

NEW TESTS - Please update your EMR catalog with those appropriate to your practice
New Test Effective : Already Orderable - Previously Released

Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
3664470	Cystine Quantitative, Urine	Cystine Qt Ur	Group		3809180	Cystine U Quant	Cystine, Urine - Quantitative	By Report umol/g CRT	Numeric XXXX
CPT: 82131	<p><i>This test was listed on previous LiveWire, but is being relisted since this is the replacement assay for Cystine Urine (Random) 3808100</i></p> <p>Collect: 24-hour or other timed urine collection. Avoid dilute urine when possible. Refrigerate 24-hour/timed specimens during collection. Mix urine well. Transfer 4 mL (Min: 3 mL) aliquot urine into a Standard Transport Tubes and freeze immediately. 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. Stability: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month Setup Mon-Fri / TAT 3-7 Days</p> <p>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</p>		3809185	Cystine, 24Hr U	Cystine, 24 Hour Urine	by Report mg/d	Numeric XXXXX		
			3109190	Cystine U Vol	Cystine, Urine - per volume	By Report mg/dL	Numeric XXXX.XX		
			2927022	U Creat(Metab)	Creatinine Urine mg/dL	By Report mg/dL	Numeric XXXX		
		Prompt	3809175	Total Volume	Total Volume				
		Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine				
						0-2 months	14 - 573 umol/g CRT		
				3-8 months	28 - 461 umol/g CRT				
				9 months - 2 year	34 - 186 umol/g CRT				
				3 - 12 year	26 - 98 umol/g CRT				
				>/=13 year	12 - 81 umol/g CRT				

New Test Effective : 11/06/2017

Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6906745	Non-Invasive Prenatal Test	NI Prenatal	Group						
CPT: 81420	<p>Required Specimen: Collect: Whole blood in Two 10mL Cell-Free DNA BCT Tubes All specimens must be collected using the NIPT ANEU kit (available from RML Materials Management) Transport 20 mL maternal blood in Cell-Free DNA BCT Tubes Storage/Transport Temperature: Room temperature. Remarks: Patient History for Non-Invasive Prenatal Testing (NIPT) form required. Stability: Ambient: 5 days; Refrigerated: Unacceptable; Frozen: Unacceptable</p> <p>History Form for Non-Invasive Prenatal Testing (NIPT) - REQUIRED http://ltd.aruplab.com/Tests/Pdf/114</p> <p>Optional Informed Consent Form for Non-Invasive Prenatal Testing (NIPT) http://ltd.aruplab.com/Tests/Pdf/460</p>	73966-4	6906799	Trisomy 21	Trisomy 21	By Report	Alpha		
		73825-2	6906747	Trisomy 18	Trisomy 18	By Report	Alpha		
		73824-5	6906749	Trisomy 13	Trisomy 13	By Report	Alpha		
		73821-1	6906751	Monosomy X	Monosomy X	By Report	Alpha		
		n/a	6906757	Trpldy/Vansh Tw	Triploidy/Vanishing Twin	By Report	Alpha		
		11882-8	6906767	Fetal Sex	Fetal Sex	By Report	Alpha		
		n/a	6906753	Fetal Fraction	Fetal Fraction	By Report	Numeric XX.X		
		48767-8	6906759	Result Summary	Result Summary	By Report	Alpha		
		11526-1	6906769	EER-NIPT	EER - Non-Invasive Prenatal Test	By Report	Alpha		
		Prompt	6906763	Maternal Wt	Maternal Weight (Pounds)		Numeric XXX		
		Prompt	6906761	Gest Age-wks	Gestational Age at draw - Wks		Numeric XX		
		Prompt	6906765	Gest age-days	Gestational Age at draw - Days		Numeric X		
		Prompt	6906755	Rept Fetal Sex?	Report Fetal Sex? (Yes/No)		Free Text		

New Test Effective : 11/06/2017

Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6906775	Non-Invasive Prenatal w/22q11.2 Microdeletion	NI Prenat 22q11	Group						
CPT: 81420, 81422	Required Specimen: Collect: Whole blood in Two 10mL Cell-Free DNA BCT Tubes All specimens must be collected using the NIPT ANEU kit (available from RML Materials Management) Transport 20 mL maternal blood in Cell-Free DNA BCT Tubes Storage/Transport Temperature: Room temperature. 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			73966-4	6906799	Trisomy 21	Trisomy 21	By Report	Alpha
				73825-2	6906747	Trisomy 18	Trisomy 18	By Report	Alpha
				73824-5	6906749	Trisomy 13	Trisomy 13	By Report	Alpha
				73821-1	6906751	Monosomy X	Monosomy X	By Report	Alpha
				n/a	6906757	Trpldy/Vansh Tw	Triploidy/Vanishing Twin	By Report	Alpha
				11882-8	6906767	Fetal Sex	Fetal Sex	By Report	Alpha
				n/a	6906753	Fetal Fraction	Fetal Fraction	By Report	Numeric XX.X
				48767-8	6906759	Result Summary	Result Summary	By Report	Alpha
				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
				Prompt	6906763	Maternal Wt	Maternal Weight (Pounds)		Numeric XXX
				Prompt	6906761	Gest Age-wks	Gestational Age at draw - Wks		Numeric XX
				Prompt	6906765	Gest age-days	Gestational Age at draw - Days		Numeric X
				Prompt	6906755	Rept Fetal Sex?	Report Fetal Sex? (Yes/No)		Free Text
				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 Code

Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6906806	Non-Invasive Prenatal w/ Microdeletion	NI Prenat Microl	Group						
CPT: 81420, 81422	Change in Order Code from 6906805 to 6906806 Required Specimen: Collect: Whole blood in Two 10mL Cell-Free DNA BCT Tubes All specimens must be collected using the NIPT ANEU kit (available from RML Materials Management) Transport 20 mL maternal blood in Cell-Free DNA BCT Tubes Storage/Transport Temperature: Room temperature. 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			73966-4	6906799	Trisomy 21	Trisomy 21	By Report	Alpha
				73825-2	6906747	Trisomy 18	Trisomy 18	By Report	Alpha
				73824-5	6906749	Trisomy 13	Trisomy 13	By Report	Alpha
				73821-1	6906751	Monosomy X	Monosomy X	By Report	Alpha
				n/a	6906757	Trpldy/Vansh Tw	Triploidy/Vanishing Twin	By Report	Alpha
				11882-8	6906767	Fetal Sex	Fetal Sex	By Report	Alpha
				n/a	6906753	Fetal Fraction	Fetal Fraction	By Report	Numeric XX.X
				48767-8	6906759	Result Summary	Result Summary	By Report	Alpha
				n/a	6906801	22q11.2 Del Syn	22q11.2 Deletion Syndrome	By Report	Alpha
				44617-9	6906805	Pradr-Willi Syn	Prader-Willi Syndrome	By Report	Alpha
				73751-0	6906807	Cri-du-chat Syn	Cri-du-chat Syndrome	By Report	Alpha
				48024-4	6906809	Angelman Syn	Angelman Syndrome	By Report	Alpha
				n/a	6906811	del 1p36 Syn	del 1p36 Syndrome	By Report	Alpha
				n/a	6906813	EER-NIPTw Micr	EER-Non-Invasive Prenatal w/Microdel	By Report	Alpha
				Prompt	6906763	Maternal Wt	Maternal Weight (Pounds)		Numeric XXX
		Prompt	6906761	Gest Age-wks	Gestational Age at draw - Wks		Numeric XX		
		Prompt	6906765	Gest age-days	Gestational Age at draw - Days		Numeric X		
		Prompt	6906755	Rept Fetal Sex?	Report Fetal Sex? (Yes/No)		Free Text		

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

Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -

Test Code	Test Name	Mnemonic	Category/Type						
5570900	Tularemia Antibody	TULAREM AB	Detail						

Change in Specimen Requirements
 1 mL (0.5) Serum Clot Activator SST
 Allow specimen to clot completely at room temperature.
 Separate serum or plasma from cells ASAP or within 2 hours of collection and Freeze.
 Specimen Stability: Room Temperature: Unacceptable, Refrigerated: 4 Hours, Frozen 30 Days
 No other changes needed

Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -

Test Code	Test Name	Mnemonic	Category/Type						
3807800	Haemophilus Influenza B Ab	H FLU B AB	Detail						

CPT Code Update
 Cpt change from 86684 to 86317
 No other changes needed

Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -

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

Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -

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

Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -

Test Code	Test Name	Mnemonic	Category/Type						
3604715	Gamma Hydroxybutyric Acid (GHB) Screen Urine	GHB URINE	Detail						

CPT Code Update
 Cpt change from 83921 to 80307
 No other changes needed

Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type						
5516450	Hepatitis D Antibody IgM	HEP DELTA	Detail						
<p><i>CPT Code Update</i> Cpt change from 86692 to 86790 No other changes needed</p>									
Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type						
6905047	Hypoglycemics Panel (Quantitative), Urine	SULFON UR	Group						
<p><i>CPT Code Update</i> Cpt change from 82542 to 80377 (Alt code: G0480) No other changes needed</p>									
Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type						
3620625	Insulin-Like Growth Factor II	INSLIN GF2	Detail						
<p><i>CPT Code Update</i> Cpt change from 83520 to 82542 No other changes needed</p>									
Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type						
9103400	Interleukin 28b Genotype (HCV)	IL28B GENO	Group						
<p><i>CPT Code Update</i> Cpt change from 81479 to 81400 No other changes needed</p>									
Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type						
5521900	Cryptococcal Antibody	CRYPTO AB	Detail						
<p><i>CPT Code Update</i> Cpt change from 86641 to 86403 No other changes needed</p>									
Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type						
6905113	Platelet Antigen Genotyping Panel	HPA PAN	Group						
<p><i>CPT Code Update</i> Cpt change from 84100 to 84100x7 No other changes needed</p>									

Modify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -

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 your EMR catalog with those appropriate to your practice -

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 your EMR catalog with those appropriate to your practice -

Test Code	Test Name	Mnemonic	Category/Type
3807000	Tetanus IgG Antibody	TETANUS A	Detail

CPT Code Update
 Cpt change from 86774 to 86317
 No other changes needed

Modify Test Effective : 11/13/2017 - Please update your EMR catalog with those appropriate to your practice -

Test Code	Test Name	Mnemonic	Category/Type
4008600	Hypoglycemic Panel	HYPOGLYC P	Group

CPT: 80377 (alt G0480)

Change in LOINC codes on 8 of the 9 result components
 No other changes needed

Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	New LOINC				Cutoff Concentration	
3474-4	48329-7	4008850	Chlorpropa Lvl	Chlorpropamide Level	100 ng/mL	Alpha
9629-7	21566-5	4008900	Tolazamide Lvl	Tolazamide Level	100 ng/mL	Alpha
10540-3	48327-1	4009000	Glyburide Lvl	Glyburide Level	5 ng/mL	Alpha
27007-4	43626-1	4009050	Acetohexam Lvl	Acetohexamide Level	100 ng/mL	Alpha
21567-3	21567-3	4008950	Tolbutami Lvl	Tolbutamide Level	100 ng/mL	Alpha
10539-5	48326-3	4004100	Glipizide Lvl	Glipizide Level	5 ng/mL	Alpha
40465-7	48325-5	4004750	Glimepiride Lvl	Glimepiride Level	5 ng/mL	Alpha
49702-4	49487-2	4005450	Nateglinide Lvl	Nateglinide Level	5 ng/mL	Alpha
38542-7	48328-9	4005500	Repaglinide Lvl	Repaglinide Level	5 ng/mL	Alpha

Reported as either "Present" or "Not Detected"

This assay is used to evaluate hypoglycemia that may be caused from the ingestion of sulfonylurea drugs.

Hypoglycemic drugs are detected (present) in this assay if the drug concentration is greater than the limit of detection (cut-off).

The presence of hypoglycemic drug(s) indicates a recent ingestion.

Modify Test Effective : 11/13/2017					- Please update your EMR catalog with those appropriate to your practice -			Updated Information				
Test Code	Test Name	Mnemonic	Category/Type		LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type		
3800005	Lead Urine 24hr and Random	LEAD URINE	Group									
<p>CPT: 83655, 82570</p> <p>Additional Changes in LOINC Codes from last LiveWire on 10/16/2017</p> <p>Change in Reference Range and Numeric Mapping Change the numeric map for Lead, Urine - per volume from XXXXX to XXXXX.X Change the numeric map for Lead, Urine - per 24h from XXXXX to XXXXX.X</p> <p>8 mL (1 mL) Urine, 24-hour or Urine, Random Collect: 24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. Studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection. Transfer 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes 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 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.</p>						New LOINC						
					5677-0	5676-2	3802150	U Lead	Urine Lead Level	0.0-1.4 µg/L	Numeric XXXXX.X	
					20625-0	5677-0	3601700	U24 Lead	Lead 24 Hour Urine	0.0-8.1 µg/d	Numeric XXXXX.X	
					29943-8	13466-8	3659800	U Lead ug/g Creat	Lead Urine ug/g Creatinine	0.0-1.4 ug/gCRT		
							2161-8	U Creatinine-	Creatinine Urine mg/dL	n/a mg/dL	Numeric XXXX	
							2162-6	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
										13-17 years	500-2300 mg/d	400-1600 mg/d
					18-50 years	1000-2500 mg/d	700-1600 mg/d					
					51-80 years	800-2100 mg/d	500-1400 mg/d					
					81 years and older	600-2000 mg/d	400-1300 mg/d					
			Prompt	3809175	Total Volume	Total Volume						
			Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine						

Modify Test Effective : 11/13/2017 - Please update your EMR catalog with those appropriate to your practice -

Test Code	Test Name	Mnemonic	Category/Type	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
3800020	Mercury Urine 24hr and random	MERCURY U			New LOINC					
CPT: 83825, 82570 <i>Additional Changes in LOINC Codes from last LiveWire on 10/16/2017</i> Change in Reference Range and Numeric Mapping Change the numeric map for Mercury, Urine - per 24h from XXX to XXX.X 8 mL (1 mL) Urine, 24-hour or Urine, Random Collect: 24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. Studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection. Transfer 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes 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	6693-6	5689-5	3005775	U Mercury	Urine Mercury	0.0-1.9 µg/L				
	21383-5	6693-6	3802175	U24 Mercury	Mercury 24 Hour Urine	0.0-2.9 µg/d				
	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					
			13-17 years	500-2300 mg/d	400-1600 mg/d					
			18-50 years	1000-2500 mg/d	700-1600 mg/d					
		51-80 years	800-2100 mg/d	500-1400 mg/d						
		81 years and older	600-2000 mg/d	400-1300 mg/d						
		Prompt	3809175	Total Volume	Total Volume					
		Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine					

Modify Test Effective : 11/13/2017	- Please update your EMR catalog with those appropriate to your practice -	Updated Information
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Test Code	Test Name	Mnemonic	Category/Type	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type		
3810575	Heavy Metals Panel 3 Urine with Reflex	METAL S U										
CPT: 82175 83655, 83825, 82570, Additional Changes in LOINC Codes from last LiveWire on 10/16/2017 Change in Reference Range and Numeric Mapping Change the numeric map for Lead, Urine - per volume from XXXXX to XXXXX.X Change the numeric map for Lead, Urine - per 24h from XXXXX to XXXXX.X Change the numeric map for Mercury, Urine - per 24h from XXX to XXX.X 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. 8 mL (2 mL) Urine, 24-hour or Urine, Random Collect: 24-hour or random urine collection. Specimen must be collected in a plastic container and should be refrigerated during collection. Studies indicate that refrigeration of urine alone, during and after collection, preserves specimens adequately if tested within 14 days of collection. Transfer 8 mL aliquot from a well-mixed collection to ARUP Trace Element-Free Transport Tubes 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 <i>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.</i>												
						New LOINC						
						5677-0	5676-2	3802150	U Lead	Urine Lead Level	0.0-1.4 µg/L	Numeric XXXXX.X
						20625-0	5677-0	3601700	U24 Lead	Lead 24 Hour Urine	0.0-8.1 µg/d	Numeric XXXXX.X
						29943-8	13466-8	3659800	U Lead ug/g Creat	Lead Urine ug/g Creatinine	0.0-1.4 ug/gCRT	
						6693-6	5689-5	3005775	U Mercury	Urine Mercury	0.0-1.9 µg/L	
						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	
						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		
								13-17 years	500-2300 mg/d	400-1600 mg/d		
								18-50 years	1000-2500 mg/d	700-1600 mg/d		
								51-80 years	800-2100 mg/d	500-1400 mg/d		
								81 years and older	600-2000 mg/d	400-1300 mg/d		
					Prompt	3809175	Total Volume	Total Volume				
					Prompt	3000650	Ur Coll Hrs	Number of Hours of Collection Urine				

Test Code	Test Name	Mnemonic	Category/Type	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
3709000	Arsenic Fractionated Urine	ARSENIC UR								
reflex 82175					53778-7	3800875	U Arsn Org	Arsenic Organic	By report ug/L	Numeric XXXXX.X
					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 : 12/04/2017 - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
2003750	Glucose-6-PD Quantitative	G6PD	Detail	32546-4	2003750	G-6-PD Quan	Glucose-6-PD Quantitative	7.0-20.5 U/g Hgb	Numeric XXXXX.X
<p>Change in Reference Ranges from 4.6-13.5 U/g Hgb to 7.0-20.5 U/g Hgb No other changes are necessary.</p>									
Modify Test Effective : 12/04/2017 - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
4012200	Methylene Chloride Level	METHYL CL	Detail						
<p>Change is specimen Collection, Stability and Setup Specimen type changes from Lavender whole blood to Gray whole blood. Specimen volume changes from 4mL (0.5mL) to 2mL (0.7mL) Stability will be Room Temperature: 5 days; Refrigerated: 10 days; Frozen changes from N/A to 14 Days Test set-up changes from Tue, Thu to Wed only. No other changes needed</p>									
Modify Test Effective : 12/04/2017 - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
3654275	Oxalate, Serum or Plasma	OXALATE PL	Detail						
<p>Change is specimen Collection, Stability and Setup Serum from a Red No-gel tube to be the preferred specimen type EDTA plasma will No Longer be an acceptable specimen type. Sodium Heparin Plasma will be added as alternative acceptable specimen type. Stability: Room Temperature: N/A, Refrigerated: 1 Day, Frozen: 7 Days No other changes needed</p>									
Modify Test Effective : 12/04/2017 - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6003125	Influenza A/B Rapid Screen	C A/B FLU	Group	N/A	6001875	Influenza A	Influenza A Scr	N/A	Alpha
CPT: 87804	New Result Component to this assay		New Component	N/A	6001975	Influenza B	Influenza B Scr	N/A	Alpha
				N/A	6001880	Flu A/B Interp	Influenza Intrp	N/A	Alpha
Modify Test Effective : 12/11/2017 - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
4505125	Topiramate Level	TOPIRAMATE	Detail						
<p>Change in Methodology from LC/MS/MS to GC/MS No other changes needed</p>									

Modify Test Effective : Postponed - Date to be determined		- Please update your EMR catalog with those appropriate to your practice -				
Test Code	Test Name	Mnemonic	Category/Type			
0101510	Manual Diff	DF	Group			
<p>CPT: 85007</p> <p><i>This change has been postponed due to LIS Upgrade and Vendor Issues</i> <i>A New Change Date will be issued at a later date.</i> <i>You may choose to go ahead and stage the new reportable codes in your system as the result for "Segmented Neutrophils Manual" is the only required result element, all other result details will be reported only if present</i></p> <p>This is a result component of the test CBC/Manual Diff (0108050)</p> <p>We are restructuring our Manual Differential test result possibilities.</p> <p>We are removing the result of "Immature Mononuclear Manual" cells and replacing it with "Atypical Mononuclear Manual" cells</p> <p>We are also providing additional interfaced results for "Platelet Morphology" "Platelet Estimation" "Other"</p>	Result Code	Mnemonic	Test Name	Reference Range UOM	Result Type	
	0104450	Segs Man	Segmented Neutrophils Manual	No Change %	Numeric XXX	
	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	
	0101650	Eos Man	Eosinophil Manual	No Change %	Numeric XXX	
	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	
	0103700	Myelo Man	Myelocyte Manual	No Change %	Numeric XXX	
	0104550	Promyelo Man	Promyelocyte Manual	No Change %	Numeric XXX	
	0100650	Blasts Man	Blasts Manual	No Change %	Numeric XXX	
		0102450	Imma Man	Immature Mononuclear Manual	By Report %	Numeric XXX
		6906741	Atyp Mononuc	Atypical Mononuclear Manual	By Report %	Numeric XXX
		0103900	NRBC Man	Nucleated RBC Manual	No Change %	Numeric XXX
		0104700	RBC Morph	RBC Morphology	Normal	Alpha
		0104702	PLT Morph	Platelet Morphology	Normal	Alpha
		0104704	PLT Est	Platelet Estimation	Adequate	Alpha
		15102101	Aniso	Anisocytosis	By Report	Alpha
		0104350	Poik	Poikilocytosis	By Report	Alpha
		0101600	Elliptocyte	Elliptocyte	By Report	Alpha
		0104500	Polychrom	Polychromasia	By Report	Alpha
		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 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	
	6906743	Other	Other	By Report	Alpha	

Modify Test Effective : Postponed - Date to be determined		- Please update your EMR catalog with those appropriate to your practice -			
Test Code	Test Name	Mnemonic	Category/Type		
0101025	.No Charge Manual Differential	.NCDF	Group		
CPT: n/a	<p>This change has been postponed due to LIS Upgrade and Vendor Issues A New Change Date will be issued at a later date. You may choose to go ahead and stage the new reportable codes in your system as the result for "Segmented Neutrophils Manual" is the only required result element, all other result details will be reported only if present</p> <p>This test is the used in the reflex from abnormal results from an CBC with automated Differential orders</p> <p>We are restructuring our Manual Differential test result possibilities.</p> <p>We are removing the result of "Immature Mononuclear Manual" cells and replacing it with "Atypical Mononuclear Manual" cells</p> <p>We are also providing additional interfaced results for "Platelet Morphology" "Platelet Estimation" "Other"</p>				
	Result Code	Mnemonic	Test Name	Reference Range UOM	Result Type
	0104450	Segs Man	Segmented Neutrophils Manual	No Change %	Numeric XXX
	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
	0101650	Eos Man	Eosinophil Manual	No Change %	Numeric XXX
	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
	0103700	Myelo Man	Myelocyte Manual	No Change %	Numeric XXX
	0104550	Promyelo Man	Promyelocyte Manual	No Change %	Numeric XXX
	0100650	Blasts Man	Blasts Manual	No Change %	Numeric XXX
	0102450	Imma Man	Immature Mononuclear Manual	By Report %	Numeric XXX
	6906741	Atyp Mononuc	Atypical Mononuclear Manual	By Report %	Numeric XXX
	0103900	NRBC Man	Nucleated RBC Manual	No Change %	Numeric XXX
	0104700	RBC Morph	RBC Morphology	Normal	Alpha
	0104702	PLT Morph	Platelet Morphology	Normal	Alpha
	0104704	PLT Est	Platelet Estimation	Adequate	Alpha
	15102101	Aniso	Anisocytosis	By Report	Alpha
	0104350	Poik	Poikilocytosis	By Report	Alpha
	0101600	Elliptocyte	Elliptocyte	By Report	Alpha
	0104500	Polychrom	Polychromasia	By Report	Alpha
	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 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
	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