



MODIFICAT	TION TESTS - Please update your EMR ca	talog with those	appropriate to	your pract	ice				
Modify Test	Effective : Immediately		- Please update y	our EMR catalo	g with those a	ppropriate to your praction	ce -		
Test Code	Test Name	Mnemonic	Category/Type						
2001125	Forearm Non-Ischemic Exercise Test	NON-ISCHEMIC	Careset Interval	Careset Comp	onent Informa	tion			
			Order Code	LOINC	Result Code	Mnemonic	Test Name	Reference Range UOM	Result Type
CPT: 83605x5	Change of test from Ischemic to Non-Ische	mic Testing	2000375			.BASE LACT	.Base Lactate		
82140x5				59004-2	2000375	Base Lactate	Base Lactate	n/a mmol/L	Numeric XXX.X
	Scheduled collections with the RML Siegfried Tower		2000575			.BASE AMMON	.Base Ammonia		
	Patient Service Center (918) 744-2500 option 1 for x15531.			16362-6	2000575	Base Ammonia	Base Ammonia	n/a umol/L	Numeric XXXX
	1923 S. Utica Ave. Siegfried Tower (5th floor), Tulsa, OK. 74104		2000625			.1 MIN LACT	.1 Minute Lactate		
				59005-9	2000625	1 Min Lactate	1 Minute Lactate	n/a mmol/L	Numeric XXX.X
	Testing Procedure		2000675			.1 M AMMONI	.1 Minute Ammonia		
	Collect both a Gray (Sodium fluoride) tube for Lactate and			16362-6	2000675	1 Min Ammonia	1 Minute Ammonia	n/a umol/L	Numeric XXXX
	Green (Lithium Heparin) tube for Ammonia Lev	rel .	2000725			.3 MIN LACT	.3 Minute Lactate		
	for each collection time listed. Place tubes on ic	ce and		59006-7	2000725	3 Min Lactate	3 Minute Lactate	n/a mmol/L	Numeric XXX.X
	deliver to lab immediately following procedure	below.	2000775			.3 M AMMONI	.3 Minute Ammonia		
	1. Draw a baseline Gray & Green tubes.			16362-6	2000775	3 Min Ammonia	3 Minute Ammonia	n/a umol/L	Numeric XXXX
	2. Patient exercises forearm by squeezing a ball for 9	0 seconds.	2000825			.5 MIN LACT	.5 Minute Lactate		
	3. Draw Gray & Green tubes 1 min. after the forearm	exercise.		59007-5	2000825	5 Min Lactate	5 Minute Lactate	n/a mmol/L	Numeric XXX.X
	4. Draw Gray & Green tubes 3 min. after the forearm exercise.		2000875			.5 M AMMONI	.5 Minute Ammonia		
	5. Draw Gray & Green tubes 5 min. after the forearm exercise.			16362-6	2000875	5 Min Ammonia	5 Minute Ammonia	n/a umol/L	Numeric XXXX
	6. Draw Gray & Green tubes 10 min. after the forearr	m exercise.	2000925			.10MIN LACT	.10 Minute Lactate		
				59011-7	2000925	10 Min Lactate	10 Minute Lactate	n/a mmol/L	Numeric XXX.X
			2001025			.10M AMMONI	.10 Minute Ammonia		
				16362-6	2001025	10 Min Ammonia	10 Minute Ammonia	n/a umol/L	Numeric XXXX





Modify Test	Effective: 10/28/2019		- Please update y	our EMR catalo	g with those a	ppropriate to your prac	tice -		
Test Code	Test Name	Mnemonic	Category/Type						
4066450	Drug Panel 10, Meconium	DRUG F S10	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	Changes to this assay are of the following:								
CPT: 80307	Removal of Propoxyphene Screen and Con		REMOVE	n/a	4066425	Propxy Fee Ser	Propoxyphene Screen Fecal	Negative	Alpha
	Addition of Tramadol Screen and Confirma		ADD			Tramdl Fec Scr	Tramadol Screen Fecal	Negative	Alpha
				8144-8		Amphet Fec Scr	Amphetamine Screen Fecal	Negative	Alpha
	Please contact RMLClient Services to arran	ae for collection su	ıpplies	n/a	4066300	Barbit Fec Scr	Barbiturate Screen Fecal	Negative	Alpha
	and instructions before submission of spec			n/a	4066325	Benzod Fec Scr	Benzodiazapine Screen Fecal	Negative	Alpha
				40527-4	4066050	Cocaine Fec Scr	Cocaine Screen Fecal	Negative	Alpha
	5g(1g) Meconium in an appropriate Chain of Cu	stody packet. Refrige	erated.	8214-9	4066100	Opiate Fec Scr	Opiate Screen Fecal	Negative	Alpha
	50 67 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	, [,,		n/a	4066350	Oxycod Fec Scr	Oxycodone Screen Fecal	Negative	Alpha
				8232-1		Phency Fec Scr	Phencyclidine Screen Fecal	Negative	Alpha
				8167-9		THC Fec Scr	THC Metabolite Screen Fecal	Negative	Alpha
				n/a		Methad Fec Scr	Methadone Screen Fecal	Negative	Alpha
	See Reflex Options below for the screening	i tests above in Dru	a Panel 10. Me					egae	7.1.0.1.0.
Test Code	Test Name	Mnemonic	Category/Type	, , , , , ,					
6907225	.Tramadol Conf GC/MS Fecal	.GC Tramdl Fec	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This test will reflex only if the Tramadol Screen Fecal			NA		Tramdl F	Tramadol fecal	By Report	Alpha
Test Code	Test Name	Mnemonic	Category/Type						
4008525	.Amphetamine Conf GC/MS Fecal	.GC AMPH CO	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
100000	This test will reflex only if the Tramadol Screen Fecal			n/a		Amphet F	Amphetamine Fecal	By Report	Alpha
	,			n/a		Methamph F	Methamphetamine Fecal	By Report	Alpha
Test Code	Test Name	Mnemonic	Category/Type	, -		The trial light	The transfer of the transfer o	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.1.01.13
4066575	.Barbiturates Conf GC/MS Fecal	.GC BARBFEC	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This test will reflex only if the Barbiturates Screen Fe	cal is Positive		n/a	4066575	Barb F	Barbiturates Fecal	By Report	Alpha
Test Code	Test Name	Mnemonic	Category/Type		•			, .	<u>'</u>
4066475	.Benzodiapines Conf GC/MS Fecal	.GC BENZFEC	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This test will reflex only if the Benzodiapines Screen I	Fecal is Positive		n/a	4066475	Benzo F	Benzodiapines Fecal	By Report	Alpha
Test Code	Test Name	Mnemonic	Category/Type		•	•			·
4008350	.Cocaine and Metabolites Conf GC/MS Fecal	.GC COCAI F	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This test will reflex only if the Cocaine Screen Fecal is	Positive	•	n/a	4008350	Coc Met F	Cocaine and Metabolites Fecal	By Report	Alpha
Test Code	Test Name	Mnemonic	Category/Type		•	•			<u> </u>
4008550	.Opiates Conf GC/MS Fecal	.GC OPIAT F	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This test will reflex only if the Opiates Screen Fecal is	Positive		n/a	4008475	Codeine F	Codeine F	By Report	Alpha
				n/a	4008400	Morph F	Morphine Fecal	By Report	Alpha
Test Code	Test Name	Mnemonic	Category/Type			<u>'</u>		, , ,	
4066500	.Oxycodone Conf GC/MS Fecal	.GC OXYCFEC	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This test will reflex only if the Oxycodone Screen Fec		•	n/a	4066500		Oxycodone Fecal	By Report	Alpha
Test Code	Test Name	Mnemonic	Category/Type				<u> </u>		,
4008425	.Phencyclidine Conf GC/MS Fecal	.GC PHENC F	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This test will reflex only if the Phencyclidine Screen F		•	n/a		Phencyc F	Phencyclidine Fecal	By Report	Alpha
Test Code	Test Name	Mnemonic	Category/Type				· · ·	· · · · · · · · · · · · · · · · · · ·	
4008375	.THC Conf GC/MS Fecal	.GC THC F	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This test will reflex only if the THC Screen Fecal is Pos			n/a	4008375		THC Fecal	By Report	Alpha
Test Code	Test Name	Mnemonic	Category/Type	,		-		, -p	l
4066525	.Methadone Conf GC/MS Fecal	.GC METHFEC	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
1111111	This test will reflex only if the Methadone Screen Fed			n/a		Meth F	Methadone Fecal	By Report	Alpha
	The first time to the first time to the ti			, u	.000323		canddone i codi	2, ricport	/priu

Detected Viral Loads Numeric XXXXXXXXX IU/mL

Detected Viral Loads Numeric XXXXXXXXX IU/mL





Modify Test	Effective: 11/04/2019		- Please update y	our EMR catalo	g with those a	ppropriate to your pract	ice -				
Test Code Test Name Mnemonic Category/Type											
5580775	Epstein Barr Virus DNA, Quantitative PCR	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type			
	47982-4 5582425 EBV PCR Quan Epstein Barr Virus DNA Quantitive PCR Not Detected Alpha / Numeric										
CPT: 87799	PT: 87799 RML is implementing new assays for BK Virus and EBV quantitative viral load testing. Detected Viral Loads Numeric XXXXXXXX IU										

CPT: 87799 RML is implementing new assays for BK Virus and EBV quantitative viral load testing.

Due to a difference in assay design, results may vary between assays. Therefore, patients will need to be re-baselined with the new assay.

This re-baselining will be done for a period of 60 days at no additional charge starting 11/04/2019

A weekly report of the comparative values will be sent to the client during this period.

Please collect and process specimen into two separate aliquots to aid in re-baseline testing.

Collect one of the following

TWO Aligouts of 1mL (0.5mL) Plasma EDTA (Lavender Top) or Serum from Clot Activator SST tube.

EDTA plasma or Serum specimens should be centrifuged and plasma removed from cells within 2-4hrs of collection and kept Refrigerated.

Specimen cannot be shared with other testing for risk of DNA contamination.

Specimen Stability: Room temperature= N/A; Refrigerated= 7 Days; Frozen= 1 Month.

TWO Aliquots of CSF (Cerebrospinal Fluid) in Sterile Screwtop Containers and kept Refrigerated

Specimen Stability: Room temperature= N/A; Refrigerated= 7 Days; Frozen= 1 Month.

Modify Test	- Please update y	Please update your EMR catalog with those appropriate to your practice -								
Test Code	Test Name	Category/Type								
5504325 BK Virus DNA, Quantitative PCR Plasma BK VIRUS P Detail					Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type	
				41479-7	5504325	BK Virus PCR	Bk Virus DNA Quantative PCR	Not Detected	Alpha / Numeric	

CPT: 87799 RML is implementing new assays for BK Virus and EBV quantitative viral load testing.

Due to a difference in assay design, results may vary between assays. Therefore, patients will need to be re-baselined with the new assay.

This re-baselining will be done for a period of 60 days at no additional charge starting 11/04/2019

A weekly report of the comparative values will be sent to the client during this period.

Please collect and process specimen into two separate aliquots to aid in re-baseline testing.

TWO Aligouts of 3mL (0.5mL) Plasma EDTA (Lavender Top)

EDTA plasma should be centrifuged and plasma removed from cells within 2-4hrs of collection and kept Refrigerated or Frozen.

Specimen cannot be shared with other testing for risk of DNA contamination.

Unacceptable Specimens: Un-processed Whole Blood. Room Temperature specimens and Urine. CSF. Heparin Plasma specimens.

Stability Room Temperature: N/A, Refrigerated 7days, Frozen: 30days.

Modify Test	Effective : 11/04/2019		- Please update yo	our EMR catalo	g with those a	ppropriate to your practi	ce -		
Test Code	Test Name	Mnemonic	Category/Type						
5504425	BK Virus DNA, Quantitative PCR Urine	BK VIRUS U	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				41480-5	5504425	U BK Virus	BK Virus DNA Quantative PCR Urine	Not Detected	Alpha / Numeric

CPT: 87799 RML is implementing new assays for BK Virus and EBV quantitative viral load testing.

Due to a difference in assay design, results may vary between assays. Therefore, patients will need to be re-baselined with the new assay.

This re-baselining will be done for a period of 60 days at no additional charge starting 11/04/2019

A weekly report of the comparative values will be sent to the client during this period.

Please collect and process specimen into two separate aliquots to aid in re-baseline testing.

TWO Aliquots of 7mL (0.6mL) Urine, Random Sterile Urine container, Kept Refrigerated or Frozen.

This test is for Urine specimens only.

Best if urine is kept refrigerated until Frozen. Preferred to be frozen within two hours of collection.

Stability: Ambient: 48 hours; Refrigerated: 7 days; Frozen: 30 Days.

Unacceptable Specimens: CSF, EDTA and Heparin Plasma specimens.

Specimen cannot be shared with other testing for risk of DNA contamination.





Modify Test Effective: 11/25/2019 - Please update you					g with those a	ppropriate to your practi	ce -		
Test Code	Test Name	Mnemonic	Category/Type						
5565703	Varicella Zoster Virus Quant DNA PCR	VAR Z PCR	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	Quest will no longer accept swabs for this test			N/A	5565703	VAR Z PCR	Varicella Zoster Virus Quant DNA PCR	copies/mL	Numeric XXX.X
CPT: 87799	CPT: 87799 Swab testing will only be available by ordering VAR Z QUAL (5565707)			N/A	4182143	Source (VZV)	Source (VZV)	N/A	PROMPT

Collect 0.7 mL (0.3 mL) of Whole Blood EDTA (Lavender Top), CSF (Cerebrospinal Fluid) or Bronchial lavage/wash - Keep Refrigerated

Specimen Stability (Whole blood): Room temperature: 48 Hours, Refrigerated: 7 Days, Frozen: Unacceptable.

Specimen Stability (CSF or Bronchial lavage/wash): Room temperature: 48 Hours Refrigerated: 7 Days, Frozen: 30 Days.

Methodology: Polymerase Chain Reaction

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

INACTIVE	Effective : Immediately										
Inactive	Inactive Replacement Information										
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name					
5516065	Hickory Nut Allergen	HICKORY NU		5611150	PECAN MEAT	Pecan Meat (Nut) Food Allergy IgE					

(09/27/2019) We were just notified by the performing laboratory, that this test has been discontinued.

Test Code: 5611150 - Pecan Meat (Nut) Food Allergy IgE is considered an acceptable alternative choice for allergy testing. Build information available upon request.

INACTIVE	Effective: Immediately							
Inactive	Inactive	Inactive	Replacement Information					
Test Code	Test Name	Mnemonic		Test Code		Mnemonic	Test Name	
4300627	Drug Screen Bath Salts Umbilical Cord	DRUG C BS		n/a	n/a		n/a	

We were just notified by the performing laboratory, that this test has been discontinued. There is no other laboratory performing this assay at this time. (09/27/2019)