

Clinical Use: Assist in monitoring viral loads in post-transplant patients



New Test	Effective: 01/06/2020								
Test Code	Test Name	Mnemonic	Category/Type						
5504326	BK Virus DNA, Quantitative, Plasma	BKV QT PCR PL	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This is the Plasma replacement test for the Discon	tinued		32284-2	5504327	BKV DNA IU	BK Virus DNA IU	Not Detected	Alpha Normal
CPT: 87799	Test code (5504325) BK Virus DNA, Quantitative P	CR Plasma					Can be resulted as an Alpha and Numeric values	<100 IU/mL	XXXXXXX
1	Specimen Volume: 2 mL (1mL) EDTA Plasma						Linear Range: 100 - 20,000,000	Detected <100	Alpha Abnormal
	Storage/Transport Temperature: Frozen.						Unit of Measure: IU/mL	>2000000	Alpha Abnormal
	Instructions: Un-processed Whole Blood specimer	s are unacceptable.		44805-0	5504328	BKV DNA Log	BK Virus DNA Log/mL	Not Detected	Alpha Normal
	This test is for EDTA Plasma Specimens only					Can be resulted as an Alpha and Numeric values	<2.00 Log IU/mL	Numeric XX.XX	
	EDTA plasma, specimen should be centrifuged a	nd plasma removed					Linear Range: 2.00 - 7.30	Detected < 2.00	Alpha Abnormal
	from cells within 2-4 hrs of collection.						Unit of Measure: Log IU/mL	>7.30	Alpha Abnormal
	Specimen cannot be shared with other testing for	or risk of DNA contan	nination.	41479-7	5504329	BKV DNA Copies	BK Virus DNA Copies/mL	Not Detected	Alpha Normal
1	Unacceptable Specimens: Room Temperature spe	cimens and Urine,					Can be resulted as an Alpha and Numeric values	<312 Copies/mL	XXXXXXX
	CSF, Heparin Plasma specimens.						Linear Range: 312 - 62,500,000	Detected <312	Alpha Abnormal
	Testing Schedule: M-W-F Expected TAT: 2-3 days						Unit of Measure: Copies/mL	>62500000	Alpha Abnormal
	Specimen Stability: Room temperature= N/A; Refi Methodology: Quantitative Polymerase Chain Rea Clinical Use: Assist in monitoring viral loads in pos	ction		avoid >3 freez	e/thaw cycles)				

New Test	Effective: 01/06/2020								
Test Code	Test Name	Mnemonic	Category/Type						
5504426	BK Virus DNA, Quantitative, Urine	BKV QT PCR UR	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This is the Urine replacement test for the Disconti	inued		32285-9	5504427	BKV DNA UR IU	BK Virus DNA UR IU/mL	Not Detected	Alpha Normal
CPT: 87799	Test code (5504425) BK Virus DNA, Quantitative F	PCR Urine					Can be resulted as an Alpha and Numeric values	<100 IU/mL	XXXXXXX
	Specimen Volume: 2mL (1mL) Random Urine in a	Sterile urine containe	er				Linear Range: 100 - 20,000,000	Detected <100	Alpha Abnormal
	Storage/Transport Temperature: Frozen.						Unit of Measure: IU/mL	>20000000	Alpha Abnormal
	Instructions: This test is for Urine specimens only		90924-2	5504428	BKV DNA UR Log	BK Virus DNA UR Log/mL	Not Detected	Alpha Normal	
	Best if urine is kept refrigerated until Frozen.						Can be resulted as an Alpha and Numeric values	<2.00 Log IU/mL	Numeric XX.XX
	Preferred to be frozen within two hours of colle	ection.					Linear Range: 2.00 - 7.30	Detected < 2.00	Alpha Abnormal
	Specimen cannot be shared with other testing f	or risk of DNA contar	nination.				Unit of Measure: Log IU/mL	>7.30	Alpha Abnormal
	Unacceptable Specimens: CSF, EDTA and Heparin	Plasma specimens.		41480-5	5504429	BKV DNA UR Cop	BK Virus DNA UR Copies/mL	Not Detected	Alpha Normal
İ	Specimen Stability: Room temperature= N/A; Ref	rigerated= 5 Days;					Can be resulted as an Alpha and Numeric values	<312 Copies/mL	XXXXXXX
	Frozen= 1 Month (avoid >3 freeze/thaw cycles).						Linear Range: 312 - 62,500,000	Detected <312	Alpha Abnormal
i	Testing Schedule: M-W-F / Expected TAT: 2-3 days						Unit of Measure: Copies/mL	>62500000	Alpha Abnormal
1	Methodology: Quantitative Polymerase Chain Rea		<u> </u>		<u> </u>	_			





New Test	Effective: 01/06/2020								
Test Code	Test Name	Mnemonic	Category/Type						
5580776	Epstein Barr Virus DNA, Quantitative, Plasma	EBV QT PCR	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This is the Plasma replacement test for the Discor	ntinued		43730-1	5580777	EBV DNA IU	EBV DNA IU/mL	Not Detected	Alpha Normal
CPT: 87799	Test code (5580775) Epstein Barr Virus DNA, Quai					Can be resulted as an Alpha and Numeric values	<100 IU/mL	XXXXXXX	
	Specimen Volume: 2mL (1mL) EDTA Plasma or Se					Linear Range: 100 - 5,000,000	Detected <100	Alpha Abnormal	
	Storage/Transport Temperature: Frozen.						Unit of Measure: IU/mL	>5000000	Alpha Abnormal
	Instructions: Un-processed Whole Blood specime	ns are unacceptable.		53774-6	5580778	EBV DNA Log	EBV DNA Log/mL	Not Detected	Alpha Normal
	Serum allowed to clot, then specimen should be					Can be resulted as an Alpha and Numeric values	<2.00 Log IU/mL	Numeric XX.XX	
	and plasma or Serum removed from cells within					Linear Range: 2.00 - 6.70	Detected <2.00	Alpha Abnormal	
	Specimen cannot be shared with other testing f	mination.				Unit of Measure: Log IU/mL	>6.70	Alpha Abnormal	
						_			

Unacceptable Specimens: Room Temperature Specimens, CSF and Random Urine or Amniotic fluid are No longer Acceptable Specimen types.

Specimen Stability: Room temperature= N/A; Refrigerated= 5 Days; Frozen= 1 Month (avoid >3 freeze/thaw cycles).

Testing Schedule: Mon and Fri / Expected TAT: 3-4 days Methodology: Quantitative Polymerase Chain Reaction

Clinical Use: Assist in monitoring viral loads in post-transplant patients

New Test	Effective: 01/06/2020								
Test Code	Test Name	Mnemonic	Category/Type						
5582176	Epstein-Barr Virus by Quantitative PCR, CSF	EBV Quant CSF	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	This is the CSF replacement test for the Discontinu	ied		53774-6	5582426	EBV Qt Log copy	EBV Quant CSF Log copy/mL	Not Quantified	Alpha Abnormal
CPT: 87799	Test code (5580775) Epstein Barr Virus DNA, Quar	ntitative PCR					Can be resulted as an Alpha and Numeric values	<2.6 log	XX.X
	Transfer 1mL (Min: 0.5mL) CSF to a sterile contain	er and freeze.					Linear Range: 2.6-7.6 log copies/mL	>7.6	Alpha Abnormal
	Storage/Transport Temperature: Frozen.						Unit of Measure: Log		
	Unacceptable Conditions: Heparinized specimens		32585-2	5582434	EBV Qt Copies	EBV Quant CSF Copy/mL	Not Quantified	Alpha Abnormal	
	Remarks: Specimen source required.						Can be resulted as an Alpha and Numeric values	<390 cpy/mL	XXXXXXXXX
	Stability: Ambient: 24 hours; Refrigerated: 5 days	; Frozen: 1 year					Linear Range: 390-39,000,000 copies/mL	>39,000,000	Alpha Abnormal
	Testing Schedule: Sun-Sat / Expected TAT: 1-4 day					Unit of Measure: cpy/mL			
	Methodology: Quantitative Polymerase Chain Rea		5005-4	5582436	EBV Quant Intrp	EBV Quant CSF Interpretation	Not Detected	Alpha Normal	
			Prompt	5582376	EBV Quant Spec	EBV Quant PCR Specimen Source	n/a	Free Text	

Clinical Use: Quantify Epstein-Barr virus (EBV) viral load as an aid in monitoring EBV-related disease.

New Test	Effective: 01/06/2020											
Test Code	Test Name	Mnemonic	Category/Type									
5586630	Herpes Simplex Virus by PCR CSF/Fluid	HSV PCR QL CSF	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type			
	This is the CSF/Fluid replacement test for the Discontinued Specimen types				5586632	HSV1 DNA CSF/FL	HSV 1 DNA Qualitative by PCR CSF/Fluid	Not Detected	Alpha			
CPT: 87529x2	in test code (5586635) Herpes Simplex Virus 1 and 2 (HSV) Plasma in the Change in the Yellow Change section of this LiveWire.				5586634	HSV2 DNA CSF/FL	HSV 2 DNA Qualitative by PCR CSF/Fluid	Not Detected	Alpha			
					5586626	Source	Specimen Source	n/a	Free Text			

Transfer 2mL (0.5mL) CSF to a sterile container and freeze.

Storage/Transport Temperature: Refrigerated

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.

Unacceptable Specimens: Random Urine.

Specimen Stability: Room temperature = 48 hours; Refrigerated = 7 Days; Frozen = 1 Month

Testing Schedule: Mon-Fri / TAT 2-3 Days

Methodology: Qualitative Polymerase Chain Reaction





New Test	Effective: 01/06/2020								
Test Code	Test Name	Mnemonic	Category/Type						
6907237	Corn Pollen IgE	Corn Pollen	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	Collect: SST			7248-8	6907237	Corn Pollen	Corn Pollen IgE	Less than 0.10 kU/L	XXXXXX

CPT: 86003 Specimen Preparation:Separate serum from cells ASAP or within 2 hours of collection.

Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered into a plastic pour off tube

(Min: 0.25 mL plus 0.04 mL for each allergen ordered) Unacceptable: Hemolyzed, icteric, or lipemic specimens

Stability: After separation from cells: Room temperature=48 hours; Refrigerated=2 weeks; Frozen=1 year

Method: Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Set-up: Sun-Sat TAT: 1-2 days after set-up

New Test	Effective: 01/06/2020								
Test Code	Test Name	Mnemonic	Category/Type						
6907153	Wheat Pollen IgE	Wheat Pollen	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				6277-8	6907153	Wheat Pollen	Wheat Pollen IgE	Less than 0.10 kU/L	XXXX.XX

CPT: 86003 Specimen Preparation:Separate serum from cells ASAP or within 2 hours of collection.

Transfer 0.25 mL serum plus 0.1 mL for each additional allergen ordered into a plastic pour off tube

(Min: 0.25 mL plus 0.04 mL for each allergen ordered)

Unacceptable: Hemolyzed, icteric, or lipemic specimens

Stability: After separation from cells: Room temperature=48 hours; Refrigerated=2 weeks; Frozen=1 year

Method: Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

Set-up: Sun-Sat TAT: 1-2 days after set-up

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

Modify Test	Effective : Immediately		- Please update y	our EMR catalo	g with those app	ropriate to your practice	-			
Test Code	Test Name	Mnemonic	Category/Type							
6907385	Blastomyces Antigen Quant by EIA, Urine	Blasto Ag Ur	Group	LOINC Result Code Mnemonic Result Name Reference Range UOM Result Type						
						Blasto Ag Ur	Blastomyces Antigen, Urine	Not Detected U/mL	Numeric XXX.XX	
CPT: 87449 Change the unit of measure for component					6907389	BlastoAgU Intrp	Blastomyces dermatitidis EIA Interp	Not Detected	Alpha	

[6907387] Blastomyces Antigen, Urine from ng/mL to U/mL.

No other changes to this assay.

The quantitative range of this assay is 1.25-200 U/mL. Antigen concentrations less than 1.25 U/mL or greater than 200 U/mL fall outside the linear range of the assay and cannot be accurately quantified.

Modify Test	odify Test Effective : Immediately - Please update your EMR catalog with those appropriate to your practice -										
Test Code	Test Name	Mnemonic	Category/Type								
6904985	Pemphigoid Antibody Panel	Result Name	Reference Range UOM	Result Type							
				48767-8	6904987	Pemphigoid Ab	Pemphigoid Antibody Panel				
CPT: 88346	PT: 88346 CPT codes for this test from 88346, 88350x3, 83516x2					EER Pemphig Ab	EER Pemphigoid Antibody Panel				
88350x2,	to 88346, 88350x2, 83516x2.			·			_				

Modify Test	Modify Test Effective: Immediately - Please update your EMR catalog with those appropriate to your practice -												
Test Code	Test Name	Mnemonic	Category/Type										
1502300	Factor VIII (8) Inhibitor Assay	FAC 8 INHB	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type				
				3204-5	1502300	Fac 8 Inhb	Factor 8 Inhibitor Assay	No Change	No Change				
CPT: 85335, CPT Code Changes					1501150	Factor 8	Factor 8 Assay	No Change	No Change				

Adding 85240 for Factor 8 to existing 85335 for Factor 8 Inhibitor

No other changes to this assay.

No other changes to this assay.

83516x2

85240





REGIONAL	MEDICAL LABORATORY								
Modify Test	Effective : Immediately		- Please update y	our EMR catalo	g with those app	ropriate to your practice	ş -		
Test Code	Test Name	Mnemonic	Category/Type						
3502200	Cholesterol Body Fluid	SRS CHOL	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
			•	2085-9	2001810	HDL	HDL Cholesterol	No Change	No Change
CPT: 84311	Change in CPT from 82465 to 84311			Prompt	0802100	Fluid Type	Type Of Fluid	No Change	Free Text
	No other changes to this assay.				•	•	• •		
	Effective : Immediately	I	 	our EIVIR catalo	g with those app	ropriate to your practice	2 -		
Test Code	Test Name	Mnemonic	Category/Type			T	I		
2012900	Lipid Group with Direct LDL	LIP DR LDL	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				2085-9	2001810	HDL	HDL Cholesterol	No Change	No Change
	CPT Code Changes			2093-3	2001850	Chol	Cholesterol Total	No Change	No Change
83721	CPT for this panel is changing from 82465, 84478,	83718, 83721 to 800	61, 83721	2571-8	2005350	Trig	Triglyceride	No Change	No Change
	No other changes to this assay.			18262-6	3807950	LDL Direct	LDL Cholesterol Direct Fasting	No Change	No Change
				43396-1	2904655	Non-HDL Chol	Non-HDL Cholesterol	No Change	No Change
Modify Tost	Effective : Immediately		Diaman un desta u			ropriate to your practice	_		
	'		1	T	g with those upp	ropriate to your practice	-		
	Test Name	Mnemonic	Category/Type	LOING	Barrella Carda	Ing	D	D-f D (1014	D # T
3609450	Tyrosine	TYROSINE	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	man and the same of the			20660-7	4182233	Tyrosine, Plasma	Tyrosine, Plasma	See Below	Numeric XXXX
	Due to recent immediate changes at the perform	•	•				Age		
	There is a change in Reference Ranges, Age Range	e and Numerical valu	es				0-30 days	• •	
	See Changes in RED at the right of this entry.						1-11 months	• •	
	No other changes to this assay.						1 year and older	35-110 μmol/L	
Modify Test	Effective: 12/16/2019		- Please update y	our EMR catalo	g with those app	ropriate to your practice	ş -		
Test Code	Test Name	Mnemonic	Category/Type						
5510650	DNA Antibody (Single-stranded)	DNA AB SS	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				42201-4	5510650	DNA Ab (SS)	DNA Antibody (Single-stranded)	0-19 EU	Numeric XXXXXX
CPT: 86226	Adding LOINC and Change of Units of Measu	re from U/mL to El	J and Reference	Range				<20 EU Negative	
	Collect 0.4mL(0.2mL) Serum from SST or Red No-Gel clo	t tube						20-25 EU Borderline	
	Maintain specimen at room temperature.							>25 EU Positive	
	Causes for Rejection: Hemolysis; lipemia; gross bacteria	l contamination							
	Set up Varies / TAT 2-5 days								
	Methodology: Enzyme immunoassay (EIA)								
	No other changes to this assay.								
Modify Test	Effective : 01/01/2020		- Please update y	our EMR catalo	g with those app	ropriate to your practice	e -		
Test Code	Test Name	Mnemonic	Category/Type						
5577375	Platelet Autoantibody	PLT AUTOAB	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				24374-1	5577375	Plt Auto Ab	Platelet Auto Antibody	By Report	Text
							· · · · · · · · · · · · · · · · · · ·	<u> </u>	
CPT: 86022,	CPT change from 86022 to 86022, 86023					•	,		
Test Code	Test Name		Category/Type	LOINC	Result Code	Mnemonic	Result Name		





Modify T	est Effective: 01/06/2020		- Please update y	our EMR catalo	g with those app	ropriate to your practice -			
Test Cod	Test Name	Mnemonic	Category/Type						
558663	Herpes Simplex Virus by PCR, Plasma/Serum	HSV PCR QL	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	Specimen Prompt and Alternate Specimens are being removed.					HSV 1 DNA	HSV 1 DNA Qualitative by PCR	Not Detected	Alpha
CPT: 87529x	CPT: 87529x2				5587750	HSV 2 DNA	HSV 2 DNA Qualitative by PCR	Not Detected	Alpha
	Vitreous fluid Specimens are No Longer Acceptable for this test.				3611815	Spec Type	Specimen Type		

Collect 2mL(0.5mL) EDTA Plasma or Serum from SST Clot Tube.

Centrifuge specimen and separate plasma or serum from cells within 2 hours of collection.

Transfer specimen to Sterile leak-proof container Storage/Transport Temperature: Refrigerated

Unacceptable Specimens: CSF (Cerebrospinal Fluid), Amniotic fluid, Pleural fluid, Pericardial fluid, Vitreous fluid and Random Urine.

Specimen Stability: Room temperature = 48 hours; Refrigerated = 7 Days; Frozen = 1 Month

Testing Schedule: Mon-Fri / TAT 2-3 Days

Methodology: Qualitative Polymerase Chain Reaction

No other changes to this assay.

See Replacement test (5586630) Herpes Simplex Virus 1 and 2 (HSV) PCR CSF/Fluid for these Alternate Specimen types in the Green New Test Section of this LiveWire

Modify Test	Effective: 01/06/2020		- Please update y	our EMR catalo	g with those appı	ropriate to your practice	-		
Test Code	Test Name	Mnemonic	Category/Type						
5590525	Prader-Willi Syndrome by FISH	PRADR FISH	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
				34503-3	5590675	Prader-Wil FISH	Prader-Willi Syndrome by FISH	By Report	Text
CPT: 88271	Removing Two Prompts (AOE's)			n/a	0112951	Clin Indication	Clinical Indication	n/a	Free Text
88273	No other changes to this assay.			n/a	0113000	Referring Physician	Referring Physician		
				n/a	3810230	Dr Phone Nbr	Physician Phone Number		

Information for the Prompt for Clinical indication is used at the performing laboratory for the report.

This information is not returned in the result.

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

INACTIVE	Effective : Immediately					
Inactive	Inactive	Inactive	Replacemen	t Information		
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name
3611625	Metal Allergy Panel 1	METAL AL 1		n/a	n/a	n/a
			•	Clianta manuali		

RML has discontinued this as orderable test, there is no direct replacement.

Clients may direct their patients to purchase the testing kit directly from Orthopedic Analysis at this web address: https://www.orthopedicanalysis.com/testing/order-testing-panel

INACTIVE	Effective : Immediately					
Inactive	Inactive	Inactive	Replacemen	t Information		
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name
3611675	Metal Allergy Panel 2	METAL AL 2		n/a	n/a	n/a
			•	Cliente men di		and a subject of the discrete from Oak and discrete at the subject of the subject

RML has discontinued this as orderable test, there is no direct replacement.

Clients may direct their patients to purchase the testing kit directly from Orthopedic Analysis at this web address: https://www.orthopedicanalysis.com/testing/order-testing-panel





INACTIVE	Effective: 12/16/2019							
Inactive	Inactive	Inactive	Replacemen	nt Information	n			
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name	Result Code	Result Name
3601225	Follicle Stimulating Hormone Ultra Sensitive	ULTRA FSH		3601200	FSH	Follicle Stimulating Hormone (FSH) Level	3601200	FSH
					Collection informa	ition is available on our website	LOINC: 15067-2	CPT 83001

This Send-Out Assay is being discontinued as our In-House Assay is sufficient for all genders and ages.

INACTIVE	Effective: 12/16/2019							
Inactive	Inactive	Inactive	Replacemen	nt Information	1			
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name	Result Code	Result Name
3608600	Prolactin Ultra Sensitive	ULTRA PROL		3602400	PROLACTIN	Prolactin Level	3602400	Prolactin Lvl
					Collection informa	tion is available on our website	LOINC: 2842-3	CPT 84146

This Send-Out Assay is being discontinued as our In-House Assay is sufficient for all genders and ages.

INACTIVE	Effective: 12/16/2019							
Inactive	Inactive	Inactive	Replaceme	nt Informatio	า			
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name	Result Code	Result Name
3800065	Progesterone Ultra Sensitive	ULTRA PROG		2007800	PROGESTER	Progesterone Level	2007800	Progest Lvl
			-	•	Collection informa	ation is available on our website	LOINC: 2839-9	CPT 84144

This Send-Out Assay is being discontinued as our In-House Assay is sufficient for all genders and ages.

INACTIVE	Effective: 01/06/2020									
Inactive	Inactive	Inactive	Replacemen	nt Information						
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name				
4305525	Methamphetamine Level	METHAM QNT		6980127	Amphet S/P	Amphetamines, S/P, Quant				

Build information is available just below

This assay is being discontinued due to low utilization

This is the Build information for the replacement to the discontinued Methamphetamine Level assay.

L	Test Code	Test Name	Mnemonic	Category/Type						
	6980127	Amphetamines, S/P, Quant	Amphet S/P Group		LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
					30112-7	6980129	Amphet Qnt	Amphetamine, S/P, Quant	Not Detected ng/mL	Numeric XXXX
	CPT 80324	1 mL (0.5 mL) Serum (Red No-Gel) or Plasma (ED	3778-8	6980131	Methamp Qnt	Methamphetamine, S/P, Quant	Not Detected ng/mL	Numeric XXXX		
	80359	Remove plasma or serum from cells ASAP or within 2 hours of collection.				6980133	MDA Qnt	MDA, S/P, Quant	Not Detected ng/mL	Numeric XXXX
	(Alt: G0480	Transfer 1 mL(Min: 0.5 mL) plasma or serum to a Standard Transport Tube.			18356-6	6980135	MDMA Qnt	MDMA, S/P, Quant	Not Detected ng/mL	Numeric XXXX
		Storage/Transport Temperature: Refrigerated.			33016-7	6980137	MDEA Qnt	MDEA, S/P, Quant	Not Detected ng/mL	Numeric XXXX
		Unaccentable Conditions: Senarator tubes Plasm	a or whole blood coll	ected in It hlue (sodium citrat	a) Specimens	evnosed to reneated fr	eeze/thaw.cvcles_Hemolyzed.snecimens		

Unacceptable Conditions: Separator tubes. Plasma or whole blood collected in lt. blue (sodium citrate). Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens

Stability. After	separation nom	cens. Ambient. 1	week, Kerrigerateu	. 2 Weeks, 1102ei	i. Jycais

INACTIVE	Effective: 01/06/2020										
Inactive	Inactive	Inactive	Replacement Information								
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name					
5504325	BK Virus DNA, Quantitative PCR Plasma	BK VIRUS P		5504326	BKV QT PCR PL	BK Virus DNA, Quantitative, Plasma					

This assay is being discontinued for a new assay offering increased sensitivity (at a lower limit of detection).

Build information is available above in the Green New Test Section of this LiveWire.





INACTIVE	Effective: 01/06/2020										
Inactive	Inactive	Inactive Replacer				ent Information					
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name					
5504425	BK Virus DNA, Quantitative PCR Urine	BK VIRUS U		5504426	BKV QT PCR UR	BK Virus DNA, Quantitative, Urine					

This assay is being discontinued for a new assay offering increased sensitivity (at a lower limit of detection).

Build information is available above in the Green Ne	lew Test Section of this LiveWire.
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INACTIVE	Effective: 01/06/2020					
Inactive	Inactive	Inactive	Replacement Information			
Test Code	Test Name	Mnemonic		Test Code	Mnemonic	Test Name
5580775	Epstein Barr Virus DNA, Quantitative PCR	EBV PCR QN	Plasma Specimens	5580776	EBV QT PCR	Epstein Barr Virus DNA, Quantitative, Plasma
					Build information i	s available above in the Green New Test Section of this LiveWire.

CSF Specimens

This assay is being discontinued for a new assay offering increased sensitivity

(at a lower limit of detection).

Test Code	Mnemonic	Test Name
5582176	EBV Quant CSF	Epstein-Barr Virus by Quantitative PCR, CSF

Build information is available above in the Green New Test Section of this LiveWire.