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 -									
Test Code	Test Name	Mnemonic	Category/Type						
7311904	Anti-A1 Titer Panel	A1 Titer	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	One result component has been removed	R	emove component	N/A	7311901	A1-RT	Anti-A1 Titer Room Temperature Incubation	No change	No change
	No other changes			N/A	7311902	A1-AHG	Anti-A1 Titer Antihuman Globulin Phase	No change	No change
			Ī	N/A	7311903	A1-AHG + DTT	Anti-A1 Titer Antihuman Globulin Phase with DTT Treatme	No change	No change

Modify Test	Effective : Immediately		- Please update yo	our EMR catalog with those appropriate to your practice -						
Test Code	Test Name	Mnemonic	Category/Type							
5503950	Phosphatidylserine Antibody IgG/lgM/lgA	PHOS SERINE	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type	
				32032-5	5505200	Antips IgG	Phosphatidylserine Antibody IgG	See Below	No change	
	Updated units of measure and reference ranges			32033-3	5505300	Antips IgM	Phosphatidylserine Antibody IgM	See Below	No change	
	No other changes			32031-7	5505350	Antips IgA	Phosphatidylserine Antibody IgA	See Below	No change	

IgG: Less than 16 GPS (IgG antiphosphatidylserin units)
IgM: Less than 22 MPS (IgM antiphosphatidylserin units)
IgA: Less than 20 APS (IgA antiphosphatidylserin units)

Modify Test	Effective: 03/01/2021	- Please update yo	ate your EMR catalog with those appropriate to your practice -						
Test Code	Test Name	Mnemonic	Category/Type						
5521725	Histoplasma Antigen CSF	CSF HISTO	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
			-	N/A	5521725	Histo Ag CSF	Histoplasma Antigen CSF	See Below	No change

Updated reportable range No other changes

- Reference interval: None detected
- Reportable Range: 0.2 20.0 ng/ml
- Results above 20.0ng/dl are reported as:
- "Positive, Above the limit of Quantication

Modify Test	Effective : 03/01/2021	- Please update yo	our EMR catalog with those appropriate to your practice -						
Test Code	Test Name	Mnemonic	Category/Type						
5560335	Chlamydia trachomatis, Neisseria gonorrhoeae, Eye - TMA	CT/GC Eye	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
	21613-5				5960165	Chlam Aptima	Chlamydia trachomatis by Amplified Detection	Negative	Alpha
CPT: 87491;	New Name for this assay in response to a Change in Scope for this test: 24111-7			43305-2	5960185	GC Aptima	GC (Neisseria gonorrhoeae) by Amplified Detection	Negative	Alpha
87591	This test is to be used only for the collection of Eye specimens.				6904843	APTIMA Media Type	APTIMA Transport Media Type	free text	
	and validation of LOINC Codes for reportable details					Source A2	Source A2	free text	

For Vaginal, Endocervical, Rectal, Pharyngeal (throat) or Male Urethral Specimens use test code below 6910127 Chlamydia trachomatis, Neisseria gonorrhoeae Swab - TMA

Specimen source and Collection Media type is required.

Unacceptable Conditions: Large white swab included in APTIMA Unisex Swab Specimen Collection kit is for preparatory cleaning of the endocervix and is unacceptable for testing.

Specimens in any transport media other than indicated above. Specimens in swab transport media without a swab.

Stability: Swab in APTIMA Swab Specimen Transport Tube: Ambient: 2 months; Refrigerated: 2 months; Frozen: 1 year

Testing Schedule Sun-Sat / Expected TAT 1-4 Days after test set up

Modify Test	Effective: 03/01/2021		- Please update yo	ur EMR catalog with those appropriate to your practice -					
Test Code	Test Name	Mnemonic	Category/Type						
5960185	Neisseria gonorrhoeae, Eye - TMA	GC Eye	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
24111-7				43305-2	5960185	GC Aptima	GC (Neisseria gonorrhoeae) by Amplified Detection	Negative	Alpha
CPT: 87591	New Name for this assay in response to a Change in Scope for this test:					APTIMA Media Type	APTIMA Transport Media Type	free text	
	This test is to be used only for the collection of Eye specimens.					Source A2	Source A2	free text	

For Vaginal, Endocervical, Rectal, Pharyngeal (throat) or Male Urethral Specimens use test code below 6910115 Neisseria gonorrhoeae Swab - TMA

Specimen source and Collection Media type is required.

and validation of LOINC Cocde for reportable detail

Unacceptable Conditions: Large white swab included in APTIMA Unisex Swab Specimen Collection kit is for preparatory cleaning of the endocervix .

Specimens in any transport media other than indicated above. Specimens in swab transport media without a swab.

Stability: Swab in APTIMA Swab Specimen Transport Tube: Ambient: 2 months; Refrigerated: 2 months; Frozen: 1 year

Testing Schedule Sun-Sat / Expected TAT 1-4 Days after test set up

Modify Test	Effective : 03/01/2021		- Please update yo	date your EMR catalog with those appropriate to your practice -						
Test Code	Test Name	Mnemonic	Category/Type							
5960165	Chlamydia trachomatis, Eye - TMA	CT Eye	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type	
	: 87491 New Name for this assay in response to a Change in Scope for this test:				5960165	Chlam Aptima	Chlamydia trachomatis by Amplified Detection	Negative	Alpha	
CPT: 87491					6904843	APTIMA Media Type	APTIMA Transport Media Type	free text		
1	This test is to be used only for the collection of Eve specimens		Promnt	6904845	Source A2	Source A2	free text			

For Vaginal, Endocervical, Rectal, Pharyngeal (throat) or 6910109 Chlamydia trachomatis Swab - TMA

and validation of LOINC Cocde for reportable detail

Specimen source and Collection Media type is required.

Unacceptable Conditions: Large white swab included in APTIMA Unisex Swab Specimen Collection kit is for preparatory cleaning of the endocervix and is unacceptable for testing.

Specimens in any transport media other than indicated above. Specimens in swab transport media without a swab.

Stability: Swab in APTIMA Swab Specimen Transport Tube: Ambient: 2 months; Refrigerated: 2 months; Frozen: 1 year

Testing Schedule Sun-Sat / Expected TAT 1-4 Days after test set up

Modify Test	Effective: 03/01/2021		- Please update yo	our EMR catalo	g with those	appropriate to your pra	ctice -		
Test Code	Test Name	Mnemonic	Category/Type						
6910127	Chlamydia trachomatis, Neisseria gonorrhoeae Swab - TMA	CT/GC Swab	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
					6910149	Chlamydia Sw	Chlamydia Swab	Not Detected	Alpha
CPT: 87491	491 Vaginal swab in APTIMA Multitest swab collection kit, or endocervical or male urethral swab			43305-2	6910153	Gonorrhea Sw	Gonorrhea Swab	Not Detected	Alpha
87591	in APTIMA Unisex Swab Specimen Collection kit.			-	•	•	•		

Now Approved for Rectal and Pharyngeal (throat) specimens.

Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Stability: Refrigerated = 30 days.

Testing Schedule Mon-Fri / TAT 2-3 Days

Modify Test	Modify Test Effective: 03/01/2021 - Please update your EMR catalog with those appropriate to your practice -									
Test Code	Test Name	Mnemonic	Category/Type							
6910115	Neisseria gonorrhoeae Swab - TMA	GC Swab	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type	
	-			43305-2	6910153	Gonorrhea Sw	Gonorrhea Swab	Not Detected	Alpha	

CPT: 87591 Vaginal swab in APTIMA Multitest swab collection kit, or endocervical or male urethral swab

in APTIMA Unisex Swab Specimen Collection kit.

Now Approved for Rectal and Pharyngeal (throat) specimens.

Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Stability: Refrigerated = 30 days.

Testing Schedule Mon-Fri / TAT 2-3 Days

CPT: 87491 Vaginal swab in APTIMA Multitest swab collection kit, or endocervical or male urethral swab in APTIMA Unisex Swab Specimen Collection kit. Now Approved for Rectal and Pharyngeal (throat) specimens. Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Stability: Refrigerated = 30 days. Testing Schedule Mon-Fri / TAT 2-3 Days Modify Test Effective: 03/29/2021	Modify Test									
CPT: 87491 Vaginal swab in APTIMA Multitest swab collection kit, or endocervical or male urethral swab in APTIMA Multitest swab collection kit, or endocervical or male urethral swab in APTIMA Multitest swab collection kit. Now Approved for Rectal and Pharyngeal (throat) specimens. Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Stability: Refrigerated = 30 days. Testing Schedule Mon-Fri / TAT 2-3 Days		Effective : 03/01/2021		- Please update y	our EMR catal	g with those	appropriate to your p	oractice -		
CPT: 87491 Vaginal swab in APTIMA Multitest swab collection kit, or endocervical or male urethral swab in APTIMA Unisex Swab Specimen Collection kit. Now Approved for Rectal and Phanyngeal (throat) specimens. Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Stability: Refrigerated = 30 days. Testing Schedule Mon-Fri / TAT 2-3 Days Modify Test Effective: 03/29/2021 - Please update your EMR catalog with those appropriate to your practice - Test Code Test Name Mnemonic Category/Type IRON U Detail LOINE Result Code Test Name No other changes In the Alias code on the ADE for collefcted Volume No other changes In the Alias code on the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for collefcted Volume No other changes United States of the ADE for Collefcted Volume No other changes United States of the ADE for College States of the ADE for College States Nove No other	Test Code	Test Name	Mnemonic	Category/Type						
CPT: 87491 Vaginal swab in APTIMA Multitest swab collection kit, or endocervical or male urethral swab in APTIMA Unisex Swab Specimen Collection kit. Now Approved for Rectal and Pharyngeal (throat) specimens. Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Stability: Refrigerated = 30 days. Testing Schedule Mon-Fri / TAT 2-3 Days Modify Test Effective: 03/29/2021 - Please update your EMR catalog with those appropriate to your practice- Test Code Test Name Mnemonic Category/Type Sa09500 Iron 24 Hour Urine IRON U Detail LOINC Result Code Mnemonic Result Name Reference Result Name No other changes on the AOE for collefcted Volume No other changes on the AOE for Collefcted Volume No other changes on the AOE for Collefcted Volume No other changes on the AOE for Collefcted Volume No other changes on the AOE for Collefcted Volume No other changes on the AOE for Collefcted Volume No other chang	6910109	Chlamydia trachomatis Swab - TMA	CT Swab	Group	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
in APTIMA Unisex Swab Specimen Collection kit. Now Approved for Rectal and Pharyngeal (throat) specimens. Place swab in Swab Specimen Transport Tube, break shaft off at scoreline then recap tube. Stability: Refrigerated = 30 days. Testing Schedule Mon-Fri / TAT 2-3 Days **Modify Test **Effective : 03/29/2021				•	43304-5	6910149	Chlamydia Sw	Chlamydia Swab	Not Detected	Alpha
Test Code Test Name Mnemonic Category/Type 1RON U Detail LOINC Result Code Mnemonic Result Name Reference Reference	CPT: 87491	in APTIMA Unisex Swab Specimen Collection kit. Now Approved for Rectal and Pharyngeal (throat) specimel Place swab in Swab Specimen Transport Tube, break shaft off a	ens.		: Refrigerate	i = 30 days.				
3609500 Iron 24 Hour Urine IRON U Detail LOINC Result Code 2499-2 3609500 Ur Iron 10 Iron 24 Urine no ch There is going to be a change in the Alias code on the AOE for collected Volume No other changes No other changes New (CPT code 81050 may be added at an additional charge for volume measurement) INACTIVE Effective: Immediately Inactive In	Modify Test	Effective: 03/29/2021		- Please update y	our EMR catal	g with those	appropriate to your p	practice -		
There is going to be a change in the Alias code on the AOE for collefcted Volume No other changes (CPT code 81050 may be added at an additional charge for volume measurement) INACTIVATED TESTS - Please update your EMR catalog with those appropriate to your practice INACTIVE Effective: Immediately Inactive Inactive Inactive Inactive Inactive Test Code Test Name 4005313 Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se HHT Seq/Del/Dup There is going to be a change in the Alias code on the AOE for collefcted Volume 2499-2 3609500 Ur Iron Iron 24 Urine no chapter	Test Code	Test Name	Mnemonic	Category/Type						
There is going to be a change in the Alias code on the AOE for collefcted Volume No other changes There is going to be a change in the Alias code on the AOE for collefcted Volume No other changes (CPT code 81050 may be added at an additional charge for volume measurement) INACTIVE Effective: Immediately Inactive Inactive Inactive Inactive Test Code Test Name 4005313 Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Sel HHT Seq/Del/Dup Prompt 4182027 Total Vol Q2 Total Vol Q2 Total Vol Q2 Total Vol Quest2 Free Prompt 4182049 Tot Vol Q2 Total Vol Q2 Total Vol Quest2 Free Prompt 4182027 Total Vol Q2 Total Vol Quest2 Free Prompt 4182049 Tot Vol Q2 Total Vol Q2 Total Vol Quest2 Free Free Prompt 4182049 Tot Vol Q2 Total Vol Q2 Total Vol Q2 Total Vol Quest2 Free Free Free Free Free INACTIVE Effective: Immediately Inactive Inact	3609500	Iron 24 Hour Urine	IRON U	Detail	LOINC	Result Code	Mnemonic	Result Name	Reference Range UOM	Result Type
No other changes New Prompt 4182027 Total Vol Q2 Total Vol Quest2 free				•	2499-2	3609500	Ur Iron		no change	No change
(CPT code 81050 may be added at an additional charge for volume measurement) INACTIVATED TESTS - Please update your EMR catalog with those appropriate to your practice INACTIVE Effective: Immediately Inactive Inactive Inactive Test Name 4005313 Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se HHT Seq/Del/Dup There is no replacement at this time	CPT: 83540	There is going to be a change in the Alias code on the AO	E for collefcted Vo	lume	Prompt	4182049	Tot Vol7	Total Volume7 (Quest)		
INACTIVE Effective: Immediately Inactive Inactive Inactive Test Code Test Name Mnemonic 4005313 Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se HHT Seq/Del/Dup MACTIVE Effective: Immediately Inactive Inactive Inactive Replacement Information Test Code Test Name Mnemonic N/A N/A N/A N/A N/A There is no replacement at this time	ı	No other changes		New	Prompt	4182027	Total Vol Q2	Total Vol Quest2	free text	
Inactive Inactive Inactive Inactive Replacement Information Test Code Test Name Mnemonic 4005313 Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se HHT Seq/Del/Dup Test Code Mnemonic Test Name N/A N/A N/A N/A There is no replacement at this time										
Inactive Inactive Inactive Inactive Replacement Information Test Code Test Name Mnemonic 4005313 Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se HHT Seq/Del/Dup Test Code Test Name Mnemonic N/A N/A N/A N/A N/A N/A N/A N/A There is no replacement at this time	INACTIVATI		-	your practice	e					
Test Code Test Name Mnemonic 4005313 Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se HHT Seq/Del/Dup Test Code Mnemonic Test Name N/A N/A N/A N/A There is no replacement at this time		ED TESTS - Please update your EMR catalog with tho	-	your practice	e					
4005313 Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se HHT Seq/Del/Dup N/A N/A N/A There is no replacement at this time	INACTIVE	ED TESTS - Please update your EMR catalog with those	se appropriate to							
There is no replacement at this time	INACTIVE Inactive	ED TESTS - Please update your EMR catalog with those Effective: Immediately Inactive	se appropriate to					To an		
	INACTIVE Inactive Test Code	ED TESTS - Please update your EMR catalog with those Effective: Immediately Inactive Test Name	se appropriate to Inactive Mnemonic			Test Code	Mnemonic	111 1 1		
NACTIVE F55-45 02/04/0202	INACTIVE Inactive Test Code	ED TESTS - Please update your EMR catalog with those Effective: Immediately Inactive Test Name	se appropriate to Inactive Mnemonic			Test Code	Mnemonic	N/A		
INACTIVE Effective: U3/U1/2U2U	INACTIVE Inactive Test Code	ED TESTS - Please update your EMR catalog with those Effective: Immediately Inactive Test Name	se appropriate to Inactive Mnemonic			Test Code	Mnemonic	N/A		
Inactive Inactive Inactive Replacement Information	INACTIVE Inactive Test Code	ED TESTS - Please update your EMR catalog with those Effective: Immediately Inactive Test Name	se appropriate to Inactive Mnemonic			Test Code	Mnemonic	N/A		
Test Code Test Name Mnemonic Test Code Mnemonic Test Name	INACTIVE Inactive Test Code 4005313	ED TESTS - Please update your EMR catalog with those Effective: Immediately Inactive Test Name Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se Effective: 03/01/2020	Inactive Mnemonic HHT Seq/Del/Dup		Replacen	Test Code N/A	Mnemonic N/A	N/A		
1515625 MTHFR DNA Mutation Analysis MTHFR 2004575 HOMOCYS Homocysteine Total	INACTIVE Inactive Test Code 4005313 INACTIVE Inactive	ED TESTS - Please update your EMR catalog with those Effective: Immediately Inactive Test Name Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se Effective: 03/01/2020 Inactive	Inactive Mnemonic HHT Seq/Del/Dup		Replacen	Test Code N/A	Mnemonic N/A	N/A There is no replacement at this time		
Kits are no longer manufactured by vendor Contact RML for test build information	INACTIVE Inactive Test Code 4005313 INACTIVE Inactive Test Code	ED TESTS - Please update your EMR catalog with those Effective: Immediately Inactive Test Name Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Se Effective: 03/01/2020 Inactive Test Name	Inactive Mnemonic HHT Seq/Del/Dup Inactive Mnemonic		Replacen	N/A nent Inform Test Code	Mnemonic N/A nation Mnemonic	N/A There is no replacement at this time Test Name		