

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

New Test Effective : Immediately

| Test Code | Test Name | Mnemonic | Category/Type | Careset Component Information | | | | |
|--|----------------------------------|---------------|---------------|-------------------------------|-------------------------|--------------------------------|---------------------|-------------|
| 5582618 | B and T Lymphocyte Quant by Flow | B T Lymph Qnt | Careset | Order Code | Mnemonic | Test Name | Reference Range UOM | Result Type |
| CPT: 86355, 86356, 86360, 96361, 85025 5 mL (3 mL) Whole Blood EDTA (Lavender Top) Transport: Room Temperature DO NOT Centrifuge or Refrigerate Specimen stability: 48hrs Room Temperature. Collect Monday through Friday only! Specimen must be received in the lab section by Friday afternoon or collect sample on Monday. | | | Careset | 1387154 | Clin Path Req LYMPH T B | Clin Path Req Lymph T B | Path Report | Alpha |
| | | | | 3657908 | .CD2 | .CD2 Lymphocyte Count | by report | |
| | | | | 5603850 | T3LYMPHS | CD3 Lymphocyte Count | by report | |
| | | | | 3798228 | .CD19 Lymphocyte Count | .CD19 Lymphocyte Count | by report | |
| | | | | 3304098 | .Lymph CD4 | .Lymphocyte Absolute CD4 Count | by report | |
| | | | | 5603900 | .T8LYMPHS | .CD8 Lymphocyte Count | by report | |
| | | | | 0101301 | CBC | CBC w/ Auto Diff | by report | |
| | | | | 4297428 | .Flow AIP | .Flow AIP | by report | |
| | | | 8611000 | 8611000 | Molecular Path Report | Molecular Path Report | | |
| This request will generate a Pathology Report that will be reported on 8611000 The Values from the CBC, CD3, CD4 and CD8 Counts will be reported both separately and as part of the Pathology Report Additional information can be provided for CD3, CD4 and CD8 Counts upon request | | | | | | | | |

New Test Effective : 02/20/2018

| Test Code | Test Name | Mnemonic | Category/Type | LOINC | Result Code | Mnemonic | Result Name | Reference Range UOM | Result Type |
|-------------------------|---|-----------------|---------------|---------|-------------|-----------------|--------------------------|---------------------|-----------------|
| 6906430 | UCT THC Metabolite Qual | UCT THC Meta QI | Detail | 61063-4 | 6906431 | UCT THC Metabol | UCT Marijuana Metabolite | by report ng/g | Numeric XXXXXXX |
| CPT: 80349 Alt G0480 | Collect: at least 6 inches of umbilical cord (approximately the length of an adult hand). Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or sterile water. Pat the cord dry and transfer specimens to the appropriate transport device or use the Security Kit for Meconium/Umbilical Drug Detection (ARUP supply #51548) available online through eSupply using ARUP Connect or by RML Materials Management Unacceptable: Cords soaking in saline or other solutions Stability: RT=3 days; RF=2 weeks; FZ=1 year Set-up: Sun-Sat / TAT: 1-3 days | | | | | | | | |

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

Modify Test Effective : 02/05/2018 - Please update your EMR catalog with those appropriate to your practice -

| Test Code | Test Name | Mnemonic | Category/Type | Careset Component Information | | | | | | |
|-----------------------|--|-----------|---------------|-------------------------------|--------------|--------------------|------------------|-------------------------------------|---------------------|------------------|
| 5570450 | Complement Panel IDL | COMPL IDL | Careset | Order Code | LOINC | Result Code | Mnemonic | Test Name | Reference Range UOM | Result Type |
| CPT: 86162 86160X2 | Change out for CH50 component and Collection requirements | | | 5000300 | | 5000300 | C3 | C3 Complement | See Below mg/dL | Numeric XXXXXX |
| | | | | | | | | 0 - 1 day | 59-121 mg/dL | Numeric XXXXXX |
| | | | | | | | | 1 day - 1 month | 54-129 mg/dL | Numeric XXXXXX |
| | | | | | | | | 1 month - 2 months | 61-154 mg/dL | Numeric XXXXXX |
| | | | | | | | | 2 months - 3 months | 66-136 mg/dL | Numeric XXXXXX |
| | | | | | | | | 3 months - 4 months | 64-182 mg/dL | Numeric XXXXXX |
| | | | | | | | | 4 months - 5 months | 66-174 mg/dL | Numeric XXXXXX |
| | | | | | | | | 5 months - 6 months | 77-178 mg/dL | Numeric XXXXXX |
| | | | | | | | | 6 months - 9 months | 78-173 mg/dL | Numeric XXXXXX |
| | | | | | | | | 9 months - 1 year | 76-187 mg/dL | Numeric XXXXXX |
| | | | | | | | | 1 year - 2 years | 87-181 mg/dL | Numeric XXXXXX |
| | | | | | | | | 2 years - 3 years | 84-177 mg/dL | Numeric XXXXXX |
| | | | | | | | | 3 years - 4 years | 80-178 mg/dL | Numeric XXXXXX |
| | | | | | | | | 4 years - 6 years | 89-173 mg/dL | Numeric XXXXXX |
| | | | | | | | | 6 years - 8 years | 91-161 mg/dL | Numeric XXXXXX |
| | | | | 8 years - 10 years | 92-203 mg/dL | Numeric XXXXXX | | | | |
| | | | | 10 years - 150 years | 73-183 mg/dL | Numeric XXXXXX | | | | |
| | | | | 5000350 | | 5000350 | C4 | C4 Complement | 15-59 mg/dL: | Numeric XXXXXX |
| | | | | 5569250 | | 5569250 | CH-50 | Complement, Total (CH50) | | |
| | | | | 5569251 | | 5569251 | CH50 | Complement, Total (CH50) | 41.68 - 95.06 u/ml | Numeric XXXXX.XX |

Replace This component with New one below
New Component

| Modify Test Effective : 02/12/2018 - 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 |
| 2012950 | Lipoprotein Fractionation | LIP FRAC | Group | 2093-3 | 5004650 | Chol Lipo Ref | Cholesterol | See Below | Numeric XXXXXX |
| CPT: 82465 83701, 84478 New Reference Ranges for the VLDL Calculated 4.0mL (2.0mL) Serum Clot Activator SST Transport Frozen Specimen Stability: Ambient 24 hours, Refrigerated 7 days, Frozen 14 days Set Up Tue, Fri / TAT 2-4 Days | | | | | | | | <20 Years: <170 mg/dL | |
| | | | | | | | | > / = 20 Years: <200 mg/dL | |
| | | | | 2571-8 | 5004700 | Trig Lipo Ref | Triglycerides | See Below | Numeric XXXXXX |
| | | | | | | | | < / = 9 Years: <75 mg/dL | |
| | | | | | | | | 10-19 Years: <90 mg/dL | |
| | | | | | | | | > / = 20 Years: <150 mg/dL | |
| | | | | 2089-1 | 2019875 | LDL Lipo Ref | Cholesterol in LDL | See Below | Numeric XXXXXX |
| | | | | | | | | PEDIATRICS (<=19 Years): | |
| | | | | | | | | <110 mg/dL (Desirable) | |
| | | | | | | | | 110-129 mg/dL (Borderline) | |
| | | | | | | | | >=130 mg/dL (High) | |
| | | | | | | | | ADULTS: (>10 Years) | |
| | | | | | | | | <100 mg/dL (Optimal) | |
| | | | | | | | | 100-129 mg/dL (Near Optimal/Above Optimal) | |
| | | | | | | | | 130-159 mg/dL (Borderline High) | |
| | | | | | | | 160-189 mg/dL (High) | | |
| | | | | | | | >=190 mg/dL (Very High) | | |
| | | | 2085-9 | 2019900 | HDL Lipo Ref | Cholesterol in HDL | See Below | Numeric XXXXXX | |
| | | | | | | | <5 years: Not Established | | |
| | | | | | | | 5-14 years: Males 38-76 mg/dL Females 37-75 mg/dL | | |
| | | | | | | | 15-19 years: Males 31-65 mg/dL Females 36-76 mg/dL | | |
| | | | | | | | Males > / = 20 years: > / = 40 mg/dL | | |
| | | | | | | | Females > / = 20 years: > / = 46 mg/dL | | |
| | | | 2575-9 | 2019925 | VLDL Lipo Ref | Ultra VLDL Calculated | See Below | Numeric XXXXXX | |
| | | | | | | | New VLDL Calculated Reference Ranges: | | |
| | | | | | | | < or = 20 mg/dL: Desirable | | |
| | | | | | | | 21-39 mg/dL: Borderline | | |
| | | | | | | | > or = 40 mg/dL: High | | |

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|--|--------------------|------------|---------------|---------|-------------|-------------|-------------------------------------|-----------------------------|----------------|
| Test Code | Test Name | Mnemonic | Category/Type | LOINC | Result Code | Mnemonic | Result Name | Reference Range UOM | Result Type |
| 3501045 | Calprotectin Stool | CALPRO FEC | Detail | 38445-3 | 3501045 | Calprot Stl | Calprotectin Fecal | <50 mg/kg | Numeric XXXXXX |
| CPT: 83993 Transfer 5g (1g) stool to an unpreserved sterile container Storage/Transport Temperature: Room Temperature Temperature should not exceed 30'C during storage and shipment. Unacceptable Conditions: Specimens in media or preservatives. Stability: Ambient: 10 days; Refrigerated: 14 days; Frozen: 1 year Set Up Mon-Fri / TAT 1-3 Days | | | | | | | | <50 mg/kg : Normal | |
| | | | | | | | | 50 - 120 mg/kg : Borderline | |
| | | | | | | | | >120 mg/kg : Abnormal | |
| | | | | | | | Methodology: Quantitative EIA Assay | | |

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| Test Code | Test Name | Mnemonic | Category/Type | Careset Component Information | | | | | | |
|-------------------------------------|--|---------------|---------------|-------------------------------|-------|-------------|------------------------------------|------------------------------------|---------------------|-------------|
| 1507500 | PT/PTT Analyzer | Abn PT/PTT An | Careset | Order Code | LOINC | Result Code | Mnemonic | Test Name | Reference Range UOM | Result Type |
| CPT: 85705 85610, 85730 80502 | Change in Careset Components No other changes apply For possible reflex testing Please refer to listed in our | | | 1500425 | | | PT and PTT | PT and PTT | | |
| | | | | 1506225 | | | .PTT-LA | .PTT-LA | | |
| | | | | 9999915 | | | JIC Clot | JIC Clot | | |
| | | | | 9999918 | | | JIC Lavender | JIC Lavender | | |
| | | | | 3870617 | | | .Abn PT/PTT An Order | .Abn PT/PTT Analyzer order | | |
| | | | | 1143608 | | | Clin Path Req HyperCoag | Clin Path Req HyperCoag | | |
| | | | | 1143609 | | | Clin Path Req PT-PTT An | Clin Path Req PT-PTT Analyzer | | |

For possible reflex testing please refer to "Abnormal PT/PTT Analyzer " under Analyzers in our Specialized Testing section of our website www.rmlonline.com
<http://www.rmlonline.com/site/sections/31>

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|------------|--|-----------|---------------|--------------------|---------------------------|---------------------------|--------------------------------------|---------------------|-----------------|
| 3811175 | AFP Amniotic Fluid with Reflex | AFP AM FL | Group | | | | | | |
| CPT: 82106 | Add and Remove Prompt Information Submit 2.5 mL (Min: 1.5mL) Amniotic fluid Storage/Transport Temperature: Room Temperature. Unacceptable Conditions: Specimens contaminated with fetal blood. Include gestational age by US, date of LMP and Estimated due date at time of collection. | | | 1832-5 | 3600305 | AFP Amn Fld | Alpha Fetoprotein Amniotic Fluid | by Report ng/mL | Numeric XXXXXX |
| | | | | 29595-6 | 3801425 | AFP MoM Amn Fld | Alpha Fetoprotein MoM Amniotic Fluid | </= 1.99 | Numeric XXXX.XX |
| | | | | 18185-9 | 3804825 | Gest Calc | Gestational Age Calculated | by Report | Numeric XX |
| | | | | 41273-4 | 3600315 | AFP Fluid Intrp | AFP Fluid Intrp | by Report | Alpha |
| | | | | 3810155 | Wk Gest by LMP | Wk Gest by LMP | | | |
| | | | | 3810160 | Wk Gest by US | Wk Gest by US | | free text | |
| | | | | 3811975 | LMP Date | LMP Date | | free text | |
| | Add New Prompt | 3810156 | Due Date | Due Date | | free text | | | |

If the AFP (amniotic fluid) is elevated, then Acetylcholinesterase and Fetal Hgb will be added.
Additional charges apply. Acetylcholinesterase testing requires an additional 3-11 days to be reported.

| Test Code | Test Name | Mnemonic | Category/Type | LOINC | Result Code | Mnemonic | Result Name | Reference Range UOM | Result Type |
|---------------------|------------------------------------|------------|---------------|---------|-------------|-------------------|----------------------|---------------------|-------------|
| 3801575 | Acetylcholinesterase and Fetal Hgb | ACETY/HGBF | Group | | | | | | |
| CPT: 82013 83033 | | | | 28067-7 | 3801375 | Hgb F | Hemoglobin F | Negative | Alpha |
| | | | | 30106-9 | 3801525 | Acetylchol | Acetylcholinesterase | Negative | Alpha |
| | | | | 48767-8 | 3801535 | Acetylchol Interp | Acetylchol Interp | by Report | Alpha |

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|--------------|---|-----------|---------------|---|-------------|------------|------------------------------------|---------------------|--------------|
| 5521005 | Bordetella pertussis IgG, IgA Ab w/Rlx | BOR PR AB | Group | 42330-1 | 5521015 | B.pert IgG | Bordetella pertussis Antibody, IgG | Negative | Numeric X.XX |
| CPT: 86615x2 | Reference Range and UOM, an numeric Mapping Change No other changes apply | | | <p>0.94 IV or less: Negative – No significant level of detectable B. pertussis IgG antibody. 0.95-1.04 IV: Equivocal – Repeat testing in 10-14 days may be helpful. 1.05 IV or greater: Positive – IgG antibody to B. pertussis detected, which may indicate a current or recent exposure/immunization to B. pertussis.</p> <p>Change the unit of measure for component 5521015, B. pertussis Ab, IgG by ELISA from U/mL to IV. and a Change the numeric map from X.X to X.XX</p> | | | | | |
| | | | | 42328-5 | 5521010 | B.pert IgA | Bordetella pertussis Antibody, IgA | <i>See Below</i> | Numeric XX.X |
| | | | | <p>0.9 IV or less: Negative - No significant level of detectable B. pertussis IgA antibody. 1.0-1.1 IV: Equivocal - Repeat testing in 10-14 days may be helpful. 1.2 IV or greater: Positive - IgA antibody to B. pertussis detected, which may indicate a current or past exposure/immunization</p> <p>Change the unit of measure for component 5521010, B. pertussis Ab, IgA by ELISA from U/mL to IV.</p> | | | | | |

If Bordetella pertussis Ab, IgA by ELISA is 1.2 IV or greater, then Bordetella pertussis IgA Immunoblot testing will be added; Additional charges apply.

| Test Code | Test Name | Mnemonic | Category/Type | LOINC | Result Code | Mnemonic | Result Name | Reference Range UOM | Result Type |
|------------|-------------------------------------|-----------|---------------|---------|-------------|-------------------|-------------------|---------------------|-------------|
| 5521045 | Bordetella pertussis IgA Immunoblot | BOR P IGA | Group | 43880-4 | 4169913 | Bor Pert IgA FHA | Bor Pert IgA FHA | Negative | Alpha |
| CPT: 86615 | | | | 23830-3 | 4169917 | Bor Pert IgA PT | Bor Pert IgA PT | Negative | Alpha |
| | | | | 29672-3 | 4169921 | Bor Pert A Intrap | Bor Pert A Intrap | Negative | Alpha |

If Bordetella pertussis Ab, IgG by ELISA is 1.05 IV or greater, then Bordetella pertussis IgG Immunoblot testing will be added; Additional charges apply.

| Test Code | Test Name | Mnemonic | Category/Type | LOINC | Result Code | Mnemonic | Result Name | Reference Range UOM | Result Type |
|------------|-------------------------------------|-----------|---------------|---------|-------------|-------------------|-------------------|---------------------|-------------|
| 5521020 | Bordetella pertussis IgG Immunoblot | BOR P IGG | Group | 43881-2 | 4169925 | Bor Pert IgG FHA | Bor Pert IgG FHA | Negative | Alpha |
| CPT: 86615 | | | | 69367-1 | 4169929 | Bor Pert IgG PT | Bor Pert IgG PT | Negative | Alpha |
| | | | | 20992-4 | 4169933 | Bor Pert IgG 100 | Bor Pert IgG 100 | Negative | Alpha |
| | | | | 29674-9 | 4169937 | Bor Pert G Intrap | Bor Pert G Intrap | Negative | Alpha |

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|------------|--|--------------|---------------|----------------------|-------------|----------------|--------------------------------|---------------------|----------------|
| 6905081 | Methylphenidate, Metabolite Conf/Quant | Methphen S/P | Group | 3807-5 | 6905339 | Ritalinic Lvl | Ritalinic acid, S/P, Quant | <10.0 ng/mL | Numeric XXXX.X |
| CPT: 80360 | Remove Prompts from Order | | | 32153-9 | 6905341 | Methylphen Lvl | Methylphenidate, S/P, Quant | <1.0 ng/mL | Numeric XXXX.X |
| Alt: G0480 | Change in Specimen Collection and preparation | | | Remove Prompt | 6905343 | Methphen-Dose | Methylphenidate-Dose | | |
| | Collect 2mL(0.7mL) Serum from Red No-Gel Clot tube | | | Remove Prompt | 6905345 | Methphen-Freq | Methylphenidate-Dose-Frequency | | |
| | Separate serum from cells ASAP after clotting within 2 hours of collection. | | | Remove Prompt | 6905347 | Methphen-Route | Methylphenidate-Route | | |
| | Transfer to a Standard Transport Tube and freeze within 6 hours of collection. | | | Remove Prompt | 6905349 | Methphen-Draw | Methylphenidate-Type-of-Draw | | |
| | CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. | | | | | | | | |
| | Unacceptable Conditions: Lt. blue (sodium citrate), Gray (sodium fluoride/potassium oxalate), Sodium Heparin (Green Top, No-Gel). Hemolyzed specimens. Serum from Serum Separator Tubes. | | | | | | | | |
| | Stability After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 5 months. | | | | | | | | |
| | Set-up Varies / TAT 3-10 days | | | | | | | | |

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|---|---|---------------|---------------|--------------------|--------------------|--|-------------------------------------|---------------------|------------------|
| 6906341 | Umbilical Cord Tissue, Drug Screen Non-Chain of Custody, Qualitative | UCT Drug NCOC | Group | | 6906343 | UCT Drug Scr | UCT Drug Panel Screen | By Report | Alpha |
| CPT: 80307 Change in the Result Components Marijuana Metabolite will no longer be reported in this panel See New Test Build for Marijuana (THC) Metabolite Collect: at least 6 inches of umbilical cord (approximately the length of an adult hand). Drain and discard any blood. Rinse the exterior of the cord segment with normal saline or sterile water. Pat the cord dry and transfer specimens to the appropriate transport device or use the Security Kit for Meconium/Umbilical Drug Detection available online through eSupply using ARUP Connect or by RML Materials Management Unacceptable: Cords soaking in saline or other solutions Stability: RT=3 days; RF=2 weeks; FZ=1 year Set-up: Sun-Sat / TAT: 1-3 days | | | | | 6906345 | UCT Buprenorph | UCT Buprenorphine | By Report | Numeric XXXXXXXX |
| | | | | | 6906347 | UCT Buprenor-G | UCT Buprenorphine-G | By Report | Numeric XXXXXXXX |
| | 40626-4 | | | | 6906349 | UCT Codeine | UCT Codeine | By Report | Numeric XXXXXXXX |
| | | | | | 6906351 | UCT Dihydrocod | UCT Dihydrocodeine | By Report | Numeric XXXXXXXX |
| | 61042-8 | | | | 6906353 | UCT Fentanyl | UCT Fentanyl | By Report | Numeric XXXXXXXX |
| | 32080-4 | | | | 6906355 | UCT Hydrocodone | UCT Hydrocodone | By Report | Numeric XXXXXXXX |
| | 32081-2 | | | | 6906357 | UCT Hydromorph | UCT Hydromorphone | By Report | Numeric XXXXXXXX |
| | 32088-7 | | | | 6906359 | UCT Meperidine | UCT Meperidine | By Report | Numeric XXXXXXXX |
| | 32093-7 | | | | 6906361 | UCT Methadone | UCT Methadone | By Report | Numeric XXXXXXXX |
| | 41859-0 | | | | 6906363 | UCT Methad Met | UCT Methadone Metabolite | By Report | Numeric XXXXXXXX |
| | 32099-4 | | | | 6906365 | UCT 6-Acetylmor | UCT 6-Acetylmorphine | By Report | Numeric XXXXXXXX |
| | 32100-0 | | | | 6906367 | UCT Morphine | UCT Morphine | By Report | Numeric XXXXXXXX |
| | | | | | 6906369 | UCT Naloxone | UCT Naloxone | By Report | Numeric XXXXXXXX |
| | 32101-8 | | | | 6906371 | UCT Oxycodone | UCT Oxycodone | By Report | Numeric XXXXXXXX |
| | | | | | 6906373 | UCT Oxymorphone | UCT Oxymorphone | By Report | Numeric XXXXXXXX |
| | 43811-9 | | | | 6906375 | UCT Propoxyphen | UCT Propoxyphene | By Report | Numeric XXXXXXXX |
| | | | | | 6906377 | UCT Tapentadol | UCT Tapentadol | By Report | Numeric XXXXXXXX |
| | | | | | 6906379 | UCT Tramadol | UCT Tramadol | By Report | Numeric XXXXXXXX |
| | | | | | 6906381 | UCT N-Tramadol | UCT N-desmethyltramadol | By Report | Numeric XXXXXXXX |
| | | | | | 6906383 | UCT O-Tramadol | UCT O-desmethyltramadol | By Report | Numeric XXXXXXXX |
| | 29530-3 | | | | 6906385 | UCT Amphetamine | UCT Amphetamine | By Report | Numeric XXXXXXXX |
| | 40609-0 | | | | 6906387 | UCT Benzoylcego | UCT Benzoylcegonine | By Report | Numeric XXXXXXXX |
| | | | | | 6906389 | UCT m-OH-Benzoy | UCT m-OH-Benzoylcegonine | By Report | Numeric XXXXXXXX |
| | | | | | 6906391 | UCT Cocaethylen | UCT Cocaethylene | By Report | Numeric XXXXXXXX |
| | 40625-6 | | | | 6906393 | UCT Cocaine | UCT Cocaine | By Report | Numeric XXXXXXXX |
| | 40481-4 | | | | 6906395 | UCT MDMA | UCT MDMA- Ecstasy | By Report | Numeric XXXXXXXX |
| | 40381-6 | | | | 6906397 | UCT Methamphet | UCT Methamphetamine | By Report | Numeric XXXXXXXX |
| | | | | | 6906399 | UCT Phentermine | UCT Phentermine | By Report | Numeric XXXXXXXX |
| | 61038-6 | | | | 6906401 | UCT Alprazolam | UCT Alprazolam | By Report | Numeric XXXXXXXX |
| | 61037-8 | | | | 6906403 | UCT AOH-Alpraz | UCT Alpha-OH-Alprazolam | By Report | Numeric XXXXXXXX |
| | 32057-2 | | | | 6906405 | UCT Butalbital | UCT Butalbital | By Report | Numeric XXXXXXXX |
| | 61039-4 | | | | 6906407 | UCT Clonazepam | UCT Clonazepam | By Report | Numeric XXXXXXXX |
| | 61031-1 | | | | 6906409 | UCT 7A-clonazep | UCT 7-Aminoclonazepam | By Report | Numeric XXXXXXXX |
| | 61074-1 | | | | 6906411 | UCT Diazepam | UCT Diazepam | By Report | Numeric XXXXXXXX |
| | 61044-4 | | | | 6906413 | UCT Lorazepam | UCT Lorazepam | By Report | Numeric XXXXXXXX |
| | | | | | 6906415 | UCT Midazolam | UCT Midazolam | By Report | Numeric XXXXXXXX |
| | | | | | 6906417 | UCT AOH-Midazo | UCT Alpha-OH-Midazolam | By Report | Numeric XXXXXXXX |
| | 61051-9 | | | | 6906419 | UCT Nordiazepam | UCT Nordiazepam | By Report | Numeric XXXXXXXX |
| | 61055-0 | | | | 6906421 | UCT Oxazepam | UCT Oxazepam | By Report | Numeric XXXXXXXX |
| | 32108-3 | | | | 6906423 | UCT Phenobarbit | UCT Phenobarbital | By Report | Numeric XXXXXXXX |
| 61061-8 | | | | 6906425 | UCT Temazepam | UCT Temazepam | By Report | Numeric XXXXXXXX | |
| | | | | 6906427 | UCT Zolpidem | UCT Zolpidem | By Report | Numeric XXXXXXXX | |
| 32107-5 | | | | 6906429 | UCT Phencyclid | UCT Phencyclidine- PCP | By Report | Numeric XXXXXXXX | |
| | | | | 43834-1 | 6906431 | UCT THC Metabol | UCT Marijuana Metabolite | By Report | Numeric XXXXXXXX |
| | | | | | 6906433 | UCT Norbuprenor | UCT Norbuprenorphine | By Report | Numeric XXXXXXXX |
| | | | | | 6906435 | UCT Norhydrocod | UCT Norhydrocodone | By Report | Numeric XXXXXXXX |
| | | | | | 6906437 | UCT Noroxycodon | UCT Noroxycodone | By Report | Numeric XXXXXXXX |
| | | | | | 6906439 | UCT Noroxymorph | UCT Noroxymorphone | By Report | Numeric XXXXXXXX |
| 11526-1 | | | | 6906441 | EER UTC Report | EER Drug Detection Pan, Umbilical Cord | By Report | Alpha | |

No Longer Being Reported

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|---------------------|---|------------|---------------|------------|-------------|-----------|---------------------------|---------------------|-------------|
| 5560330 | GC and Chlamydia DNA Swab (SurePath) | GC/CHL PRB | Group | | | | | | |
| CPT: 87491 87591 | Change in Collection and Processing Addition of Prompt and change in LOINC codes | | | 50387-0 | 5559980 | CT Probe | Chlamydia Trachomatis DNA | Negative | Alpha |
| | | | | 50388-8 | 5960180 | GC Probe | GC Probe | Negative | Alpha |
| | | | | New Prompt | 6904845 | Source A2 | Source | | |

For Collection of Cervical brush in SurePath liquid-based Pap test Media.
Vortex SurePath media and transfer 1 mL to APTIMA Specimen Transfer Tube
To reduce the potential for contamination, SurePath specimens should be poured off, using sterile technique, into the APTIMA Specimen Transfer Tube prior to Cytology Testing.
Transport Refrigerated
Please mark collection and requisition as SurePath Collection
Unacceptable specimens: BD ProbeTech swab, Urine
Specimen source is required
Stability: SurePath Media: Ambient: 24 hours; Refrigerated: 48 hours; Frozen: 1 week
APTIMA Specimen Transfer Tube: Ambient: 2 weeks; Refrigerated: 1 month; Frozen: 1 month
Set Up Sun-Sat / TAT 1-3 Days

Modify Test Effective : 03/26/2018 - 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 |
|-----------|------------------------|------------|---------------|--------|-------------|------------|-----------------------|---------------------|---------------|
| 5000855 | Fetal Hemoglobin, HPLC | HGB F HPLC | Detail | | | | | | |
| | | | | 4576-5 | 5000855 | HGB F Hplc | Fetal Hemoglobin HPLC | See Below | Numeric XXX.X |

CPT: 83021 **Change in Collection and Stability**

5 mL (2mL) Whole Blood EDTA (Lavender Top) Room Temperature
 Note: If a CBC is also ordered, submit a separate EDTA tube. Do Not Submit a tube used for a CBC.
 Test set-up changes Daily with 2-3 days TAT (after set-up).

0-3 Months 40.0-85.0 %
 >3-6 Months 8.0-40.0 %
 >6 Months-1 Year <8.0 %
 >1 Year <2.0 %

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

INACTIVE Effective : 02/05/2018

| Inactive | Inactive | Inactive | Replacement Information | | |
|-----------|-----------------------------|------------|-------------------------|----------|--|
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name |
| 5527975 | Johnson Smut Grass Allergen | JOHNS SMUT | n/a | n/a | No replacement test is available at this time. |

INACTIVE Effective : 02/20/2018

| Inactive | Inactive | Inactive | Replacement Information | | |
|-----------|------------------|-----------|-------------------------|----------|--|
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name |
| 4315100 | Meperidine Level | MEPERI QN | n/a | n/a | No replacement test is available at this time. |

INACTIVE Effective : 02/20/2018

| Inactive | Inactive | Inactive | Replacement Information | | |
|-----------|--------------------------------|----------|-------------------------|------------------|---|
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name |
| 3653530 | Barbiturate Level Quantitative | BARB QN | 5613601 | Barbit Quant S/P | Barbiturates, Serum or Plasma, Quantitative |

| INACTIVE Effective : 02/28/2018 | | | | | | |
|--|--------------------------------------|------------|--|------------|---|--|
| Inactive | Inactive | Inactive | Replacement Information | | | |
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name | |
| 5559980 | Chlamydia trachomatis DNA Urine/Swab | CHLM PROBE | 5560330 | GC/CHL PRB | GC and Chlamydia DNA Swab (<i>SurePath</i>) | |
| Collection via Surepath / BD-ProbeTec method | | | See Test information for this test in our Yellow Test Change Section of the LiveWire | | | |

| INACTIVE Effective : 02/28/2018 | | | | | | |
|--|--------------------------------------|----------|--|------------|---|--|
| Inactive | Inactive | Inactive | Replacement Information | | | |
| Test Code | Test Name | Mnemonic | Test Code | Mnemonic | Test Name | |
| 5960180 | Neisseria Gonorrhoeae DNA Urine/Swab | GC PROBE | 5560330 | GC/CHL PRB | GC and Chlamydia DNA Swab (<i>SurePath</i>) | |
| Collection via Surepath / BD-ProbeTec method | | | See Test information for this test in our Yellow Test Change Section of the LiveWire | | | |