

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 - 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 | Trpdy/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 | |

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|--|--------------------------------|-----------------|---------------|---------|-------------|---------------|------------------|---------------------|-------------|
| 5613585 | Hypersensitivity Pneumonitis I | Hypersen Pneumo | Group | | | | | | |
| CPT: 86331x4, 86606x2 This test is changing CPT codes from 86331x4 to 86331 x4, 86606 x2 No other changes necessary | | | | 6808-0 | 5613839 | A fumigatus 1 | A fumigatus 1 Ab | None detected | Alpha |
| | | | | 6809-8 | 5613841 | A fumigatus 6 | A fumigatus 6 Ab | None detected | Alpha |
| | | | | 6810-6 | 5613843 | A pullulans | A pullulans Ab | None detected | Alpha |
| | | | | 6733-0 | 5613845 | Pigeon Ser Ab | Pigeon Ser Ab | None detected | Alpha |
| | | | | 6818-9 | 5613847 | M faeni Ab | M faeni Ab | None detected | Alpha |
| | | | | 35317-7 | 5613849 | T vulgaris 1 | T vulgaris 1 Ab | None detected | Alpha |

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

INACTIVE Effective : Immediately

| Inactive | Inactive | Inactive | Replacement Information | | |
|-----------|--------------------|------------|-------------------------|----------|--------------------------|
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name |
| 4005775 | Levofloxacin Level | LEVOFLOXCN | n/a | n/a | No Immediate Replacement |

This test is being discontinued with no immediate replacement

INACTIVE Effective : 12/04/2017

| Inactive | Inactive | Inactive | Replacement Information | | |
|-----------|--------------|------------|-------------------------|------------|---------------------------------|
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name |
| 5500551 | Cow Milk IgG | COW MILK G | 3666500 | CASEIN IGG | Casein (Cow's Milk) IgG |
| | | | | | Result Code |
| | | | | | Result Name |
| | | | | | LOINC code: 53829-8 |
| | | | | | Reference Range: < 38.70 mcg/mL |
| | | | | | 3666500 |
| | | | | | Casein IgG |
| | | | | | Numeric XXXX.XX |

This test is being discontinued and replaced with the test listed at the right for more information on the replacement test see it's listing on

INACTIVE Effective : 12/04/2017

| Inactive | Inactive | Inactive | Replacement Information | | |
|-----------|--------------------------------------|------------|-------------------------|----------|--------------------------|
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name |
| 2007485 | Lamellar Body Density Amniotic Fluid | LAMELR BOD | n/a | n/a | No Immediate Replacement |

This test is being discontinued with no immediate replacement

INACTIVE Effective : 12/18/2017

| Inactive | Inactive | Inactive | Replacement Information | | |
|-----------|--------------------------------|-----------|-------------------------|------------|-----------------------------------|
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name |
| 3653850 | Carbamazepine/Metabolite Level | TEGRET/EP | 2070300 | CARBA FR T | Carbamazepine, Free and Total |
| | | | | | Result Code |
| | | | | | Result Name |
| | | | | | LOINC 3432-2 |
| | | | | | Therapeutic Range: 4.0-12.0 µg/mL |
| | | | | | 2070350 |
| | | | | | Tot Carbamazepine |
| | | | | | Numeric XX.X |
| | | | | | LOINC 3433-0 |
| | | | | | Therapeutic Range: 1.0-3.0 µg/mL |
| | | | | | 2070325 |
| | | | | | Carbamaz Free |
| | | | | | Numeric XX.X |
| | | | | | LOINC 32852-6 |
| | | | | | Reference Range: 8.0-35.0% |
| | | | | | 2070327 |
| | | | | | Carbamaz % Free |
| | | | | | Numeric XX.X |

| INACTIVE Effective : 12/18/2017 | | | | | | |
|--|---------------------|------------|--------------------------------|------------|---------------------------------|--|
| Inactive | Inactive | Inactive | Replacement Information | | | |
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name | |
| 5557475 | Oat Smut Allergen | OAT SMUT | <i>n/a</i> | <i>n/a</i> | No Immediate Replacement | |
| <i>This test is being discontinued with no immediate replacement</i> | | | | | | |
| INACTIVE Effective : 12/18/2017 | | | | | | |
| Inactive | Inactive | Inactive | Replacement Information | | | |
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name | |
| 5620100 | Beet sugar allergen | BEET SUGAR | <i>n/a</i> | <i>n/a</i> | No Immediate Replacement | |
| <i>This test is being discontinued with no immediate replacement</i> | | | | | | |