

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

**New Test Effective : 06/11/2018**

Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6987002	HSV 1 and 2 - Swab	HSV Swab	Group	16130-7	6987013	HSV 1 Sw	Herpes Simplex Virus 1	Not Detected	Alpha
				16131-5	6987014	HSV 2 Sw	Herpes Simplex Virus 2	Not Detected	Alpha

CPT: 87529x2 Collect Swab in APTIMA Multitest Swab collection kit.  
Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube.  
Transport/Storage: Room Temperature or Refrigerated  
**Alternate Swab types acceptable if they are placed in M4 Viral Transport Media but Must be Refrigerated.**  
Testing Schedule Mon-Fri / TAT 1-2 days after set-up

*This is the replacement for the Swab Collection for 5586635 Herpes Simplex Virus by PCR*

**New Test Effective : 06/25/2018**

Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6905119	Ovalbumin IgE (Allergen, Food)	Ovalbumin	Detail	7556-4	6905119	Ovalbumin	Allergen, Ovalbumin	< 0.10 jU/L	Numeric XXXXX.XX

CPT: 86008 Collect Serum in Serum separator tube.  
Separate serum from cells ASAP or within 2 hours of collection  
Transfer 0.25 mL (0.1mL) serum to a Standard Transport Tube  
Storage/Transport Temperature: Refrigerated.  
Unacceptable Conditions: Hemolyzed, icteric, or lipemic specimens.  
Stability After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year  
Setup Sun-Sat / TAT 1-2 Days from set up

**New Test Effective : 06/25/2018**

Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6905183	Ovomucoid IgE (Allergen, Food)	Ovomucoid	Detail	7557-2	6905183	Ovomucoid	Allergen, Ovomucoid	< 0.10 jU/L	Numeric XXXXX.XX

CPT: 86008 Collect Serum in Serum separator tube.  
Separate serum from cells ASAP or within 2 hours of collection  
Transfer 0.25 mL (0.1mL) serum to a Standard Transport Tube  
Storage/Transport Temperature: Refrigerated.  
Unacceptable Conditions: Hemolyzed, icteric, or lipemic specimens.  
Stability After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year  
Setup Sun-Sat / TAT 1-2 Days from set up

New Test Effective : 06/25/2018									
Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6906325	Pregabalin Serum or Plasma	Pregabalin S/P	Group	47414-8	6906327	Pregabalin S/P	Pregabalin S/P	By Report ug/mL	Numeric XXXX.X
CPT: 80366 (Alt: G0480)	<p><i>This is the replacement of the Discontinued 2025650 Pregabalin</i></p> <p>Collect Serum Pre-dose (Trough) Draw - At a Steady State Concentration or EDTA Plasma Pre-dose (Trough) Draw Steady State Concentration Separate from cells ASAP or within 2 hours of collection Transfer 1mL(0.2mL) Serum or Plasma to a Standard Transport Tube. Storage/Transport Temperature: Refrigerated. Unacceptable Conditions: Citrated Plasma. Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 months Setup Tue, Sat / TAT 1-6 Days</p>			<i>Prompt</i>	6906329	Pregab Dose	Pregabalin Dose		
				<i>Prompt</i>	6906331	Pregab Route	Pregabalin Route		
				<i>Prompt</i>	6906333	Pregab Freq	Pregabalin Dose Frequency		
				<i>Prompt</i>	6906335	Pregab Draw	Pregabalin Type of Draw		
				<p>Please indicate in the supplied fields:</p> <ol style="list-style-type: none"> <li>Dose - List drug amount and include the units of measure</li> <li>Route - List the route of administration (IV, oral, etc.)</li> <li>Dose Frequency - Indicate how often the dose is administered (per day, per week, as needed, etc.)</li> <li>Type of Draw - Indicate the type of blood draw (Peak, Trough, Random, etc.)</li> </ol>					
New Test Effective : 06/25/2018									
Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6905087	Mumps Virus RNA, Qual RT-PCR	Mumps PCR	Detail	47532-7	6905087	Mumps PCR	Mumps Virus RNA, Qual RT-PCR	Negative	Alpha
CPT: 87798	<p>Collect with a buccal Swab (Orally) in a sterile, leak proof container in 3mL media, V-C-M medium (green cap) tube or equivalent (UTM) Transport Temperature: Refrigerated (cold packs) Room temperature: 48 hours, Refrigerated: 7 days, Frozen: 30 days Setup Mon-Sat / TAT 1-2 days</p>								

**New Test Effective : 06/25/2018**

Test Code	Test Name	Mnemonic	Category/Type	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
6906975	Helicobacter pylori Breath Test (Pediatric)	H pylori Breath (Pedi)	Detail	29891-9	5579675	H pylori Breath	Helicobacter Pylori Breath Test	Negative	Alpha
				<b>Prompt</b>	6906977	Ht at collection	Height at collection	(in inches)	
				<b>Prompt</b>	6906979	Wt at collection	Weight at collection	(in pounds)	

CPT: 83013 *Testing will be provided to clients performing their own collections. RML does not provide collection service.*

This test requires the pediatric patient (3-17 years old) to fast and abstain from smoking for 1 hour prior to test administration. The patient should not have taken antibiotics, proton pump inhibitors (e.g., Prilosec, Prevacid, Aciphex, Nexium), or bismuth preparations (e.g., Pepto-Bismol) within the previous 14 days. When used to monitor treatment, the test should be performed four weeks after cessation of definitive therapy. The patient should be informed that the Pranactin-Citric drink that will be administered contains phenylalanine. Phenylketonurics restrict dietary phenylalanine.

A negative result does not rule out the possibility of H. pylori infection. If clinical signs are suggestive of H. pylori infection, retest with a new specimen or an alternate method.  
**Known causes of false-negative results include:**  
 1. Use of antibiotics, proton pump inhibitors, and bismuth preparations during the preceding 2 weeks.  
 2. Administration of the breath test less than 4 weeks after completion of definitive therapy to eradicate H. pylori.  
 3. Premature or late collection of the post-dose specimen.  
**Known causes of false-positive results include:**  
 1. Patients with achlorhydria  
 2. Rinsing the testing solution in the mouth, which can allow contact with urease-positive bacteria.  
 3. The presence of other gastric spiral organisms such as Helicobacter heilmanii.

Collect: BreathTek UBT Kit.  
 Kits are available for purchase through RML online supply ordering, please contact RML Materials Management for kit pricing.  
 Specimen Preparation: 1) Label breath collection bags with patient name, MRN, date and time of collection, and indicate Pre (blue) or Post (pink).  
 2) Collect the baseline (Pre) breath specimen according to the instructions in the BreathTek UBT kit.  
 3) After the allotted time, collect the Post breath specimen according to the instructions in the kit.  
 Storage/Transport Temperature: CRITICAL ROOM TEMPERATURE. Do not freeze.  
 Unacceptable Conditions: Underinflated bags. Specimens from patients younger than 3 years.  
 Submit with Order: Weight (in pounds), height (in inches), sex, and age.  
 Stability: Ambient: 1 week; Refrigerated: Unacceptable; Frozen: Unacceptable  
 Setup Sun-Sat / TAT 1-4 Days from set up

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

**Modify Test Effective : 6/4/2018 - 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
1515625	MTHFR DNA Mutation Analysis	MTHFR	Group	28005-7	1515575	MTHFR C665T	MTHFR C665T Mutation	Negative	Alpha
				28060-2	1515600	MTHFR A1286C	MTHFR A1286C Mutation	Negative	Alpha
				n/a	1516225	MTHFR Interp	MTHFR Interpretation		

CPT: 81291 6mL (3mL) Whole Blood EDTA (Lavender Top)  
 Storage/Transport Temperature: Room Temperature  
 Do Not Centrifuge.  
 Specimen cannot be shared with other testing for risk of DNA contamination.  
 Stability: Room Temperature 8 Days, Frozen Not Acceptable.  
 Setup Tue, Fri / TAT 2-8 Days

**Based on national standardization attempts, the nomenclature for the gene mutations tested for in our MTHFR assay have been changed from C677T/A1298C to C665T/A1286C.**

**Modify Test Effective : 06/18/2018** - 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
5586635	Herpes Simplex Virus by PCR	HSV PCR QL	Group	16130-7	5587700	HSV 1 DNA	HSV 1 DNA Qualitative by PCR	Not Detected	Alpha
CPT: 87529x2	<b>Change in Acceptable Specimens</b>			16131-5	5587750	HSV 2 DNA	HSV 2 DNA Qualitative by PCR	Not Detected	Alpha
				<b>Prompt</b>	3611815	Spec Type	Specimen Type		

**Swab collection will no longer be acceptable for this test**  
**For Swab Collections Please see 6987002 HSV 1 and 2 - Swab in the Green New Test Section of this LiveWire**

Acceptable Specimens will be:  
 2mL (0.5mL) CSF (Cerebrospinal Fluid) Sterile Screwtop Container  
 2mL (0.5mL) Plasma from EDTA (Lavender Top)  
 2mL (0.3mL) Serum from Clot Activator SST  
 Storage/Transport Temperature: Refrigerated.  
 Unacceptable Specimens: Swabs and Random clean catch urine is no longer acceptable specimen type.  
 Specimen Stability: Room temperature = 48 hours; Refrigerated = 7 Days; Frozen = 1 Month.  
 Setup Mon-Fri / TAT 2-3 Days

Other acceptable sample types are: Amniotic fluid, Pleural fluid, Pericardial fluid, Vitreous fluid in a Sterile leak-proof container. These specimens will be sent out to an alternate reference laboratory.

**Modify Test Effective : 06/18/2018** - Please update your EMR catalog with those appropriate to your practice -

Test Code	Test Name	Mnemonic	Category/Type	Careset Component Information						
5008175	Protein Electrophoresis Urine 24hr	PEPU 24 AN	Careset	Order Code	LOINC	Result Code	Mnemonic	Test Name	Reference Range UOM	Result Type
CPT: 84156 84166 (80500 or 84166-26) Initial testing only	<b>The Paraprotein 24hr Urine will be removed from initial testing, will only be added on as needed.</b>			1143606		See Path Report		Clin Path Req PEP U		
				3870707		No change		.24U Prot Elect Analyzer order	No change	No change
				<del>5007200</del>			<del>PARAPRT24H</del>	<del>Paraprotein 24hr Urine</del>		
						4179629	Ur-Paraprotein	Paraprotein 24hr Urine		
				3006150		No change	PROT TM U	Protein 24 Hour Urine	No change	No change

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

**INACTIVE Effective : 06/25/2018**

Inactive	Inactive	Inactive	Replacement Information		
Test Code	Test Name	Mnemonic	Test Code	Mnemonic	Test Name
2025650	Pregabalin (Lyrica) Level	PREGABAL S	6906325	Pregabalin S/P	Pregabalin Serum or Plasma

**See Replacement test build information in the Green New Test Section of this LiveWire**