO AB	Category/Type Detail - Please update yo Category/Type	our EMR catalog with those appro	opriate to your practice -			
Test Code 5521900 Modify Test Test Code 6905113	Test Name Cryptococcal Antibody CPT Code Update Cpt change from 86641 to 86403 No other changes needed Effective : Immediately Test Name Platelet Antigen Genotyping Panel CPT Code Update	CRYPTO AB	Category/Type Detail - Please update yo Category/Type	our EMR catalog with those appro	opriate to your practice -			
Test Code 5521900 Modify Test Test Code 6905113	Test Name Cryptococcal Antibody CPT Code Update Cpt change from 86641 to 86403 No other changes needed Effective : Immediately Test Name Platelet Antigen Genotyping Panel CPT Code Update CPT Code Update CPT Code Update Cpt change from 84100 to 84100x7	CRYPTO AB	Category/Type Detail - Please update yo Category/Type	our EMR catalog with those appro	opriate to your practice -			





wouly rest	Effective : Immediately		- Please update y	our EMR catalog	g with those appr	opriate to your practic	e -		
Test Code	Test Name	Mnemonic	Category/Type						
2025625	Pregabalin (Lyrica) Level Urine	PREGABAL U	Detail						
	CPT Code Update								
	Cpt change from 82542 to 80366								
	No other changes needed								
Modify Test	Effective : Immediately		- Please update y	our EMR catalog	g with those appr	opriate to your practic	e -		
Test Code	Test Name	Mnemonic	Category/Type						
5590425	Ribosomal P Protein IgG Ab	ANTI-RPP	Detail						
	CPT Code Update								
	Cpt change from 86235 to 83516								
	No other changes needed								
Modify Test	Effective : Immediately		- Please update y	our EMR cataloo	g with those appr	opriate to your practic	e -		
Test Code	Test Name	Mnemonic	Category/Type	T	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
3807000	Tetanus IgG Antibody	TETANUS A	Detail						
	CPT Code Update								
	<i>CPT Code Update</i> Cpt change from 86774 to 86317								
	Cpt change from 86774 to 86317								
Modify Test	Cpt change from 86774 to 86317		- Please update ye	our EMR catalo <u>s</u>	g with those appro	opriate to your practic	ę -		
Test Code	Cpt change from 86774 to 86317 No other changes needed	Mnemonic	- <i>Please update y</i> Category/Type			-	e		
	Cpt change from 86774 to 86317 No other changes needed <i>Effective : 11/13/2017</i>	Mnemonic HYPOGLYC P		LOINC	g with those appro Result Code	opriate to your practic Mnemonic	e - Result Name	Reference Range UOM	Result Type
Test Code	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name		Category/Type Group	LOINC New LOINC	Result Code	Mnemonic	Result Name	Cutoff Concentration	
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel		Category/Type Group 3474-4	LOINC New LOINC 48329-7	Result Code 4008850	Mnemonic Chlorpropa Lvl	Result Name Chlorpropamide Level	Cutoff Concentration 100 ng/mL	Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480)	HYPOGLYC P	Category/Type Group <u>3474-4</u> 9629-7	LOINC New LOINC 48329-7 21566-5	Result Code 4008850 4008900	Mnemonic Chlorpropa Lvl Tolazamide Lvl	Result Name Chlorpropamide Level Tolazamide Level	Cutoff Concentration 100 ng/mL 100 ng/mL	Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group <u>3474-4</u> <u>9629-7</u> <u>10540-3</u>	LOINC New LOINC 48329-7 21566-5 48327-1	Result Code 4008850 4008900 4009000	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL	Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480)	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1	Result Code 4008850 4008900 4009000 4009050	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL	Alpha Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3	Result Code 4008850 4008900 4009000 4009050 4008950	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL	Alpha Alpha Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3 10539-5	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3 48326-3	Result Code 4008850 4008900 4009000 4009050 4008950 4004100	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl Glipizide Lvl	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level Glipizide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL	Alpha Alpha Alpha Alpha Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3 10539-5 40465-7	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3 48326-3 48325-5	Result Code 4008850 4008900 4009000 4009050 4008950 4004100 4004750	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl Glipizide Lvl Glimepiride Lvl	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level Glipizide Level Glimepiride Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL 5 ng/mL 5 ng/mL 5 ng/mL 5 ng/mL 5 ng/mL	Alpha Alpha Alpha Alpha Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3 10539-5 40465-7 49702-4	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3 48326-3 48326-3 48325-5 49487-2	Result Code 4008850 4008900 4009000 4009050 4008950 4004100 4005450	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl Glipizide Lvl Glimepiride Lvl Nateglinide Lvl	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level Glipizide Level Glimepiride Level Nateglinide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL 5 ng/mL	Alpha Alpha Alpha Alpha Alpha Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3 10539-5 40465-7 49702-4 38542-7	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3 48326-3 48326-3 48325-5 49487-2 48328-9	Result Code 4008850 4008900 4009000 4009050 4008950 4004100 4005450	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl Glipizide Lvl Glimepiride Lvl	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level Glipizide Level Glimepiride Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL 5 ng/mL 5 ng/mL 5 ng/mL 5 ng/mL 5 ng/mL	Alpha Alpha Alpha Alpha Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3 10539-5 40465-7 49702-4 38542-7 Reported as either	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3 48326-3 48325-5 49487-2 48328-9 er "Present" or '	Result Code 4008850 4008900 4009000 4009000 4009050 4004100 4004750 4005500 'Not Detected"	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl Glipizide Lvl Glimepiride Lvl Nateglinide Lvl Repaglinide Lvl	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level Glipizide Level Glimepiride Level Repaglinide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL 5 ng/mL	Alpha Alpha Alpha Alpha Alpha Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3 10539-5 40465-7 49702-4 38542-7 Reported as either This assay is used	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3 48326-3 48325-5 49487-2 48328-9 er "Present" or ' I to evaluate hyp	Result Code 4008850 4008900 4009000 4009000 4009000 4009050 4004100 4004750 4005450 4005500 'Not Detected" poglycemia that m	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl Glipizide Lvl Glimepiride Lvl Nateglinide Lvl Repaglinide Lvl	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level Glipizide Level Glimepiride Level Repaglinide Level Repaglinide Level Repaglinide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL 5 ng/mL	Alpha Alpha Alpha Alpha Alpha Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3 10539-5 40465-7 49702-4 38542-7 Reported as eithe This assay is used Hypoglycemic dru	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3 48326-3 48325-5 49487-2 48328-9 er "Present" or ' I to evaluate hypugs are detected	Result Code 4008850 4008900 4009000 4009000 4009050 4004100 4005450 4005500 'Not Detected" poglycemia that n I (present) in this	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl Glipizide Lvl Glimepiride Lvl Nateglinide Lvl Repaglinide Lvl nay be caused from th assay if the drug conce	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level Glipizide Level Glimepiride Level Repaglinide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL 5 ng/mL	Alpha Alpha Alpha Alpha Alpha Alpha Alpha Alpha
Test Code	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3 10539-5 40465-7 49702-4 38542-7 Reported as either This assay is used	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3 48326-3 48325-5 49487-2 48328-9 er "Present" or ' I to evaluate hypugs are detected	Result Code 4008850 4008900 4009000 4009000 4009050 4004100 4005450 4005500 'Not Detected" poglycemia that n I (present) in this	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl Glipizide Lvl Glimepiride Lvl Nateglinide Lvl Repaglinide Lvl nay be caused from th assay if the drug conce	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level Glipizide Level Glimepiride Level Repaglinide Level Repaglinide Level Repaglinide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL 5 ng/mL	Alpha Alpha Alpha Alpha Alpha Alpha Alpha Alpha
Test Code 4008600	Cpt change from 86774 to 86317 No other changes needed Effective : 11/13/2017 Test Name Hypoglycemic Panel G0480) Change in LOINC codes on 8 of the 9 re	HYPOGLYC P	Category/Type Group 3474-4 9629-7 10540-3 27007-4 21567-3 10539-5 40465-7 49702-4 38542-7 Reported as eithe This assay is used Hypoglycemic dru	LOINC New LOINC 48329-7 21566-5 48327-1 43626-1 21567-3 48326-3 48325-5 49487-2 48328-9 er "Present" or ' I to evaluate hypugs are detected	Result Code 4008850 4008900 4009000 4009000 4009050 4004100 4005450 4005500 'Not Detected" poglycemia that n I (present) in this	Mnemonic Chlorpropa Lvl Tolazamide Lvl Glyburide Lvl Acetohexam Lvl Tolbutami Lvl Glipizide Lvl Glimepiride Lvl Nateglinide Lvl Repaglinide Lvl nay be caused from th assay if the drug conce	Result Name Chlorpropamide Level Tolazamide Level Glyburide Level Acetohexamide Level Tolbutamide Level Glipizide Level Glimepiride Level Repaglinide Level Repaglinide Level Repaglinide Level	Cutoff Concentration 100 ng/mL 100 ng/mL 5 ng/mL 100 ng/mL 100 ng/mL 5 ng/mL	Alpha Alpha Alpha Alpha Alpha Alpha Alpha Alpha





Modify Test	Effective : 11/13/2017		- Please update y	our EMR catalog	with those appro	opriate to your practice		Updated Informatio	n
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.
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.
32570	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
							Age	Male	Female
	Change in Reference Range and Numeric Mapping						3-8 years	140-700 mg/d	140-700 mg/d
	Change the numeric map for Lead, Urine - per volume fr	om XXXXX to XXXXX.X					9-12 years	300-1300 mg/d	300-1300 mg/d
	Change the numeric map for Lead, Urine - per 24h from	XXXXX to XXXXX.X					13-17 years	500-2300 mg/d	400-1600 mg/d
	8 mL (1 mL) Urine, 24-hour or Urine, Random						18-50 years	1000-2500 mg/d	700-1600 mg/d
	Collect: 24-hour or random urine collection. Specimen n	nust be collected					51-80 years	800-2100 mg/d	500-1400 mg/d
	in a plastic container and should be refrigerated during	collection.					81 years and older	600-2000 mg/d	400-1300 mg/d
	Studies indicate that refrigeration of urine alone, during	and after collection,		Prompt	3809175	Total Volume	Total Volume		
	preserves specimens adequately if tested within 14 day	s of collection.		Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine		
	Transfer 8 mL aliquot from a well-mixed collection to AF	RUP Trace Element-Free	e Transport Tubes						
	Storage/Transport Temperature: Refrigerated. Also acce	eptable: Room tempera	ture or frozen.						
	Unacceptable Conditions: Urine collected within 48 hou	rs after administration	of a gadolinium (G	d) containing co	ntrast media				
	(may occur with MRI studies). Acid preserved urine								
	Specimens contaminated with blood or fecal mater	ial.							
	Specimens transported in non-trace element-free t	ransport tube							
	Record total volume and collection time interval on tran	nsport tube and on test	request form.						

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

Interpretive Data:

Quantification of urine excretion rates before or after chelation therapy

has been used as an indicator of lead exposure. Urinary excretion of >125 mg

of lead per 24 hours is usually associated with related evidence of lead toxicity.





	Effective : 11/13/2017			our EMR catalog	with those appr	opriate to your practice	-		
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	
PT: 83825,	Additional Changes in LOINC Codes from		21383-5	6693-6	3802175	U24 Mercury	Mercury 24 Hour Urine	0.0-2.9 µg/d	
2570	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	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 24h fi	om XXX to XXX.X					18-50 years	1000-2500 mg/d	700-1600 mg/c
							51-80 years	800-2100 mg/d	500-1400 mg/d
	8 mL (1 mL) Urine, 24-hour or Urine, Random			-			81 years and older	600-2000 mg/d	400-1300 mg/d
	Collect: 24-hour or random urine collection. Specimen r	nust be collected		Prompt	3809175	Total Volume	Total Volume		
	in a plastic container and should be refrigerated during	collection.		Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine		
	Studies indicate that refrigeration of urine alone, during	g and after collection,							
	preserves specimens adequately if tested within 14 day	s of collection.							
	Transfer 8 mL aliquot from a well-mixed collection to Al	RUP Trace Element-Free	Transport Tubes						
	Storage/Transport Temperature: Refrigerated. Also acc	eptable: Room tempera	ture or frozen.						
	Unacceptable Conditions: Urine collected within 48 hou	rs after administration	of a gadolinium (Go	l) containing co	ntrast media				
	(may occur with MRI studies). Acid preserved urine								
	Specimens contaminated with blood or fecal mater	ial.							
	Specimens transported in non-trace element-free t	ransport tube							
	Record total volume and collection time interval on training	nsport tube and on test	request form.						
	Stability: Ambient: 1 week; Refrigerated: 2 weeks; Froze	en: 1 year							
	Setup Sun-Sat / TAT 1-4 Days								





Modify Test	Effective : 11/13/2017		- Please update y	our EMR catalog	y with those appro	opriate 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
T: 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
655,			29943-8	13466-8	3659800	U Lead ug/g Creat	Lead Urine ug/g Creatinine	0.0-1.4 ug/gCRT	
825,			6693-6	5689-5	3005775	U Mercury	Urine Mercury	0.0-1.9 μg/L	
570,			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 volume for	rom XXXXX to XXXXX.X		2162-6	3810375	U24 Creat	Creatinine Urine mg/day	See Below	Numeric XXXX
	Change the numeric map for Lead, Urine - per 24h from	XXXXX to XXXXX.X					Age	Male	Female
	Change the numeric map for Mercury, Urine - per 24h fr	om 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 after c	helation therapy has be	en used as an indi	cator of lead exp	osure.		13-17 years	500-2300 mg/d	400-1600 mg/d
	Urinary excretion of >125 mg of lead per 24 hours is usu	ally associated with re	ated evidence of le	ad toxicity.			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. Specimen r	nust be collected					81 years and older	600-2000 mg/d	400-1300 mg/d
	in a plastic container and should be refrigerated during	collection.		Prompt	3809175	Total Volume	Total Volume		
	Studies indicate that refrigeration of urine alone, during	g and after collection,		Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine		
	preserves specimens adequately if tested within 14 day	s of collection.							
	Transfer 8 mL aliquot from a well-mixed collection to Al	RUP Trace Element-Free	Transport Tubes						
	Storage/Transport Temperature: Refrigerated. Also acc	eptable: Room tempera	ture or frozen.						
	Unacceptable Conditions: Urine collected within 48 hou	rs after administration	of a gadolinium (G	d) containing co	ntrast media				
	(may occur with MRI studies). Acid preserved urine								
	Specimens contaminated with blood or fecal mater	ial.							
	Specimens transported in non-trace element-free t	ransport tube							
	Record total volume and collection time interval on training	nsport tube and on test	request form.						
	Stability: Ambient: 1 week; Refrigerated: 2 weeks; Froze	en: 1 year							
	Setup Sun-Sat / TAT 1-4 Days								
	If total arsenic concentration is between 35-2000 ug/L, t	hen Arsenic, Fractionat	ed, will be added to	o determine the	proportion of org	anic, inorganic, and met	hylated 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
						1			
flex 82175				12481-8	3800475	U Arsn Ing	Arsenic Inorganic	By report ug/L	Numeric XXXXX.X





Modify Test									
	Test Name	Mnemonic	Category/Type						
2003750	Glucose-6-PD Quantitative	G6PD	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	Channes in Defension Demonstration 4.6.42.5 U/c Urb 45	7 0 20 5 11/2 1125		32546-4	2003750	G-6-PD Quan	Glucose-6-PD Quantitative	7.0-20.5 U/g Hgb	Numeric XXXXX
	Change in Reference Ranges from 4.6-13.5 U/g Hgb to 2	7.0-20.5 0/g Hgb							
	No other changes are necessary.								
Aodify Test	Effective : 12/04/2017		- Please update yo	our EMR catalo	g with those appr	opriate to your practi	ce -		
Test Code	Test Name	Mnemonic	Category/Type						
4012200	Methylene Chloride Level	METHYL CL	Detail						
	Change is specimen Collection, Stability and a Specimen type changes from Lavender whole blood to Specimen volume changes from 4mL (0.5mL) to 2mL (0. Stability will be Room Temperature: 5 days; Refrigerate Test set-up changes from Tue, Thu to Wed only. No other changes needed	Gray whole blood. .7mL)	nges from N/A to 14	Days					
1odify Test	Effective : 12/04/2017		- Please update yo	our EMR catalo	g with those appi	opriate to your practi	ce -		
Test Code	Test Name	Mnemonic	Category/Type						
-									
3654275	Oxalate, Serum or Plasma Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred speci EDTA plasma will No Longer be an acceptable speciment	cimen type	Detail						
3654275	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec	Setup cimen type n type. ceptable specimen typ	Detail						
	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec EDTA plasma will No Longer be an acceptable specimer Sodium Heparin Plasma will be added as alternative ac Stability: Room Temperature: N/A, Refrigerated: 1 Day No other changes needed	Setup cimen type n type. ceptable specimen typ	Detail	our EMR catalo	g with those appr	opriate to your practi	ce -		
	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec EDTA plasma will No Longer be an acceptable specimer Sodium Heparin Plasma will be added as alternative ac Stability: Room Temperature: N/A, Refrigerated: 1 Day	Setup cimen type n type. ceptable specimen typ	Detail e. - Please update yo	our EMR catalo	g with those appr	opriate to your practi	ce -		
odify Test	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec EDTA plasma will No Longer be an acceptable specimer Sodium Heparin Plasma will be added as alternative ac Stability: Room Temperature: N/A, Refrigerated: 1 Day No other changes needed	Setup cimen type n type. ceptable specimen typ y, Frozen: 7 Days	Detail	pur EMR catalo	g with those appr Result Code	opriate to your praction	ce - Result Name	Reference Range UOM	Result Type
lodify Test Test Code	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec EDTA plasma will No Longer be an acceptable specimer Sodium Heparin Plasma will be added as alternative ac Stability: Room Temperature: N/A, Refrigerated: 1 Day No other changes needed Effective : 12/04/2017 Test Name	Setup cimen type n type. ceptable specimen typ y, Frozen: 7 Days Mnemonic	e. - <i>Please update yc</i> Category/Type		-	-		Reference Range UOM	Result Type Alpha
<mark>1odify Test</mark> Test Code 6003125	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec EDTA plasma will No Longer be an acceptable specimer Sodium Heparin Plasma will be added as alternative ac Stability: Room Temperature: N/A, Refrigerated: 1 Day No other changes needed Effective : 12/04/2017 Test Name	Setup cimen type n type. ceptable specimen typ y, Frozen: 7 Days Mnemonic	e. - <i>Please update yc</i> Category/Type	LOINC	Result Code	Mnemonic	Result Name		
<mark>1odify Test</mark> Test Code 6003125	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec EDTA plasma will No Longer be an acceptable specimer Sodium Heparin Plasma will be added as alternative ac Stability: Room Temperature: N/A, Refrigerated: 1 Day No other changes needed Effective : 12/04/2017 Test Name Influenza A/B Rapid Screen	Setup cimen type n type. ceptable specimen typ y, Frozen: 7 Days Mnemonic	e. - <i>Please update yc</i> Category/Type	LOINC N/A	Result Code 6001875	Mnemonic Influenza A	Result Name Influenza A Scr	N/A	Alpha
<mark>1odify Test</mark> Test Code 6003125	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec EDTA plasma will No Longer be an acceptable specimer Sodium Heparin Plasma will be added as alternative ac Stability: Room Temperature: N/A, Refrigerated: 1 Day No other changes needed Effective : 12/04/2017 Test Name Influenza A/B Rapid Screen	Setup cimen type n type. ceptable specimen typ y, Frozen: 7 Days Mnemonic	e. - <i>Please update yo</i> Category/Type Group	LOINC N/A N/A	Result Code 6001875 6001975	<i>Mnemonic</i> Influenza A Influenza B	Result Name Influenza A Scr Influenza B Scr	N/A N/A	Alpha Alpha
<i>fodify Test</i> Test Code 6003125 T: 87804	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec EDTA plasma will No Longer be an acceptable specimer Sodium Heparin Plasma will be added as alternative ac Stability: Room Temperature: N/A, Refrigerated: 1 Day No other changes needed Effective : 12/04/2017 Test Name Influenza A/B Rapid Screen	Setup cimen type n type. ceptable specimen typ y, Frozen: 7 Days Mnemonic	e. - Please update yo Category/Type Group New Component	LOINC N/A N/A N/A	Result Code 6001875 6001975 6001880	<i>Mnemonic</i> Influenza A Influenza B	Result Name Influenza A Scr Influenza B Scr Influenza Intrp	N/A N/A	Alpha Alpha
Modify Test Test Code 6003125 PT: 87804 Modify Test	Change is specimen Collection, Stability and Serum from a Red No-gel tube to be the preferred spec EDTA plasma will No Longer be an acceptable specimer Sodium Heparin Plasma will be added as alternative ac Stability: Room Temperature: N/A, Refrigerated: 1 Day No other changes needed Effective : 12/04/2017 Test Name Influenza A/B Rapid Screen New Result Component to this assay	Setup cimen type n type. ceptable specimen typ y, Frozen: 7 Days Mnemonic	e. - Please update yo Category/Type Group New Component	LOINC N/A N/A N/A	Result Code 6001875 6001975 6001880	Mnemonic Influenza A Influenza B Flu A/B Interp	Result Name Influenza A Scr Influenza B Scr Influenza Intrp	N/A N/A	Alpha Alpha





	Effective : Postponed - Date to be determined					opriate to your practice			
Test Code	Test Name	Mnemonic	Category/Type						
0101510	Manual Diff	DF	Group						
					Result Code	Mnemonic	Test Name	Reference Range UOM	Result Type
T: 85007	This change has been postponed due to LIS Up	grade and Vendo	r Issues		0104450	Segs Man	Segmented Neutrophils Manual	No Change %	Numeric XX
	A New Change Date will be issued at a later da	ite.			0100450	Band Man	Band Manual	No Change %	Numeric XXX
	You may choose to go ahead and stage the new reportab	le codes in your syster	m as		0103150	Lymph Man	Lymphocyte Manual	No Change %	Numeric XX
	the result for "Segmented Neutrophils Manual" is the				0103650	Monocyte Man	Monocyte Manual	No Change %	Numeric XX
	only required result element, all other result details				0101650	Eos Man	Eosinophil Manual	No Change %	Numeric XX
	will be reported only if present				0100550	Basophil Man	Basophil Manual	No Change %	Numeric XX
					0100300	Atyp Lymph Man	Atypical Lymphocyte Manual	No Change %	Numeric XX
					0103550	Meta Man	Metamyelocyte Manual	No Change %	Numeric XX
	This is a result component of the test CBC/Manual Diff (0	108050)			0103700	Myelo Man	Myelocyte Manual	No Change %	Numeric XXX
					0104550	Promyelo Man	Promyelocyte Manual	No Change %	Numeric XX
	We are restructuring our Manual Differential				0100650	Blasts Man	Blasts Manual	No Change %	Numeric XXX
	test result possibilities.		No Longer	being reported	0102450	Imma Man	Immature Mononuclear Manual	By Report %	Numeric XXX
			-	New Reportable	6906741	Atyp Mononuc	Atypical Mononuclear Manual	By Report %	Numeric XX
	We are removing the result of				0103900	NRBC Man	Nucleated RBC Manual	No Change %	Numeric XX
	"Immature Mononuclear Manual" cells			ł	0103500	RBC Morph	RBC Morphology	Normal	Alpha
	and replacing it with			New Reportable	0104702	PLT Morph	Platelet Morphology	Normal	Alpha
	"Atypical Mononuclear Manaual" cells			New Reportable	0104704	PLT Est	Platelet Estimation	Adequate	Alpha
	Atypical Mononuclear Manadar Cens			New Reportable	15102101	Aniso	Anisocytosis	By Report	Alpha
	We are also providing additional inferfaced results for			-	0104350	Poik	Poikilocytosis	By Report	Alpha
	"Platelet Morphology"			-	0104330	Elliptocyte	Elliptocyte	By Report	-
	"Platelet Estimation"			-	0101600	Polychrom	. ,	, ,	Alpha
	"Other"			-			Polychromasia	By Report	Alpha
	"Other"			-	0106200	Target Cell	Target Cell	By Report	Alpha
				-	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 XX
				ļ	0106250	Teardrop Cell	Teardrop Cell	By Report	Alpha
						Pappen	Pappenheimer Bodies	By Report	Alpha
				ļ	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
				ſ	0100250	Agr Pol	Agranular Polys	By Report	Alpha
				Ì	0102300	HJ Bodies	Howell Jolly Bodies	By Report	Alpha
				New Reportable	6906743	Other	Other	By Report	Alpha





Modify Test	Effective : Postponed - Date to be determined	l	- Please update j	your EMR catalog	with those appro	opriate to your practice -			
Test Code	Test Name	Mnemonic	Category/Type						
0101025	.No Charge Manual Differential	.NCDF	Group						
					Result Code	Mnemonic	Test Name	Reference Range UOM	Result Type
PT: n/a	This change has been postponed due to LIS Up	grade and Vendor	r Issues		0104450	Segs Man	Segmented Neutrophils Manual	No Change %	Numeric XXX
	A New Change Date will be issued at a later d	ate.			0100450	Band Man	Band Manual	No Change %	Numeric XXX
	You may choose to go ahead and stage the new reportal	ole codes in your system	n as		0103150	Lymph Man	Lymphocyte Manual	No Change %	Numeric XXX
	the result for "Segmented Neutrophils Manual" is the				0103650	Monocyte Man	Monocyte Manual	No Change %	Numeric XXX
	only required result element, all other result details				0101650	Eos Man	Eosinophil Manual	No Change %	Numeric XXX
	will be reported only if present				0100550	Basophil Man	Basophil Manual	No Change %	Numeric XXX
					0100300	Atyp Lymph Man	Atypical Lymphocyte Manual	No Change %	Numeric XXX
					0103550	Meta Man	Metamyelocyte Manual	No Change %	Numeric XXX
	This test is the used in the reflex from abnormal results				0103700	Myelo Man	Myelocyte Manual	No Change %	Numeric XXX
	from an CBC with automated Differential orders				0104550	Promyelo Man	Promyelocyte Manual	No Change %	Numeric XXX
					0100650	Blasts Man	Blasts Manual	No Change %	Numeric XXX
	We are restructuring our Manual Differential		No Lonae	er being reported	0102450	Imma Man	Immature Mononuclear Manual	By Report %	Numeric XXX
	test result possibilities.		-	New Reportable	6906741	Atyp Mononuc	Atypical Mononuclear Manual	By Report %	Numeric XXX
					0103900	NRBC Man	Nucleated RBC Manual	No Change %	Numeric XXX
	We are removing the result of				0104700	RBC Morph	RBC Morphology	Normal	Alpha
	"Immature Mononuclear Manual" cells			New Reportable	0104702	PLT Morph	Platelet Morphology	Normal	Alpha
	and replacing it with			New Reportable	0104704	PLT Est	Platelet Estimation	Adequate	Alpha
	"Atypical Mononuclear Manaual" cells			new neportable	15102101	Aniso	Anisocytosis	By Report	Alpha
	Atypical Mononuclear Manadar Cens				0104350	Poik	Poikilocytosis	By Report	Alpha
	We are also providing additional inforfaced results for				0104330				•
	We are also providing additional inferfaced results for					Elliptocyte	Elliptocyte	By Report	Alpha
	"Platelet Morphology"				0104500	Polychrom	Polychromasia	By Report	Alpha
	"Platelet Estimation"				0106200	Target Cell	Target Cell	By Report	Alpha
	"Other"				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			
1000500	Fat Stain Urine	FAT ANAL U		n/a	n/a	n/a			
This test will be discontinued with no direct replacement									

INACTIVE	Effective : 11/20/2017								
Inactive	Inactive	Inactive	Replacement Information						
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name			
3808100	Cystine Urine (Random)	CYST QN U		3664470	Cystine Qt Ur	Cystine Quantitative, Urine (Random and 24hr)			
	See Build information at the top of the Green New Test section of this LiveWire								

Please contact the RML help desk to arrange for interface testing on any new tests. 918-744-2795 This form and others are available from our website at www.rmlonline.com/downloads